



BRISTOL REFUGEE RIGHTS

SAFEGUARDING: SAFEGUARDING ADULTS AT RISK POLICY AND PROCEDURES

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THE POLICY

1. POLICY STATEMENT

- 1.1 Bristol Refugee Rights (BRR) is committed to safeguarding children and adults from abuse. BRR believes that everyone we come into contact with has the right to be protected from all forms of harm, abuse, neglect and exploitation. BRR will not tolerate abuse and exploitation by staff, volunteers or others.
- 1.2 BRR believes that 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 BRR uses a Making Safeguarding Personal approach to ensure we are person centred and works preventatively. 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.



2. BRR's PRINCIPLES FOR SAFEGUARDING ADULTS

2.1 Bristol Refugee Rights adheres to the following six key principles that underpin safeguarding (contained within Care Act guidance):

- **Empowerment** - 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.
- **Prevention** - Our adult safeguarding work aims to prevent abuse from taking place as we recognise that it is better to take action before harm occurs, 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.
- **Proportionality** - All reports or suspicions of abuse will be treated seriously but we will endeavour to always take the least intrusive response appropriate to the risk presented.
- **Protection** - Every person has a right to live a life free from abuse, neglect and fear and we aim to support and represent our members' needs.
- **Partnership** – we recognise that we are stronger when we work together; safeguarding adults at risk is everyone's business and responsibility.
- **Accountability** – accountability and transparency are essential. 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. Every member, volunteer and staff member should be able to access appropriate and accessible information about how to gain safety from abuse and violence.

3 ROLES AND RESPONSIBILITIES

3.1 All BRR staff and volunteers are expected to:

- 3.1.1 **Recognise** indicators of abuse or harm; **report** effectively and in line with procedures; **respect** and uphold the rights and dignity of adults at risk
- 3.1.2 **Know the categories of abuse; be aware of the six safeguarding principles** and be able to use them to inform their response to safeguarding
- 3.1.3 **Know that any adult can be at risk whilst understanding that there are factors that can increase the risk**
- 3.1.4 **Help adults to make their own informed decisions and to take prompt action if an adult at risk is unable to protect themselves from risk of abuse or harm**
- 3.1.5 **Follow the safeguarding procedures** as set out in this policy
- 3.1.6 **Access and take an active part in safeguarding adults training and ongoing learning opportunities with a commitment to good quality safeguarding practice**

3.2 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.

3.3 The **Advice Service Manager** is the Designated Safeguarding Lead responsible for safeguarding adults and should be the initial point of contact with all safeguarding adult queries. In his/her absence, the Welcome Service Manager should be contacted as Deputy Safeguarding Lead.



- 3.4 The **CEO** is responsible for ensuring the implementation of this policy and ensuring that staff recruitment is done in accordance with safer recruitment.
- 3.5 The **Head of Services** is responsible for ensuring that all staff receive training on safeguarding and are equipped with the knowledge to be able to respond appropriately. The Head of Services takes the strategic lead on safeguarding and oversees all safeguarding work, convenes and chairs safeguarding meetings and ensures policies are being followed by staff. The Head of Services is also responsible for representing any strategic concerns about issues internally and externally including to statutory bodies.
- 3.6 The **Volunteer Manager** and **Office Manager** are responsible for safer recruitment of volunteers. The Volunteer Manager is responsible for ensuring that all volunteers receive regular training on this policy.
- 3.6 The **Trustees** are responsible for ensuring that BRR has policies and procedures in place for protecting adults at risk and children including safer recruitment policies; that there are named people designated to lead this work and overseeing the operation of the policy. Trustees should receive safeguarding reports at regular intervals.
- 3.7 The **EYP Manager** is responsible for Designated Safeguarding lead for Child Protection (with specific responsibility for children in families). The Specialist Services Manager is Safeguarding Deputy for children (with specific responsibility for unaccompanied children). They should be informed if there are children involved in a safeguarding case or if the person at risk is under 18.
- 3.8** A detailed breakdown of the roles is in Additional Guidance F.

4. RELEVANT LAW AND GUIDANCE

4.1 The primary relevant legislation is the Care Act 2014. 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.**
 - ‘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.

4.2 The Care Act 2014 places a legal duty on organisations to protect adults with care and support needs from harm and abuse

4.2.1 Asylum seekers and refugees are not automatically ‘at risk’ of harm and abuse as



defined in the legislation.

4.2.2 However, BRR recognises that external factors relating to an individual's experience as an asylum seeker, may increase their risk of experiencing harm and abuse in ways not covered by the legislation

4.2.3 Furthermore, many asylum seekers may have care and support needs not yet identified by the Local Authority

4.3 The Mental Capacity Act 2005 should also be considered as relevant to safeguarding adults at risk

4.3.1 BRR is not responsible for establishing whether an individual has care and support needs or has mental capacity

4.3.2 BRR will refer to the Local Authority whenever concerns arise relating to an adult who may have care and support needs or lack mental capacity

4.4 In accordance with the [Charity Commission Safeguarding Guidance 2019](#), Bristol Refugee Rights understands that good safeguarding practice is not limited to those with identified care and support needs

4.2.5 BRR seeks to create a culture of trust and transparency in which all abuse, discrimination and harmful behaviour is reported and challenged and due consideration is given to the specific context of issues affecting asylum seekers and refugees

4.2.6 BRR believes that no one should have to experience abusive behaviour and will use any and all appropriate mechanisms to prevent harm and abuse

4.3 For further information and more detailed guidance, refer to the Keeping Bristol Safe Partnership Guidance for Agencies which this policy follows on:

<https://bristolsafeguarding.org/media/1123/guidance-for-adults-at-risk.pdf>

5 OTHER RELEVANT POLICIES

5.1 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.

5.2 This Policy also complements, and should be considered along with other BRR Policies:

- Equity, 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
- Confidentiality, Information Sharing and Disclosure
- Whistleblowing Policy



- Safeguarding: Prevent Duty
- Grievance and Disciplinary Policy and Procedure

5.3 It also relates to a range of locally agreed adult safeguarding policies on:
<https://bristolsafeguarding.org/adults/professionals/policies/>

6. SCOPE

- 6.1. 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.
- 6.2. 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.
- 6.3. 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.

7. THE PROCEDURE

There are five key steps to follow in all instances of possible abuse:

- **Recognise,**
- **Respond,**
- **Report,**
- **Record,**
- **Refer**

(See Additional Guidance A for flowchart of BRR procedures)

7.1 RECOGNISE

Recognising abuse is one of the first steps in safeguarding adults at risk. There could be signs or behaviour that make you feel concerned. All staff should be alert to the following types of behaviour, while keeping in mind that these indicators are not an exhaustive list and that signs will be unique to each individual and some people may not even show any indication of abuse:

- Significant changes in their behaviour
- Deterioration in their well-being
- Unexplained bruising, marks or signs of possible abuse or neglect
- Seeming to be keeping a secret
- Unreasonable fear of certain people or places.
- Self-harm
- Comments indicating experiences of abuse and/or explicit disclosure of abuse

7.2 RESPOND



7.2.1 Is the adult in immediate danger? You should take immediate action to safeguard anyone at risk of immediate harm.

1. **Call the police and or medical assistance** - Dial 999 for emergency services or 111. Make sure you note the log number/reference.
2. **Preserve evidence** - Get brief details about what happened and what the adult would like done about it, but do not probe or conduct a mini-investigation.
Tell someone else what is happening – – A member of the safeguarding team should be informed as soon as possible. If no member of the team is available immediately, communicate with the most senior member of staff available.

7.2.2 BRR members may disclose that they are experiencing abuse. This may be a clear and explicit statement or comments which indicate that they are being abused. Disclosures should be handled with sensitivity and care. Ensuring the following:

- Asses the level of immediate risk
- Offer reassurance that sharing this information is ok
- Listen actively and check understanding
- Do not promise to keep the information secret
- If at all possible without increasing risk, inform the person that you need to share this information with the safeguarding lead

These steps should be followed on the same day as a concern is raised.

See Additional Guidance D for Detailed Guidance for Individuals Receiving Disclosures

7.3 REPORT

If adult is not in immediate danger:

- **Volunteers should speak to a member of staff as soon as possible to agree next steps.**
- Volunteers should not attempt to assess whether a person should be referred to social care and thus should always refer onto a staff member to make this assessment.

As soon as it is safe to do so:

- 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(Advice Service Manager) or Deputy (Welcome Service Manager) immediately. The Designated Lead will advise/refer on as appropriate. The Designated Lead and Deputy keep each other informed of cases they are doing and a note is added to Lamplight for anyone working on that case.

Concerns about staff and Trustees

- If there is a concern about a staff member, volunteer or Trustee (other than the Designated Lead or CEO), this should be referred to the CEO.
- If there is a concern about the Designated Lead or the CEO, this must be raised with the



Designated Trustee on his/her mobile – details on Safeguarding Poster.

- Concerns about staff, Trustees and volunteers must be referred to the LADO (Local Authority Designated Officer).

7.4 RECORD

By this point, the matter should have been referred to a staff member and thus all actions should be being taken by a staff member.

- Unless it is not safe to do so, speak to the adult concerned to get their views on the concerns or incident and what they would like to happen next.
- Seek consent from the adult to take action and to report the concern.
- Consider whether the adult has capacity to make decisions about their own and other people's safety and wellbeing.
- If you think it is necessary to act against their wishes or without their consent (due to concerns about the individual's capacity to make decisions), you must seek the authority of the Head of Services or in her absence, the CEO or another Senior Manager, before taking action (as this involves breaching our Confidentiality Policy). Any such decision must be recorded including the reasons for the decision.
- If a criminal offence against our client has occurred or is likely to occur, seek informed consent from the client to report to police using non-emergency number
- Record what has happened on lamplight as work record in Advocacy project.
- As far as possible, records should be written contemporaneously.
- Records about safeguarding should be confidential. See Information Sharing, Confidentiality and Data Protection policies.
- Use Risk assessment process to identify next steps (circumstances in which the form must be used rather than a verbal risk assessment are set out below and in 10.4; in any event a work record should be made on Lamplight as a pertinent note on Advocacy and should include the reasons for the conclusion).

When to complete a risk assessment:

A risk assessment must be completed in all cases where there is a clear risk of abuse.

In other cases of "concern", we recognise that many of our members are suffering from "state abuse" but that not all of these will reach the threshold for a safeguarding risk assessment.

Volunteers should report all concerns to staff. Staff are experienced and trained to be able to make a judgement on whether a case is more than the usual level of concern and should discuss any cases they are worried about with a Safeguarding Lead/Head of Services who will make a decision about whether a risk assessment needs to be completed.

7.5 REFER

The risk assessment should be shared with the Designated Safeguarding Lead so that s/he may



make a decision as to whether to refer to social care (Care Direct).

- In making a decision whether or not to refer to social care, the safeguarding lead should take into account:
 - The adult's wishes and preferred outcome
 - Whether the adult has mental capacity to make an informed decision about their own and other's safety
 - The safety or wellbeing of children or other adults with care and support needs
 - Whether there is a person in a position of trust involved
 - Whether a crime has been committed
- Detailed information on how to refer are in Additional Guidance E.

8. THINK FAMILY APPROACH

Bristol Safeguarding Board encourages a "Think Family Approach" through their Multi-Agency Guidance. The guidance seeks to embed good practice so that the child's needs are not overlooked by adults' services where the focus may be on the adult in front of them and likewise for children's services to not overlook the adults' needs. BRR adopts the 3 principles of good practice and will seek to follow the Think Family principles in our approach to adult and child safeguarding.

The Think Family Approach 3 principles of good practice are:

8.1 Think Family, Parent and Child

Inappropriate tasks and responsibilities undertaken by a child or young person which adversely impact their emotional, physical, educational or social development should be prevented by providing adequate and appropriate support to the parent(s) and their family.

This means thinking about the child, the parent and the family, with adult and children's services working together to consider the needs of the individual in the context of their relationships and their environment whilst also recognising diversity and personal preferences. This will avoid services having to respond to each problem, or person, separately.

- There should be no 'wrong door' to services. Any contact a family member has with a service is an opportunity to guide them into other services that they need. To transform life chances and break the cycle of disadvantage, services must go further;
- Practitioners should actively think of the needs of the family as well as, and in relation to, the needs of the service user;
- The focus should be on families' strengths and should aim to develop the family's capacity to look after their own needs;
- Support given to families should be relative to their need; the greater the need, the greater the support



Work with the wider family should always be viewed in relation to ‘how will these actions improve outcomes for the child’. This will be achieved by building on strengths as well as identifying difficulties using the Signs of Safety model as well as hearing the child’s voice and that of their parent and carer. Children’s needs are usually best met by supporting their parents to look after them. Participation of parents and carers ensures that they are able to contribute to assessments and plans in relation to them and their families, and can identify and build on strengths and skills to make lasting changes. Services must provide a non-stigmatising service that encourages social inclusion for all users

8.2/ Getting the Right Help at the Right Time for the Right Duration

Professionals must focus on intervening at the earliest opportunity. Preventative and early help responses are critical to avoid issues from escalating and families experiencing further harm. Support needs should be addressed by enabling parents to access universal and community services wherever possible, as appropriate. The services provided at this level will provide the consistency needed by the child and family. Additional support needs should be met by using this support to prevent the child and family needing to access higher tier services. This could be through a single or multi agency response with timely provision.

When there is an escalating need(s) a multiagency approach is required. Targeted support, specialist assessment and service provision will be used to identify what is in the best interests of both parents/carers and children. Regular monitoring and reviews of interventions and support to families to ensure a co-ordinated approach to long term multi-disciplinary work will ensure that child(ren) are protected and parents are supported to parent effectively.

Statutory involvement is required when the child(ren) require intensive support and protection as a result of their parents complex needs. To ensure children’s safety and welfare, many of these families will require support from both children’s and adults’ services. These children will require protection under s.17 and s.47 Children Act 1989. This is the threshold for child in need, child protection, and looked after children. At this level of need, social workers, in partnership with families and other agencies, will assess what services, from which agencies, are called for. A collaborative approach would ensure that parents are recognised as having needs in their own right, but the impact of those needs on their children becomes part of a multi-agency response.

8.3/Culture of Responsibility, Challenge and Escalation

Each individual is accountable and responsible for the child and adult. If a need is identified that can be met then the requirement to take action with the confidence to intervene and challenge positively when appropriate must be taken. Embedding appropriate challenge within an organisation is pivotal to ensuring good working practice and positive outcomes for children and their families.

Systems should be in place to ensure that:

- Managers working with adults can monitor those cases which involve dependent children;



- There is regular, formal and recorded consideration of such cases with Children's Services (social care) staff;
- If adult and children's services are providing services to a family, staff communicate and agree interventions;
- Appropriate staff are invited to relevant planning meetings;
- Staff participate in the relevant planning meetings.

9. ESCALATION

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

There is a multi-agency escalation procedure here:

<https://bristolsafeguarding.org/media/24856/final-escalation-procedure-with-timeframes-bsab-final.pdf>

This should be used to resolve professional disputes with other agencies (e.g. if a referrer in BRR does not agree with the action taken by the Adult Care professional receiving the referral). Further details about the escalation process are contained in Additional Guidance G.

10. CONFIDENTIALITY AND INFORMATION SHARING

10.1 BRR expects all staff, volunteers, trustees to maintain confidentiality at all times. In line with Data Protection law, BRR does not share information if not required.

10.2 It should however be noted that information should be shared with authorities if an adult is deemed to be at risk of immediate harm.

10.2.1 Sharing the right information, at the right time, with the right people can make all the difference to preventing harm.

10.3 The following is adapted from the Social Care Institute for Excellence. For further guidance on information sharing and safeguarding see: <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/keymessages.asp>

10.3.1 Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.

10.3.2 Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

10.3.3 The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.



10.3.4 The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

10.3.5 Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

10.3.6 BRR as a local agreement in place setting out the processes and principles for sharing information between members of BRASP in cases where doing so may help prevent harm.

10.3.7 An individual employee cannot give a personal assurance of confidentiality.

Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations.

10.3.8 It is good practice to try to gain the person's consent to share information.

10.3.9 As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.

11. RISK MANAGEMENT

11.1 BRR manages a mixture of services including drop in. The following procedures are carried out in order to protect 'at risk' adults who may be using drop in services. We will:

- Conduct an initial interview assessment of each new member and 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 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.

11.2 It is recognised that the definition of an '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.

11.3 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 an adult at risk we will use escalation procedures within Social Services to ensure action is taken.

11.4 BRR will use a Risk Assessment form (see additional guidance H) to enable good decision making and good safeguarding practice.



11.4.1 Where a disclosure of possible abuse has been made, or abuse is suspected, a Risk Assessment form may be used to establish:

- Whether there are any grounds for believing that the adult in question has care and support needs
- Whether there are others who may be at risk, including children or connected adults who may have care and support needs

11.4.2 If any of the above pertain a safeguarding referral to the Local Authority **must** be made

11.4.3 If there are no reasons to believe that any individuals concerned have care and support needs or are children, a Risk Assessment form may be used to establish:

- The severity of the risk of harm
- Whether any other referrals are appropriate, e.g. police, National Referral Mechanism for modern slavery or trafficking, mental health services or domestic violence services
- Whether any further support could be put in place to mitigate risks

11.4.4 A risk assessment form should either be complete by a safeguarding lead or jointly between the staff member closest to the situation and the safeguarding lead. Any risk assessment must be shared with a member of the safeguarding team.

11.4.5 Completed risk assessments should be safely stored in the safeguarding folder and BRR's member database (Lamplight) should be updated to note that a Risk Assessment has been carried out and flag any outcomes which need to be seen by staff or volunteers working with this person

12 RECRUITMENT OF STAFF AND VOLUNTEERS:

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.

13 TRAINING AND SUPPORT

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. After their initial induction, all staff and volunteers will receive safeguarding training at least 3 yearly. Safeguarding leads should attend CPD training relating to safeguarding every year.

Review of this policy



This policy was last reviewed in November 2022

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



Appendix A – Safeguarding Leads Poster



Safeguarding Team

If you are concerned about a child or young person, or think that an adult may be at risk of harm, **you must speak to a member of the Safeguarding Team as soon as possible.** This includes: physical, sexual, financial, or domestic abuse, neglect, hate crime, trafficking and exploitation, as well as self-harm and suicide.



Livia Kestenbaum-Levi
Safeguarding Lead for Adults
07526354736



Caroline Broman
Safeguarding Deputy for adults
07835 754025



Alice Freedman
Safeguarding lead for children
07874604894



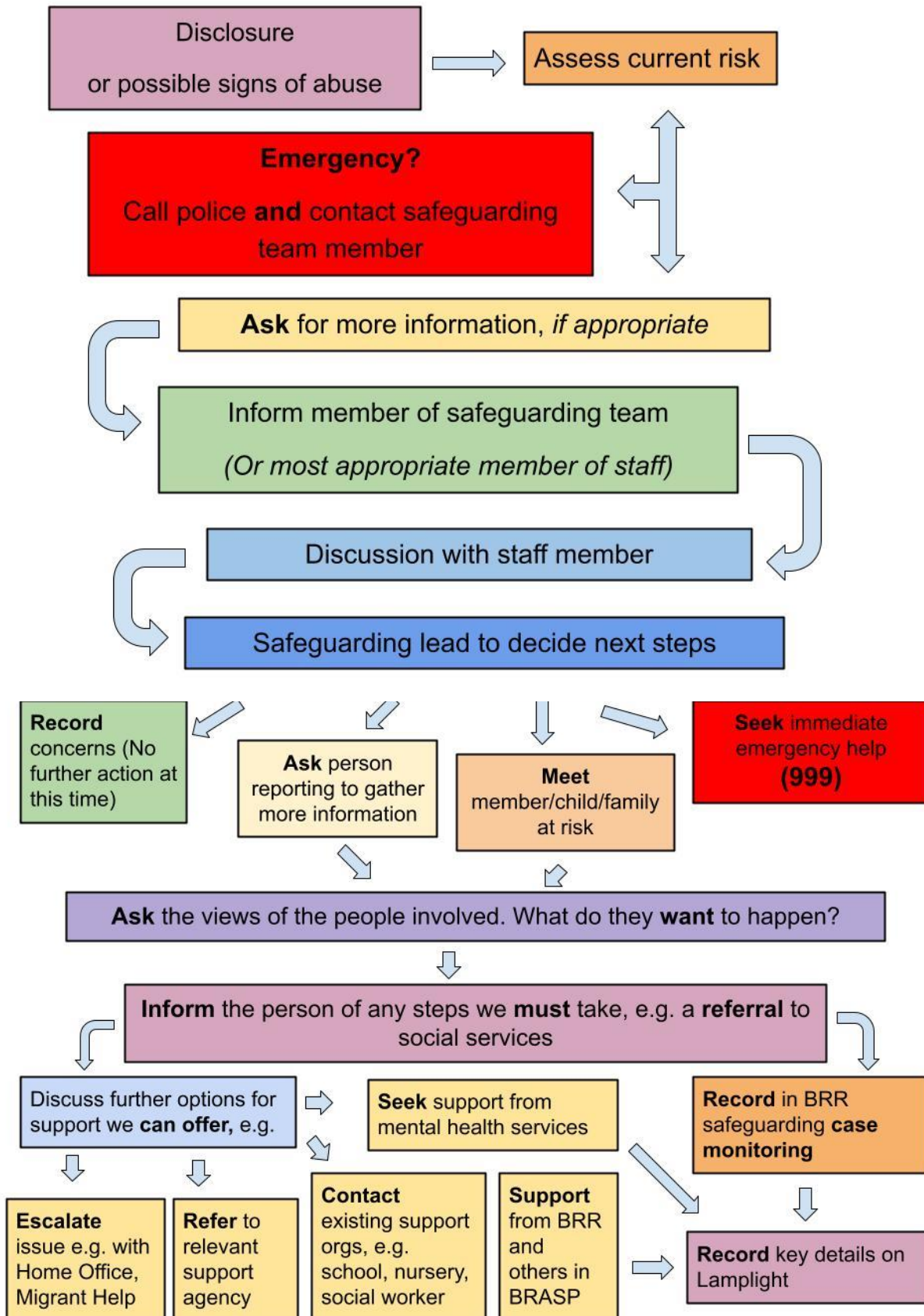
Clare Peacock
Safeguarding Deputy for children
07566848234 (UASC lead)

In an emergency – if someone is in immediate danger – call the police on 999

If none of the above are available, Andrew McCarthy chairs BRR's safeguarding team 07485305120 and Natasha Carver is the Trustee of BRR responsible for safeguarding



Additional Guidance A – Safeguarding Flowchart





Additional Guidance B – Glossary

DEFINITIONS AND CATEGORIES OF ABUSE

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'.

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.

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.

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.

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

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>

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.

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.



Additional Guidance C – Making Safeguarding Personal

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 a phone 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.



Additional Guidance D - Guidance for individuals receiving disclosures

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'.

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.

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

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 Designated Lead(s). All care agencies and professions share equally the responsibility for the identification of abuse, and for ensuring appropriate action is taken.

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.

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 Operational Manager for Welcome. 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.



Additional Guidance E – How to refer:

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).

If a child is at risk this should be referred to the Child Protection Designated Lead who will contact First Response on 0117 9036444 and refer to the Child Protection Policy.

If out of hours, in an emergency situation, you can consult the Emergency Duty Team on 01454 615165.

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

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>

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

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.

For concerns about individuals accommodation in Home Office accommodation, we should also contact:

Ready Homes:

Safeguarding referrals should be emailed to both:

safeguarding.referrals@ready-homes.com

wsw.safeguarding@ready-homes.com

Direct Ready Homes/Home Office contacts (which may also be used initially in



making a referral if it is an emergency) include:

Nia Houlding – Regional Safeguarding Officer - South West and Wales for Ready Homes – 07825581614, email: niahoulding@ready-homes.com

Steph Miller – Regional Safeguarding Manager - South West and Wales for Ready Homes Stephenmiller@ready-homes.com

Home Office:

Sian Kirk Safeguarding Officer for Wales and South West Home Office ashws@homeoffice.gov.uk

Asylum Safeguarding Hub

There are 6 hub teams geographically aligned to each of the UKVI regions. Each hub is tasked with safeguarding activity for asylum seekers that reside in their region. There are 4 teams for identifying and tackling vulnerability within specific areas of work. They use a shared email:

| | | | |
|----------------------------|--|--------------------------|--|
| Wales and South West | AsylumSafeguarding@homeoffice.gov.uk | Sian Kirk Wendy Parry | 02920 924 425 02920 924 630 Mob 07341867401 Fax 08703 369417 Skype- +443000717504 |
| Section support 4 | AsylumSafeguarding@homeoffice.gov.uk | Annette Maudsley | 0113 341 2109 |
| Section support 95 | AsylumSafeguarding@homeoffice.gov.uk | Annette Maudsley | 0113 341 2109 |
| National asylum intake uni | AsylumSafeguarding@homeoffice.gov.uk | Cassandra Mead | 01304 210 888 |
| Asylum Operations | AsylumSafeguarding@homeoffice.gov.uk | Nichola Henwood | 0151 944 3225 |

Home Office Alerts:

If an individual member is considered to be highly vulnerable, we should request that the Home Office place an alert on their system that the individual should not receive bad news alone (this will ensure that refusals etc are shared only via a third party such as their solicitor).

To do this, email: Sian Kirk Safeguarding Asylum-WSW: ashws@homeoffice.gov.uk

The alert does not transfer if someone submits a fresh claim. In that case you should forward the same referral to RCMSafeguarding@homeoffice.gov.uk

The Asylum Team:

Bristol City Council Asylum Team should also be notified at the same time as making a referral to Care Direct.



Additional Guidance F - Detailed roles and responsibilities

The Designated Lead is responsible for:

- Keeping other safeguarding staff 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;
- Making referrals to the Channel Programme where individuals would benefit from and like to receive their support
- Liaising with the Head of Services and CEO to inform them 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;
- Appropriate delegation of ongoing support to the Welcome Service Manager.



The CEO is responsible for:

- 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 Keeping Bristol Safe Partnership 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.

The Head of Services 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;
- Taking the strategic lead on safeguarding and overseeing all safeguarding work, including convening and chairing safeguarding meetings.
- Ensuring policies are being followed by staff.
- Representing any strategic concerns about issues internally and externally including to statutory bodies.

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 CEO and Designated Leads over the implementation of the policy.



- Ensuring that the CEO, 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.



Additional Guidance G - 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 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 Head of Services 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. Head of Services must also inform CEO and the Trustee Responsible for Safeguarding at Stage 4.

Stage 5 is a referral to the Chair of the Keeping Bristol Safe Partnership 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.



Additional Guidance H – Forms

Bristol Refugee Rights Safeguarding Risk Assessment

| | | |
|---|---------------|---------------------------|
| Name of person filling in form | | Date |
| Plan for initials/ Lamplight ID number | | Language |
| Date of Birth | Gender | Country of Origin |
| Children? Name & ages | | |
| Telephone number | | Address |
| What are we worried about? | | What's going well? |
| Past harm | | Existing strengths |
| Future danger | | |



Complicating factors

| | |
|--|--|
| | |
|--|--|

SECTION 1- What happened?

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

| | Yes or No? | What are the indicators of abuse? |
|-----------|------------|-----------------------------------|
| financial | | |
| sexual | | |
| physical | | |



| | | |
|----------------|--|--|
| psychological | | |
| financial | | |
| domestic | | |
| self neglect | | |
| organisational | | |
| modern slavery | | |
| discriminatory | | |
| Other..... | | |

SECTION 2- 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 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 | | | |
| Care leaver | | | |

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 | | |

Alleged perpetrator.

Are there factors that increase risk of harm? i.e. Alleged perpetrator has



| | Yes or No? | Details |
|------------------------------|------------|---------|
| History of substance misuse | | |
| Mental health issues | | |
| History of violence or abuse | | |
| Financial problems | | |
| Other | | |

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 needs to happen to improve safety?

If you have time to complete this with the person at risk it would be beneficial for thinking about how to minimise future risk.



It may be that the notes for these already exist on Lamplight and so do not need to be repeated here. If there is a clear need for a referral or signposting, e.g. for a DV organisation then DSL to add this on to the Lamplight profile to be completed at earliest possible opportunity.

If there is no capacity/time to complete this section, do not delay and pass this to safeguarding lead ASAP.

Who/what else can help?

| | Existing | Signposting/referrals made & date |
|---|-----------------|--|
| Reducing isolation/improving social networks | | |
| Reducing poverty/hunger | | |
| Physical health | | |
| Mental wellbeing | | |
| Ensuring safe place to sleep/live | | |
| Meaningful activity, i.e. | | |



| | | |
|--|--|--|
| volunteering/work/ classes etc | | |
| Other specialist advice services required e.g. debt/housing/careers | | |

Pass this to Adult Safeguarding Lead as soon as possible.

