East Sussex Safeguarding Adults Board logo

**Financial Abuse Screening Tool (FAST)**

**Background**

The purpose of this screening tool is to identify adults who are at high risk of financial abuse. The tool can be used  
by a worker in any organisation and is to be used in conjunction with the [Multi-agency guidance for adults experiencing or at risk of financial abuse](https://www.eastsussexsab.org.uk/documents/multi-agency-guidance-for-adults-experiencing-or-at-risk-of-financial-abuse/).

**Using the tool**

When using the tool, you should:

* Complete the tool with the adult if possible.
* Answer all of the questions before making a judgment about risk classification.
* Include details and explanations as to why the answer is yes / no.
* Offer communication support to the adult if needed, such as an alternative format or language, or an interpreter.
* Use your professional judgment if you feel the adult’s answers aren’t properly drawing out the level of risk and record within the comment sections.
* Discuss what will happen next with the adult.
* The questions should ideally be completed with the adult, but if they do not consent or there are risks in speaking with them, they can be completed with existing information which can include making contact with other appropriate agencies.

**Risk classifications**

Once you have answers to the questions you will be able to calculate the risk classification for the adult. There are three classifications:

|  |  |  |
| --- | --- | --- |
| **Standard** |  | No concerns that require additional multi-agency support over and above the safeguarding responses as identified within the Sussex Safeguarding Adults Policy and Procedures. |
| **Medium** |  | There are clear risks of and / or there has been financial abuse which if not acted upon could affect the adult’s physical and / or mental health and well-being. |
| **High** |  | There are significant risks and / or there has been financial abuse which has affected the adult’s physical and / or mental health and well-being. |

**Privacy notice**

Does the adult consent to the FAST referral?

It is important to explain the guidance around supporting adults at high risk of financial abuse, so the adult can understand how agencies will work together to help increase their safety by offering services or support.

In some cases, an adult may be referred without their consent. In these circumstances the referring practitioner must assess whether it is proportionate and defensible to share information, depending on the level of risk.

If you are completing the FAST and you do not have the consent of the adult to do so, you will need to follow your agency’s guidance on information sharing.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Abuse Risk Screening Tool**  **The purpose of completing this screening tool is to help you and your worker identify your risk rating for financial abuse.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Date:** |  | | | | | | | | | | | |
| **Adult’s name:** |  | | | | | | | | | | | |
| **Worker’s name:** |  | | | | | | | | | | | |
| **Organisation’s name:** |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Was the screening tool completed with the adult in question? | | | | | | | | | | | Yes | No |
| If no, was this tool completed from the existing information? | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | |
| **Question** | | | | **Answer** |  | **Adult comments** | | | | **Practitioner comments** | | |
| **About you** | | | |  |  |  | | | | | | |
| Are you aged over 60? | | | | Yes  No | 2  0 |  | | | |  | | |
| Do you live on your own? | | | | Yes  No | 2  0 |  | | | |  | | |
| If you live with people, do you live with people who aren’t related to you? | | | | Yes  No | 2  0 |  | | | |  | | |
| Are you separated, widowed or divorced? | | | | Yes  No | 2  0 |  | | | |  | | |
| Do you need help from others with your daily living tasks?  *For example, to get dressed in the morning, have a bath or prepare your meals.* | | | | Yes  No | 2  0 |  | | | |  | | |
| Would you describe yourself as trusting of other people? | | | | All of the time  Some of the time  Never | 2  1  0 |  | | | |  | | |
| Do you feel isolated from others? | | | | All of the time  Some of the time  Never | 2  1  0 |  | | | |  | | |
| **Your financial affairs** | | | | | | | | | | | | |
| Do you have any difficulties in understanding your financial affairs? | | | | All of the time  Some of the time  Never | 2  1  0 |  | | | |  | | |
| Do you have any communication needs which make it difficult for you to manage your own finances?  *For example, a sight impairment, dyslexia* | | | | Yes  No | 2  0 |  | | | |  | | |
| Do you have difficulties managing your own finances?  *For example, paying your rent or household bills, budgeting or claiming welfare benefits.* | | | | All of the time  Some of the time  Never | 2  1  0 |  | | | |  | | |
| If someone is managing your finances did you choose for them to undertake this task? | | | | No  Yes | 2  0 |  | | | |  | | |
| If someone else is managing your finances, do they use your money and belongings without your consent? | | | | All of the time  Some of the time  Never | 2  1  0 |  | | | |  | | |
| Are you aware about how your money is being spent?  *For example, access to bank statements, bank card* | | | | Never  Some of the time  All of the time | 2  1  0 |  | | | |  | | |
| Have you been forced to use your money or belongings in a way you didn’t want to? | | | | Yes  No | 2  0 |  | | | |  | | |
| Do you respond to requests for money?  *For example, via telephone, mail, traders* | | | | All of the time  Some of the time  Never | 2  1  0 |  | | | |  | | |
| **Financial abuse** | | | | | | | | | | | | |
| *Financial abuse includes someone misusing or stealing your money or belongings, being targeted by postal or internet scams, or being pressured to make decisions about your financial affairs, such as your will and property.* | | | | | | | | | | | | |
| Have you experienced financial abuse more than once in the past year? | | | | Yes  No | 2  0 |  | | | |  | | |
| **I consent for this information to be shared:** | |  | | | | | | | | | | |
| **Worker’s signature:** | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Total score:** (*Count all the ‘yes’ responses and put the total here)* | | | | |  | | **/ 32** |  | | | | |
|  | | | | | | | | | | | | |
| **0 – 12 Risk rating** | | | **13 – 21** | | | | | | **22 – 32** | | | |
| **Standard**  **(Total score of )** | | | **Medium**  **(Total score of )** | | | | | | **High**  **(Total score of )** | | | |
| **For further information see the** [**Sussex Safeguarding Policy and Procedures**](http://sussexsafeguardingadults.procedures.org.uk/)  Any allegations of financial abuse where a crime is suspected should be referred to Sussex Police using the [Operation Signature referral form](https://www.eastsussexsab.org.uk/documents/operation-signature-referral-form/). The referral should include details of any ongoing social care safeguarding enquiries. Completed referrals should be emailed to [101@sussex.pnn.police.uk](file:///C:\Users\sarahcre\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\W931IBN4\101@sussex.pnn.police.uk), with the title: Operation Signature – victim care.  Make a referral to ASCH for any adult who may have care and support needs who has experienced Financial abuse through [Referral to Adult Social Care & Health](https://new.eastsussex.gov.uk/social-care/getting-help-from-us/contact-adult-social-care) | | | **For further information see the** [**Sussex Safeguarding Policy and Procedures**](http://sussexsafeguardingadults.procedures.org.uk/)  Any allegations of financial abuse where a crime is suspected should be referred to Sussex Police using the [Operation Signature referral form](https://www.eastsussexsab.org.uk/documents/operation-signature-referral-form/). The referral should include details of any ongoing social care safeguarding enquiries. Completed referrals should be emailed to [101@sussex.pnn.police.uk](file:///C:\Users\sarahcre\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\W931IBN4\101@sussex.pnn.police.uk), with the title: Operation Signature – victim care.  Make a referral to ASCH for any adult who may have care and support needs who has experienced Financial abuse through [Referral to Adult Social Care & Health](https://new.eastsussex.gov.uk/social-care/getting-help-from-us/contact-adult-social-care) | | | | | | **For further information see** [Multi-agency-guidance-for-adults-experiencing-or-at-risk-of-financial-abuse-v3.pdf (eastsussexsab.org.uk)](https://www.eastsussexsab.org.uk/wp-content/uploads/2021/10/Multi-agency-guidance-for-adults-experiencing-or-at-risk-of-financial-abuse-v3.pdf)  Any allegations of financial abuse where a crime is suspected should be referred to Sussex Police using the [Operation Signature referral form](https://www.eastsussexsab.org.uk/documents/operation-signature-referral-form/). The referral should include details of any ongoing social care safeguarding enquiries. Completed referrals should be emailed to [101@sussex.pnn.police.uk](file:///C:\Users\sarahcre\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\W931IBN4\101@sussex.pnn.police.uk), with the title: Operation Signature – victim care.  Make a referral to ASCH for any adult who may have care and support needs who has experienced Financial abuse through [Referral to Adult Social Care & Health](https://new.eastsussex.gov.uk/social-care/getting-help-from-us/contact-adult-social-care) | | | |