



BRISTOL REFUGEE RIGHTS

SAFEGUARDING: SAFEGUARDING ADULTS AT RISK POLICY AND PROCEDURES

THE POLICY

1. POLICY STATEMENT

- 1.1 Bristol Refugee Rights (BRR) is committed to safeguarding children and adults from abuse, and this policy relates particularly to adults at risk. BRR will work within the 'Bristol City Council Safeguarding Adults Multi-Agency Policy' and their 'Guidance on working with Adults at Risk' to identify, record and report possible abuse. We will also take action to create a safe environment for everyone at BRR and will be vigilant to prevent abusers gaining opportunities with us (as staff, volunteers, visitors or members) in order to access those whom we regard as at risk - whether or not they come under the formal definition.
- 1.2 Safeguarding is wider than just protecting adults at risk. It involves protecting all adults' and children's right to live in safety. It is about people and organisations working together to prevent abuse and neglect, and also to promote well-being, taking the views, wishes, beliefs and concerns of those at risk into account.
- 1.3 Government legislation on the safeguarding of adults is mainly designed to protect those already known to the social care or health sector and who are considered to be 'at risk' (previously known as 'vulnerable adults'). Asylum seekers and refugees are not classified as 'at risk' as a group in the terms of this legislation. Nevertheless there may be times when volunteers and supporters of BRR are involved with those who may come under the definition. The Care Act 2014 defines 'an adult at risk' as someone who:
 - **has needs for care and support (whether or not the authority is meeting any of those needs); and**
 - **is experiencing, or is at risk of, abuse or 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.**

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1.4 BRR believes that it has a duty to take all reasonable precautions to ensure the well-being of all of its members (beneficiaries). We recognise that whilst our members are not generally understood to be 'at risk' under the above definition, the trauma caused by war, famine, torture, exploitation, persecution, denial of human rights and destitution brings about a different kind of 'risk' or 'vulnerability'.

1.5. The well-being of our members might relate to any of the following:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional well-being;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support or support, provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation;
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

1.6 BRR will use Wellbeing Plans (see Appendix D) to encourage members and those supporting them to consider what BRR can do in terms of advocacy, advice, referrals and signposting to:

- Reduce isolation/improve social networks
- Reduce poverty/hunger
- Improve physical & mental health
- Ensure safe place to sleep/live
- Find meaningful activity, i.e. volunteering/work/ classes etc
- Other specialist advice services required e.g. debt/housing/careers

1.7 'Care and support' needs can be a mixture of practical, financial and emotional support for adults who need extra help to manage their lives and to be independent. This may include older people, disabled people, people with mental



health needs or learning difficulties and also carers.

1.8 BRR also recognises its duty towards its staff and volunteers, and recognises the need to maintain an appropriate balance between the provision of tailored individual support and services and appropriate safeguarding measures.

1.9 This policy should be considered alongside BRR's Child Protection Policy, as work with adults may reveal concerns about young people in the wider family or community, and work in the Early Years Project may suggest that some of the related adults are at risk.

1.10 For further information and more detailed guidance, refer to the Bristol Safeguarding Adults Board Guidance for Agencies which this policy follows on:
<https://bristolsafeguarding.org/media/1123/guidance-for-adults-at-risk.pdf>

2. BRR's PRINCIPLES FOR SAFEGUARDING ADULTS

- Every person has a right to live a life free from abuse, neglect and fear;
- Safeguarding adults at risk is everyone's business and responsibility;
- BRR has a zero tolerance to the abuse of adults at risk;
- BRR believes that the empowerment of adults at risk should underpin all adult safeguarding work and helps to prevent abuse;
- The focus of adult safeguarding should always be to identify and endeavour to meet the desired outcomes of the adult at risk;
- Any suspicions of abuse or neglect should be reported to either the Adult Safeguarding Lead or the Child Protection Lead at BRR, whether or not the person is thought to technically be in the 'at risk' category;
- All reports or suspicions of abuse will be treated seriously;
- Every member, volunteer and staff member should be able to access appropriate and accessible information about how to gain safety from abuse and violence;
- Our adult safeguarding work aims to prevent abuse from taking place, but we will also respond quickly and effectively to investigate any concerns or disclosures and will always take appropriate action where abuse is taking place or suspected.

3. DEFINITIONS AND CATEGORIES OF ABUSE



3.1 Abuse is a 'violation of an individual's human and civil rights by any other person or persons'. It involves a risk of significant harm to a person. 'Abuse may consist of a single act or repeated acts'.

3.2 Abuse may be:

- Something that is done to a person;
- Something that is not done when it should have been;
- It may be intentional or unintentional;
- Exploitation may be a common theme in the experience of abuse.

3.3 Defining abuse or neglect is complex and rests on many factors. It may be physical, verbal or psychological, it may be an act of neglect or failure to act, or it may occur when a person at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

3.4 Abuse can take place anywhere, and BRR will work to prevent abuse of adults at risk both within and outside its own services and premises.

3.5 It is important to look beyond single incidents to identify patterns of harm. Repeated incidents of poor care may indicate institutional abuse.

3.6 **Categories of Abuse :**

- **Physical abuse:** this includes assault, hitting, smacking, pushing, force feeding, biting, inappropriate restraint, poor manual handling, deprivation of liberty, misuse of medication;
- **Emotional / Psychological abuse:** this includes verbal abuse, threats to harm or abandonment, rejection, humiliation, intimidation, coercion, mental cruelty, isolation, denial of human rights, denial of appropriate services and support, cyber bullying;
- **Sexual abuse:** this includes inappropriate touching, rape, sexual assault, sexual activities where there is no consent, subjection to pornography, sexual abuse through social media (sexting, inappropriate images), sexual harassment, sexual teasing;
- **Sexual exploitation:** this includes exploitative situations, contexts and relationships where the adult receives affection, inclusion or some sort of reward (often food, drugs, alcohol, gifts or money) as a result of performing



sexual activities

- **Financial or material abuse:** this includes theft, fraud, telephone and internet scamming, misuse of other's benefits, coercion in relation to financial affairs, property, wills or possessions;
- **Neglect and acts of omission:** this includes ignoring medical, emotional or physical care needs, failure to provide access to health service, lack of physical or emotional care, lack of personal care, access to hygiene, withdrawal of food, heating or medication;
- **Self-neglect:** this includes neglect of personal hygiene, nutrition, hydration, medicine, squalor and hoarding and ignoring health needs thus endangering safety and well-being;
- **Organisational abuse:** this includes neglect and poor care practice in an organisation, policies and procedures that deny human rights e.g. lack of privacy, dignity, hygiene facilities, misuse of medication, denial of medical care.
- **Domestic abuse:** this was defined by the Home Office in 2013 as 'an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, by someone who is, or has been an intimate partner or family member - regardless of gender or sexuality' . This includes so called 'honour based violence', forced marriage;
- **Female Genital Mutilation (FGM)** is a form of domestic abuse and whilst there is a mandatory requirement to report any girl at risk of, or who has had, FGM as a child protection referral- there is no requirement for an automatic referral of an adult – however, this may be an indicator that children in the family may be at risk of possible FGM;
- **Modern slavery:** this includes slavery, trafficking, forced and compulsory labour and domestic servitude. There is a national framework to assist in the identification of victims and referral to services known as the National Referral Mechanism (NRM) (See Section 4);
- **Discriminatory abuse:** this occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can feature in an abuse of an adult at risk where the abuse is motivated by the perpetrator's prejudice towards that adult's gender, ethnicity, disability, gender identity, age, sexuality, religion, culture, class etc.
- **Forced marriage:** this is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an *arranged* marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. In a situation where there is concern that an adult at risk is being forced into a



marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

- **Hate crime:** This is a form of discriminatory abuse although it often also includes other abuse such as physical or psychological. It is a criminal offence committed against a person or their property that is motivated by hostility to their protected characteristics (listed above). Hate crime includes lack of respect, exclusion from services, swearing and name-calling, treating someone less favourably due to their ethnicity or other characteristics
- **Mate crime:** There is an increasing awareness that adults at risk may be targeted by people who they consider to be friends. This may be a particular issue if someone is disabled and has difficulty in understanding the nature of the relationship or recognising abuse, or if there are cultural differences and misunderstandings. Adults at risk may be targeted by people who befriend them in order to abuse them financially or in other ways.

Further detailed information about possible indicators of abuse is available at <https://bristolsafeguarding.org/media/1123/guidance-for-adults-at-risk.pdf>

3.7 The Prevent Duty

3.7.1 The Prevent Strategy is the governmental initiative that aims to work with individuals who may be at risk of being exploited by radical groups (radicalized) and subsequently drawn into extremism or terror related activity. PREVENT is a statutory duty and all public bodies have a duty to comply.

3.7.2 Radicalisation is driven by a belief which supports the use of violence. We do not need to understand the ideologies or ideas that are promoted, more the way they hook into the most vulnerable in our community.

3.7.3 Adults and young people at risk may be particularly targeted for radicalisation by a wide range of groups such as far right extremists, religious extremists or other political activist that advocate violence. There is increasing evidence that people with learning difficulties and mental health issues are targeted, befriended and 'groomed' by these groups.

3.7.4 Staff, volunteers or members may become concerned, as a result of changes in behaviour or other signs, that a particular adult or young person may be at risk



of radicalisation or of exploitation by a radical group- but any change in an individual's behaviour should be viewed as part of a wider picture and not in isolation. Changes that may arouse concern may include:

- Reports of unusual changes in behaviour, friendships or actions and requests for assistance
- Indication of adult at risk being insistently befriended by individuals or groups with radical views
- Evidence of members, staff or volunteers accessing extremist material online
- Use of extremist or hate terms to exclude others or incite violence; writing or artwork promoting violent extremist messages or images

3.7.5 Any member, volunteer or staff member who is concerned that someone is at risk of radicalisation or may have become radicalised must treat this as a safeguarding issue and report to the Adult Safeguarding.

Further information for families with concerns is available on <http://www.preventtragedies.co.uk/> website and <http://www.avonandsomerset.police.uk/newsroom/features/preventingterrorism-and-extremism/>

Individuals who are considered to be at risk of radicalisation may be referred for support to the Channel de-radicalisation programme, which is run as a multi-agency initiative with local police and safeguarding teams: **channelsw@avonandsomerset.police.uk**

However, it should be discussed with the individual before a referral is made and clearly explained to them that it is a multi-agency initiative involving the police. Referrals may only be made with the consent of the individual.

3.8 Situations of Increased Risk

The profile and the circumstances of the alleged perpetrator can be more significant in assessing the risk, than the profile or degree of dependence of the adult. This is likely to be the same in domestic and other settings. The following factors can act as a flag for further assessment if the alleged perpetrator has:

- A history of substance misuse
- Mental health issues



- A history of violence or abuse including domestic violence or sexual offences
- A dependency on the adult at risk for money, accommodation
- Financial problems, low income, debt problems
- History of family conflict
- Carer stress.

3.9 Mental capacity

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

All professionals and other staff are required to work in accordance with the Mental Capacity Act 2005 ('MCA') and have regard to the relevant Code of Practice. The provisions of the Act are binding upon anyone seeking to make decisions for a person who may lack capacity.

When safeguarding concerns arise the mental capacity of the individuals involved – victims as well as those alleged to be responsible - is central to the assessment and decision-making processes. It is essential that in any level of safeguarding enquiry the mental capacity of those involved is clarified at the outset.

However it is important to ensure that safeguarding decision-making and mental capacity best interests decision-making do not become confused. In essence this is because safeguarding procedures do not convey any authority to act on behalf of a person who may lack mental capacity. Where there are disputes about a person's mental capacity or the best interests of an adult deemed to be at risk and these cannot be resolved locally, legal advice should be sought about whether an application to the Court of Protection is required.

4 ROLES AND RESPONSIBILITIES

4.1 All BRR staff and volunteers should be vigilant in looking out for safeguarding concerns.

4.2 All staff, volunteers and trustees should ensure they are aware of BRR's policies

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and procedures relating to safeguarding. They should also make sure that they consider safeguarding in all that they do for the organisation, and take proactive steps to access appropriate training and to develop a setting that is safe and promotes the wellbeing of members. They should also ensure that anyone who is at risk receives the best possible support.

- 4.3 All staff will be responsible for risk assessing unsafe behaviour and supporting members with wellbeing plans and monitoring them through Projects meetings.
- 4.4 All members of BRR should be made aware of the need for safeguarding and should report any concerns about themselves or anyone else to the Designated Lead, including translated information.
- 4.5 The Welcome Centre Manager is the Designated Lead responsible for safeguarding adults and should be the initial point of contact with all safeguarding adult queries. In his/her absence the BRR Director should be contacted.
- 4.6 **The Designated Lead is responsible for:**
- Keeping the Director updated on Adult Safeguarding issues through regular recorded meetings.
 - Keeping up to date with developments in safeguarding adults at risk and attending training as required;
 - Ensuring that the adult at risk's views, beliefs and wishes are central to the safeguarding process;
 - Overseeing the referral and monitoring of cases of suspected or alleged abuse to the Adults' Social Care Department or the Police (using the agreed Multi-Agency Referral Form);
 - Ensuring that a proper and confidential record is maintained of any Adult at risk referral, safeguarding complaints or concerns (even when this does not lead to a referral);
 - Liaising with Adult's Social Care, the Police and other agencies on safeguarding issues on behalf of BRR;
 - Acting as a source of support, advice and expertise within BRR, including advising on whether to make a referral;
 - Being the first point of contact for staff, volunteers, members and external agencies in all matters of Adult protection and safeguarding;

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- Making referrals to the Channel Programme where individuals would benefit from and like to receive their support
- Liaising with the Director to inform him or her of issues where there are Section 42 enquiries or police investigations;
- Monitoring the progress of open concerns, ensuring that records are maintained and updated as notification is received, and that relevant staff attend any case conferences or multi-agency planning meetings and contribute to assessments etc. as required, ensuring that the adult at risk is kept informed as appropriate;
- Supporting BRR staff to work with external agencies;
- Ensuring that any visiting agencies partnership agreements are aware of where safeguarding responsibilities are held by the partner organisation and where they should be shared with BRR Designated lead;
- Ensuring that where an adult at risk moves on to other services that information is transferred to them taking into account confidentiality
- Risk assessment of individuals, dealing with exclusions, warnings
- Ensuring that information about reporting safeguarding concerns is available in the Welcome Centre and other premises and in accessible formats (posters, translated leaflets etc);
- Ensuring that there is ongoing review and communication with Adult Social Care if the adult's welfare is still a concern;

4.7 The Director is responsible for:

- Taking responsibility for the implementation of this Policy, and co-ordinating the Child Protection and Adult at risk procedures, including implementation, regular review and updating, working with the Designated Leads as necessary;
- Keeping up to date with developments in safeguarding children and young people and adults at risk, and attending training as required;
- Ensuring that all staff, trustees and volunteers in BRR receive regular training and briefings, and are kept up to date with safeguarding issues locally and nationally, keeping records of this training;
- Ensuring that all staff are aware of their legal duty to report safeguarding concerns to Children's or Adults' Social Care or the Police;
- In relation to allegations against staff, liaising with the Local Authority Designated Officer (LADO), and other external agencies as and when appropriate, including the Police and the Disclosure and Barring Service;



- Reviewing safeguarding in BRR on an annual basis and producing a report to Trustees highlighting any trends, serious cases and recommending changes to policies and practice;
- Ensuring that trustees have been briefed or trained on this Policy and BRR's safeguarding procedure;
- Linking with the relevant Adult Safeguarding Board to make sure staff are aware of training opportunities and the latest local policies on safeguarding;
- Ensuring that all key stakeholders (members, staff, volunteers, visitors, partner agencies) are aware of this Policy and relevant procedures, and that they are available on BRR's website and in accessible formats as appropriate;
- Safer recruitment of staff.

4.8 Volunteer Manager is responsible for:

- Safer recruitment of volunteers and ensuring that all volunteers receive regular training on this policy.

4.9 The Trustees are responsible for:

- Ensuring that BRR has a policies and procedures in place for protecting adults at risk and children including safer recruitment policies and that there are named people designated to lead this work;
- Ensuring that they are aware of BRR policies and procedures and receive at least annual briefings on safeguarding.
- Receiving an annual safeguarding report and reviewing the safeguarding policies annually.
- Ensuring BRR has Designated Safeguarding Leads in place, and that they have had the required training.
- Appointing a Designated Safeguarding Trustee to liaise with the Director and Designated Leads over the implementation of the policy.
- Ensuring that the Director, Designated Leads, staff and volunteers have had adequate training to carry out their safeguarding responsibilities.
- Being aware of Serious Case reviews or other major incidents and ensuring that reviews are taken place to address any issues raised. Bristol Safeguarding Adults Board

5 OTHER RELEVANT POLICIES

5.1 This Policy complements, and should be considered along with other BRR

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Policies:

- Equality, Diversity and Inclusion Policy
- Disclosure Check Policy
- Safeguarding: Child Protection Policy
- Safeguarding: Boundaries Policy
- Recruitment Policy and Procedure and policies relating to volunteer and Trustee recruitment

It also relates to a range of locally agreed adult safeguarding policies on:

<https://bristolsafeguarding.org/adults/professionals/policies/>

6 SCOPE

- 6.1 This Policy and Procedure forms part of our safeguarding adults arrangements. This Policy and Procedures should be used by any staff member or volunteer who is concerned about an adult at risk.
- 6.2 BRR has a separate policy relating to protecting children at risk and reporting any abuse, but many of the issues and procedures are similar, and the policies should be considered as complementary.
- 6.3 The policy applies to all staff, volunteers and Trustees. Recent national guidance stresses that safeguarding is everyone's responsibility and all staff and volunteers should be made aware of their role in keeping children safe.

THE PROCEDURES

7.1 Key responsibilities and actions for *anyone* who is alerted to abuse or neglect:

These responsibilities must be addressed on the same day as the Concern is raised.

Hearing allegations of abuse and reporting your concerns is not always easy, you may feel you are betraying someone, perhaps a colleague, a member or their relative. Whatever the source of the information it must be treated seriously, checked, recorded and shared with the Welcome Centre Manager. All care agencies and professions share equally the responsibility for the identification of abuse, and for ensuring appropriate action is taken.

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Anyone working for BRR has a duty to report any concerns, and it may be considered a disciplinary matter not to do so. BRR has policies in place to protect and support you in taking action e.g. Whistle-blowing Policy.

Whatever the source of the information it must be treated seriously, checked, recorded and shared.

See Appendix B for Detailed Guidance for Individuals Receiving Disclosures

7.2 Ensuring the adult who is experiencing or is at risk of abuse or neglect is at the centre of the process:

From the very first stage of concerns being identified, the views of the adult should be sought. This will enable the adult to give their perspectives about the abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

If the adult has limited English an independent interpreter must be used. The confidential nature of the situation must be stressed and the interpreter made aware of their responsibilities.

The adult must also be asked for their consent to report the concern. If consent is withheld but there are risks to others including children and other adults at risk, or the risk to the adult at risk is serious, a referral to adult care should still be made and the adult at risk informed that this has been done.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any situations where there is the potential for endangering safety or increasing risk should be



assessed carefully and advice taken from your management or from an external agency as appropriate.

When speaking to the adult –

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present;
- Obtain the adult's views on the concern and what they want done about it;
- Provide the adult at risk information about the adult safeguarding process and how that could help to make them safer; ask for their consent to refer.
- Explain confidentiality issues, how they will be kept informed and how they will be supported;
- Identify any communication needs, personal care arrangements and access requests;
- Discuss what could be done to make them feel safer;
- Preserve evidence through recording;
- Take steps to preserve any physical evidence.
- Discuss and agree any immediate protective actions needed.

Involvement of adults in their own safeguarding has been prompted by a government lead initiative to improve the way that adults at risk are involved in their own safeguarding process. This initiative is called Making Safeguarding Personal (MSP). At the heart of MSP is a shift in safeguarding adults from a process of “doing to” to “doing with” an individual.

MSP involves engaging with people about how we might respond in safeguarding situations in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety; we must see people as experts in their own lives and work alongside them. It is also about the outcomes adults at risk identify at the beginning and middle of the safeguarding process, and then ascertaining the extent to which those outcomes have been realised at the end of the safeguarding process.

MSP seeks to achieve:



- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances and well being, rather than just on 'investigation' and 'conclusion'
- An approach that works actively with people rather than just 'putting people through a process'
- An approach that helps practitioners, families, teams and SABs to know what difference has been made.

7.3 Reporting abuse

(See Appendix A for flowchart of BRR procedures)

- 7.3.1 In BRR, all concerns about an adult at risk or concerns about possible abuse or neglect must be referred to the Designated Safeguarding Adults Lead immediately. If s/he is not available, the Safeguarding Adults Deputy (the Director) should be notified. The Designated Lead will refer on as appropriate.
- 7.3.2 If there is a concern about the Designated Lead or the Director, this must be raised with the Designated Trustee on 07818422871.
- 7.3.3 In any emergency situation where the adult is unsafe, any staff member must call 999. For non-emergency situations, call Avon and Somerset Police on 101.
- 7.3.4 All abuse or neglect concerns relating to adults at risk must be reported to Adult Social Care via Care Direct on 0117 9222700. If anyone is unsure about a referral, you can discuss your concerns on the above number (8.30- 5pm Monday to Friday).
- 7.3.5 If a child is at risk, contact First Response on 0117 9036444 and refer to the Child Protection Policy.
- 7.3.6 If out of hours, in an emergency situation, you can consult the Emergency Duty Team on 01454 615165.

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7.3.7 Modern Slavery must be reported on <https://modernslavery.co.uk/report-it.html> or call the Modern Slavery Helpline on 0800121700.

7.3.8 Hate crime or any other criminal activity must be reported to the police on 999 or to Bristol Hate Crime and Discrimination Services. SARI lead this collaboration, and will be triaging, assessing and allocating all new referrals.

Contact: 0800 171 2272 (including the 24/7 emergency out of hours service) or email sari@sariweb.org.uk or

Facebook:

<https://www.facebook.com/BristolHateCrimeandDiscriminationServices/>

You can also visit SARI's Offices Monday – Friday, 9.15 – 5.30 pm at 15 Portland Square, Bristol, BS2 8SJ.

Partner agencies are:

<https://www.ablc.org.uk/>

<https://www.brandontrust.org/information-and-support/hate-crime/>

<https://bristol-mediation.org/>

<http://bristolmind.org.uk/>

<http://lgbtbristol.org.uk/hatecrime>

7.3.9 If you think someone is at risk of radicalisation or extremism contact the Police Prevent Team: Tel: **0117 945 5539**, or **101** (and ask for the 'Prevent Team'). Email: **channelsw@avonandsomerset.police.uk**

7.3.10 In the case of an allegation against a staff member or volunteer, a report must be made to the Local Area Designated Officer: 0117 903 7795; 07795 091020.

8 Escalation Procedure

Escalation is the process by which professional disputes about safeguarding issues should be dealt with.

There is a multi-agency escalation procedure on <https://bristolsafeguarding.org/media/24856/final-escalation-procedure-with-timeframes-bsab-final.pdf>. This should be used to resolve professional disputes with

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other agencies (e.g. if a referrer in BRR does not agree with the action taken by the Adult Care professional receiving the referral).

The safety of the adult at risk is the paramount consideration in any professional disagreement, and any escalation must take into account the impact on the person concerned.

Professional disputes are reduced where there is clarity about roles, and BRR staff should attend multiagency training to better understand the roles of professionals in other agencies in safeguarding.

If there is a disagreement over a significant issue this should be recorded on the adult at risk's file. The following stages should be followed:

Stage 1 is to try and resolve the situation worker to worker.

Stage 2 is for the BRR Director to discuss it with the manager in the agency concerned

Stage 3 would mean the issue is raised with a senior manager in the other agency and should be resolved within 48 hours of escalation.

Stage 4 is escalation to the Head of Safeguarding Adults in Bristol City Council and a response must be received in 5 days. Director must also inform the Trustee Responsible for Safeguarding at Stage 4.

Stage 5 is a referral to the Chair of the Bristol Safeguarding Adults Board who will acknowledge within 2 days and set out a timescale for resolution.

A clear record should be kept of all discussions and from Stage 3 the multi-agency monitoring form should be used.

9 THE WELCOME CENTRE

9.1 BRR manages a drop-in Welcome Centre which is open 3 days a week at Malcolm X Community Centre. The following procedures are carried out in order to protect 'at risk' adults who may be using the Welcome Centre. We will:

- Conduct an initial interview assessment of each new member of the Centre and in as necessary, report and follow up on any issues of vulnerability or risk that become apparent.
- Ensure that, as far as possible, contact between volunteers on duty and members / beneficiaries occurs in public areas within and adjacent to

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these sites.

- Provide regular opportunities for volunteers, staff and members to express concerns through supervision and daily debriefing sessions.
- Obtain specialist support and follow Bristol City Council guidance if and when it appears that a member, staff member or volunteer of BRR is at risk under the statutory definition.
- Ensure that such a person is not left alone with other members or volunteers.

10. HOW WILL BRR ENSURE THE SAFEGUARDING OF ADULTS

10.1 It is recognised that the definition of a ‘vulnerable adult’ or ‘adult at risk’ is narrow and therefore we will take steps to ensure referral for assessment of members who are not already known to Social Services where we have concerns about their vulnerability.

10.2 In addition where we have concerns that Social Services has not completed an assessment on someone they should have or has failed to act on information about a ‘vulnerable adult’ we will use escalation procedures within Social Services to ensure action is taken.

10.3 A Risk Assessment form will be used (at Appendix C) to establish whether a safeguarding referral should be made. Where it is identified that there is a concern about a member but that it has not reached the threshold for a referral to be made, a Wellbeing Plan should be completed with the Member and shared with all project staff.

10.4 Recruitment of staff and volunteers:

10.4.1 Staff and volunteer recruitment policies are in place and are in line with safer recruitment good practice. A Disclosure Check Policy is also in place and BRR will ensure that for each role an assessment is made of whether a Disclosure Check should be undertaken. BRR would not exclude a person from employment or volunteering because of a conviction unless this related to child or adult protection or it affected their role directly or the beneficiaries of the charity would be put at undue risk by their presence in the Welcome Centre.



10.5 Training and support:

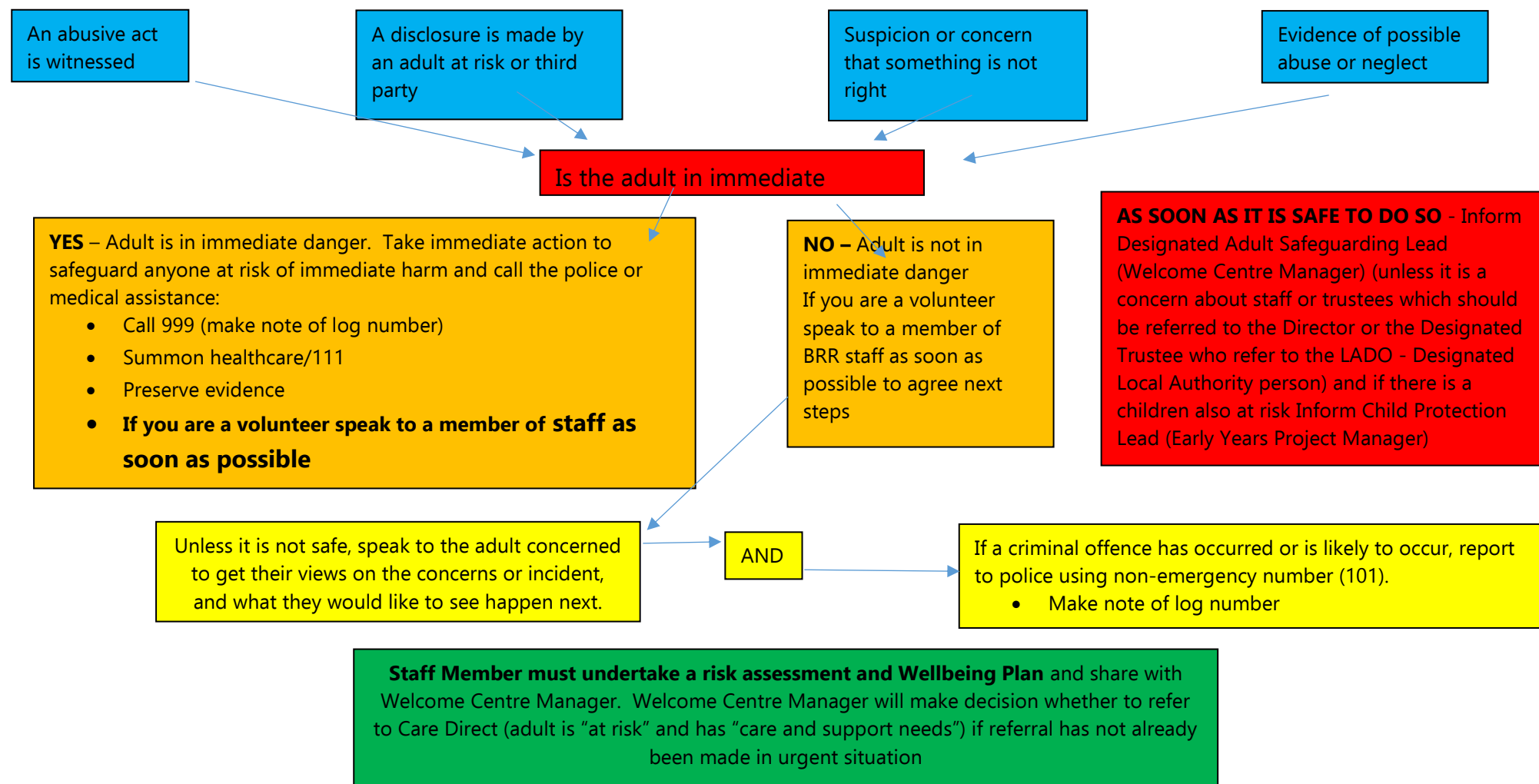
10.5.1 Volunteers and staff will receive briefings and training on safeguarding issues as part of their induction and on-going staff development and will be given a copy of the relevant policies. In supervision, all staff and volunteers will have an opportunity to raise any concerns and to practice and discuss any skills required for keeping adults and children safe during their work with BRR. Staff and volunteers will receive safeguarding training at least 3 yearly.

Review of this policy

The Board of Trustees will ensure that this policy is reviewed annually.



Appendix A – ProcessReferral Process within Bristol Refugee Rights - SAFEGUARDING IS EVERYONE'S RESPONSIBILITY



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Yes - adult is "at risk" and as "care and support" needs Within one day a safeguarding concern will be raised with Care Direct 0117 2700 or

Care Direct will assess and triage and if there is not an immediate danger they will inform the person and referrer of action to be taken

If further enquiries are needed a Section 42 enquiry will take place and a safeguarding strategy discussion will be held within 5

Social Services will put in place a Safeguarding Plan and a planning meeting will be held to amend it. This will be regularly reviewed.

Well-being action plans will be monitored at least monthly at the Projects meeting

No - the adult does not have "care and support" needs/is not "at risk" – individuals needs will be monitored using Well-being Plan

Well-being action plans will be monitored at least monthly at the Projects meeting



Appendix B – Guidance for individuals receiving disclosures

Dealing with disclosures

The possibility of abuse can come to light in various ways, for example:

- ☐ An active disclosure of abuse by the adult;
- ☐ A passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- ☐ A growing awareness that "something is not right";
- ☐ An allegation of abuse by a third party;
- ☐ A complaint or concern raised by an adult or a third party who doesn't recognise that it is abuse.

If an adult at risk discloses an allegation of abuse to you.

Remember:

- Stay calm
- Try not to show if you are shocked,
- Listen carefully and be sympathetic, you don't need to press the person for lots of detail, indeed taking a full written statement from the person at this point could be too stressful and jeopardise any future police investigation.
- Tell the person they have done the right thing in telling you, and that the abuse is not their fault
- Tell the person that you are treating what they said seriously and that you will be talking to your manager about it.
- Tell the person that you will do your best to support them.
- Clarify the nature of the abuse and establish if it needs an urgent response. If so keep the person as calm as possible until the police arrive.
- Make sure that the person is safe and well at that point.
- Do not attempt to contact or question the alleged perpetrator as you may be placing the adult at further risk of harm.
- Adhere to information sharing protocols, only share the persons' information with the people who need to know, and observe the confidentiality of all concerned at all times.
- Ask the person what they would like to happen next.



It may be that the person you are seeking to protect asks you not to do anything at all, although they disclose that they are being abused. Whilst respecting this, it is important that you share what the person has said with the Welcome Centre Manager. Do reassure the person that you are listening to them but that you have a duty to inform your manager.

Address any immediate safety and protection needs

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. The NHS 111 service can be used for medical help or advice when it's not a life-threatening situation.
- Consider if there are children or other adults with care and support needs who are at risk of harm, and take appropriate steps to safeguard them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed.
- Make a written record of what was agreed, what action/s have been taken and make a record of any evidence that has been preserved and where it is stored etc.
- Consider if there are children who are at risk of harm, and take appropriate steps to safeguard them. Are there unborn children who may be at risk? In all cases you must refer directly to children's services on First Response **0117 903 6444**

Preserving evidence

Be aware that in certain situations medical or other evidence will need to be preserved. You may need to lock rooms, or ensure that equipment and documents are secured appropriately so that evidence cannot be tampered with.

If there has been a physical or sexual assault you should not clear up, move things, wash people, things, bedding or clothing before you report the incident or taken the advice of the police.

Report & Inform - Checklist

- ☐ If you are a paid employee, inform your manager. Report the matter internally through your safeguarding adults internal reporting procedure.
- ☐ Report to the police as appropriate: To report **an emergency, if a crime is in progress, or life is at risk call - 999. Text phone in an emergency - 18000.**



- ☐ **To report a non-emergency abuse or raise a concern about a crime call - 101. Text phone 18001 followed by 101.**
- ☐ Make a note of the log or “STORM” number you are given and include it in any referral to Bristol Care Direct.
- ☐ Contact Care Direct as soon as possible, and in all circumstances within one working day of the concern being raised .
- ☐ Consider what actions can be taken should a member of staff be the alleged perpetrator. A risk assessment of potential harm will need to be considered.
- ☐ If you are suspending a member of staff remember that suspension does not confirm guilt, and it is not a disciplinary penalty in itself. It is a neutral act which also protects the member of staff. Frontline managers must be aware of their own organisation's procedures regarding allegations, and in particular what arrangements are required if suspension is needed out of normal working hours.
- ☐ Consider and take required actions if the individual allegedly responsible for the abuse is registered with a professional body, complete and send notification.
- ☐ Consider and take required actions under the Disclosure and Barring Scheme (DBS).If unsure contact the DBS referral helpline on 01325 953795.



Appendix C – Risk Assessment Form

Bristol Refugee Rights Safeguarding Risk Assessment

Name of person filling in form		Date
Plan for(NMI or initials)		Language
Date of Birth	Gender	Country of Origin
Children? Name & ages		
Telephone number		Address
SECTION 1- Individual at Risk Care and support needs of the individual at risk? (Whether or not the Local Authority is meeting those needs)		
	Yes or No?	Details
An older person		
a physical disability		
with a learning difficulty		
with a sensory impairment		
with a mental health needs, including dementia or a personality disorder		
with a long-term health condition		
who misuses drugs or alcohol (affects their		

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ability to manage day-to-day living			
victim of sexual exploitation, domestic abuse or modern slavery			
No leave to remain in UK/ fear of police			
Suicidal thoughts			

Are there additional risk factors?

	Yes or No?	Details
Physical or mental ill-health		
Becoming disabled		
Getting older		
Not having support networks		
Inappropriate accommodation		
Financial circumstances		
Being socially isolated.		
Unable to speak English/communication problems etc		

SECTION 2- What happened?

	Yes or No?	Brief details
Disclosure		
Act witnessed		
Concern something not right		

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Evidence of possible abuse or neglect																																						
Is there evidence that the abuse is likely to escalate or be repeated? Y/N If so what?																																						
Category of abuse <table border="1"> <thead> <tr> <th></th> <th>Yes or No?</th> <th>What are the indicators of abuse?</th> </tr> </thead> <tbody> <tr><td>financial</td><td></td><td></td></tr> <tr><td>sexual</td><td></td><td></td></tr> <tr><td>physical</td><td></td><td></td></tr> <tr><td>psychological</td><td></td><td></td></tr> <tr><td>financial</td><td></td><td></td></tr> <tr><td>domestic</td><td></td><td></td></tr> <tr><td>self neglect</td><td></td><td></td></tr> <tr><td>organisational</td><td></td><td></td></tr> <tr><td>modern slavery</td><td></td><td></td></tr> <tr><td>discriminatory</td><td></td><td></td></tr> <tr><td>Other.....</td><td></td><td></td></tr> </tbody> </table>				Yes or No?	What are the indicators of abuse?	financial			sexual			physical			psychological			financial			domestic			self neglect			organisational			modern slavery			discriminatory			Other.....		
	Yes or No?	What are the indicators of abuse?																																				
financial																																						
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self neglect																																						
organisational																																						
modern slavery																																						
discriminatory																																						
Other.....																																						
Alleged perpetrator. Are there factors that increase risk of harm? i.e. Alleged perpetrator has <table border="1"> <thead> <tr> <th></th> <th>Yes or No?</th> <th>Details</th> </tr> </thead> <tbody> <tr><td>History of substance misuse</td><td></td><td></td></tr> <tr><td>Mental health issues</td><td></td><td></td></tr> <tr><td>History of violence or abuse</td><td></td><td></td></tr> <tr><td>Financial problems</td><td></td><td></td></tr> </tbody> </table>				Yes or No?	Details	History of substance misuse			Mental health issues			History of violence or abuse			Financial problems																							
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Mental health issues																																						
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Financial problems																																						

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Other		
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SECTION 3 Making Safeguarding Personal

What are the wishes and views of the adult who is experiencing or at risk of abuse or neglect?

Views

Wishes

Consent?

Have you provided information about what will happen next?

What can be done to make them feel safer?- complete Wellbeing Plan

Pass this to Adult Safeguarding Lead as soon as possible.



Appendix D – Wellbeing Plan

Name of person filling in Wellbeing Plan		
Plan for(NMI or initials)		
Date		
Was this WP completed with member?		Was a copy shared?
Risk Assessment done by?		On date?
What are we worried about?	What's going well?	What needs to happen?
Past harm	Existing strengths	Future safety/protection
Future danger		Next Steps
Complicating factors		

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Who/what else can help? Fill in all relevant boxes

	Existing	Signposting/referrals made	Check in/follow up to do
Reducing isolation/improving social networks			
Reducing poverty/hunger			
Improving physical health			
Getting professional help with mental wellbeing			
Ensuring safe place to sleep/live			

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Meaningful activity, i.e. volunteering/work/ classes etc			
Other specialist advice services required e.g. debt/housing/careers			