

**BORDERLANDS**  
from exclusion to  
**BELONGING**

## **BORDERLANDS ADULT SAFEGUARDING POLICY & PROCEDURE**

|         |          |           |                 |                                 |
|---------|----------|-----------|-----------------|---------------------------------|
| Version | V12      | By: SR,CP | Approved by RMK | Lead on Safeguarding<br>Trustee |
| Dated   | May 2023 |           | Next review on  | May 2024                        |

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## Safeguarding Leads and Deputy Safeguarding contact details

|  |               |                                  |                                      |
|--|---------------|----------------------------------|--------------------------------------|
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### 1. POLICY STATEMENT

- 1.1 Borderlands is committed to safeguarding children and adults from abuse. Borderlands believes that everyone we come into contact with has the right to be protected from all forms of harm, abuse, neglect and exploitation. Borderlands will not tolerate abuse and exploitation by staff, volunteers or others.
- 1.2 Borderlands believes that safeguarding is wider than just protecting adults and children 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.

Borderlands uses a **Making Safeguarding Personal** approach to ensure we are person centered and works preventatively. This policy relates particularly to adults at risk. Borderlands 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. BORDERLANDS PRINCIPLES FOR SAFEGUARDING ADULTS

Borderlands recognises the value and dignity of every human being and believes that everyone has the right to live a life free from neglect, abuse, or fear. Borderlands is committed to creating a safe environment for all staff, volunteers and members and visitors.

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

1. Empowerment - Borderlands 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.
2. Prevention - Our adult safeguarding work aims to prevent abuse from taking place as we recognise that it is better to act 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.
3. 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.
4. 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.
5. Partnership – we recognise that we are stronger when we work together; safeguarding adults at risk is everyone's business and responsibility.
6. Accountability – accountability and transparency are essential. Any suspicions of abuse or neglect should be reported to the Adult Safeguarding Leads or the Deputy Safeguarding Lead, 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 Borderlands 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 or 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 Borderlands 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.
- 3.3 The **Operation Manager and the Director at Borderlands** are the Designated Leads responsible for safeguarding adults and should be the initial point of contact with all safeguarding adult queries. In their absence, a rota will be in place requiring the Adult Safeguarding Deputy, namely the Chair of the Trustee, to cover for this role.
- 3.4 The **Director** is responsible for ensuring the implementation of this policy and ensuring that staff recruitment is done in accordance with safer recruitment.
- 3.5 The Operation Manager, the Mentoring Managers and Education Manager are responsible for safe recruitment of volunteers and ensuring that all volunteers receive regular training on this policy.
- 3.6 The **Trustees** are responsible for ensuring that Borderlands 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.
- 3.7 Staff is responsible for displaying in the offices and the drop-in space notices, posters and leaflets with information about how to be safe from abuse and violence. These will be made available in different languages to be more accessible to the people we work with whose English is not the first language.
- 3.8 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.

## 4. RELEVANT LAW

4.1 The 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.

Our members do not automatically fall into the category of adults who are at risk, but we should be sensitive to their situation and past experiences. Many of our members have passed through traumatic experiences which can leave them in a vulnerable position.

4.2 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 Borderlands are involved with those who may come under the definition. Borderlands also recognises that factors relating to an individual’s status as an asylum seeker or refugee may increase the risk for such individuals.

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. RELEVANT POLICIES AND IMPLEMENTATION DOCUMENTS

This Policy complements, and should be considered along with other Borderlands Policies:

- Equality and Diversity Policy
- Whistleblowing Policy
- Staff Induction Handbook
- Volunteering at Borderlands Handbook
- Mentoring Handbook
- Boundaries Guideline
- Home Visit Guideline
- Code of conduct for Trustees

- Lone Working Policy

## 6. SCOPE

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.

**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.**

## 7. PROCEDURE – RESPOND, REPORT, RECORD, RISK

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

**They set out what to do in the following circumstances:**

- An abusive act is witnessed;
- A disclosure is made by an adult at risk or third party;
- You have a suspicion or concern that something is wrong;
- There is evidence of possible abuse or neglect.

See Additional Guidance D for Detailed Guidance for Individuals Receiving Disclosures  
(See Additional Guidance A for flowchart of Borderlands procedures)

### RESPOND

**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.
3. **Tell someone else what is happening** – If you are a volunteer, speak to a member of staff as soon as possible.

### 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 Borderlands, all concerns about an adult at risk or concerns about possible abuse or neglect must be referred to the Designated Safeguarding Adults Leads (Operation Manager and Director) immediately. If s/he is not available, the Safeguarding Adults Deputy (Chair of Trustees) should be notified. The Designated Lead will refer on as appropriate.

**Concerns about staff and Trustees**

- If there is a concern about a staff member, volunteer or Trustee (other than the Designated Lead or Director), this should be referred to the Director.
- If there is a concern about the Designated Lead or the Director, this must be raised with the Chair of Trustees - 07779 677 370.
- Concerns about staff, Trustees and volunteers must be referred to the LADO (Local Authority Designated Officer).

**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.**

1. 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.
2. Seek consent from the adult to take action and to report the concern.
3. Consider whether the adult has capacity to make decisions about their own and other people's safety and wellbeing.
4. 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 Director or in her absence, 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.
5. 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
6. Record what has happened by flagging the member using our CRM system and include any relevant note in the confidential note sharing space at the bottom of the members profile
7. As far as possible, records should be written contemporaneously
8. Records about safeguarding should be confidential.

## 9. Use Risk assessment to identify next steps

### **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 and record 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 (which would usually be those over and above the “normal” destitution experienced by members) with the Operational Manager who will decide about whether a risk assessment needs to be completed.

### **REFER**

**The risk assessment should be shared with the Designated Safeguarding Leads so that they may make a decision as to whether to refer to Care Direct.**

In making a decision whether or not to refer to social care, the safeguarding leads should take into account:

- a. The adult’s wishes and preferred outcome
- b. Whether the adult has mental capacity to make an informed decision about their own and other’s safety
- c. The safety or wellbeing of children or other adults with care and support needs
- d. Whether there is a person in a position of trust involved
- e. Whether a crime has been committed

## **8 CONFIDENTIALITY, INFORMATION SHARING AND DATA STORAGE**

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

It should however be noted that information should be shared with authorities if an adult is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm. For further guidance on information sharing and safeguarding see: <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/keymessages.asp>

Risk assessment forms completed by Borderlands staff will be stored in the Secure site on Borderlands 365 Library. The Secure Site called “Safeguarding”, is only accessible to



Safeguarding Leads and Deputy Safeguarding Lead.

It is the Safeguarding Lead's responsibility to flag any adults at risk on Borderlands CRM.

## 9 RISK MANAGEMENT

9.1 Borderlands manages a drop-in Centre which is open 2 days a week. This space includes a public area for our members to use laptops. The following procedures are carried out in order to protect 'at risk' adults who may be using the Drop-in. We will:

- Conduct an initial interview assessment at the moment of registration of each new Borderlands 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 Borderlands is at risk under the statutory definition.
- Ensure that such a person is not left alone with other members or volunteers.
- Appropriate software is used in the IT suite and updated regularly to prevent inappropriate access.
- Undertake a DBS check of volunteers supporting members in the Drop-in.
- Provide regular safeguarding training to staff and volunteers.

9.2 Borderlands also runs a mentoring project where volunteer mentors offer 1:1 support to asylum seeker or refugee mentee. The following procedures are implemented by the Mentoring Manager(s) and volunteers to protect 'at risk' adults:

- Conduct a needs assessment after the initial registration and report and follow up any issues of vulnerability or risk that become apparent. If appropriate, this will be followed up with the referrer too.
- Ensure mentoring meetings occur in public spaces or at Borderlands, only during Borderlands opening hour and where staff is present.
- Provide regular training, supervision session for volunteers and staff to express concerns.
- Provide updated guidelines and procedures around home visits, boundaries and power imbalance.
- Undertake an enhanced DBS check of volunteer mentors candidates.
- Provide regular safeguarding training to staff and volunteers.

9.3 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.

9.4 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.

9.5 A Risk Assessment form will be used (at Forms) to establish whether a safeguarding referral should be made. Once completed, this must be shared with the Designated Lead, even if the staff member thinks the threshold is not met. Where the threshold is not reached, the Designated lead will ensure that the individual is aware of other support they can access and how to access it; any actions taken will be recorded on our CRM as a case note and the flagging system will be used if appropriate.

#### **9.6 Recruitment of staff and volunteers:**

Staff and volunteer recruitment procedures are in place and are in line with safer recruitment good practice. Borderlands will ensure that for each role an assessment is made of whether a Disclosure Check should be undertaken. Borderlands 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 Drop-in space.

## **10 TRAINING AND SUPPORT**

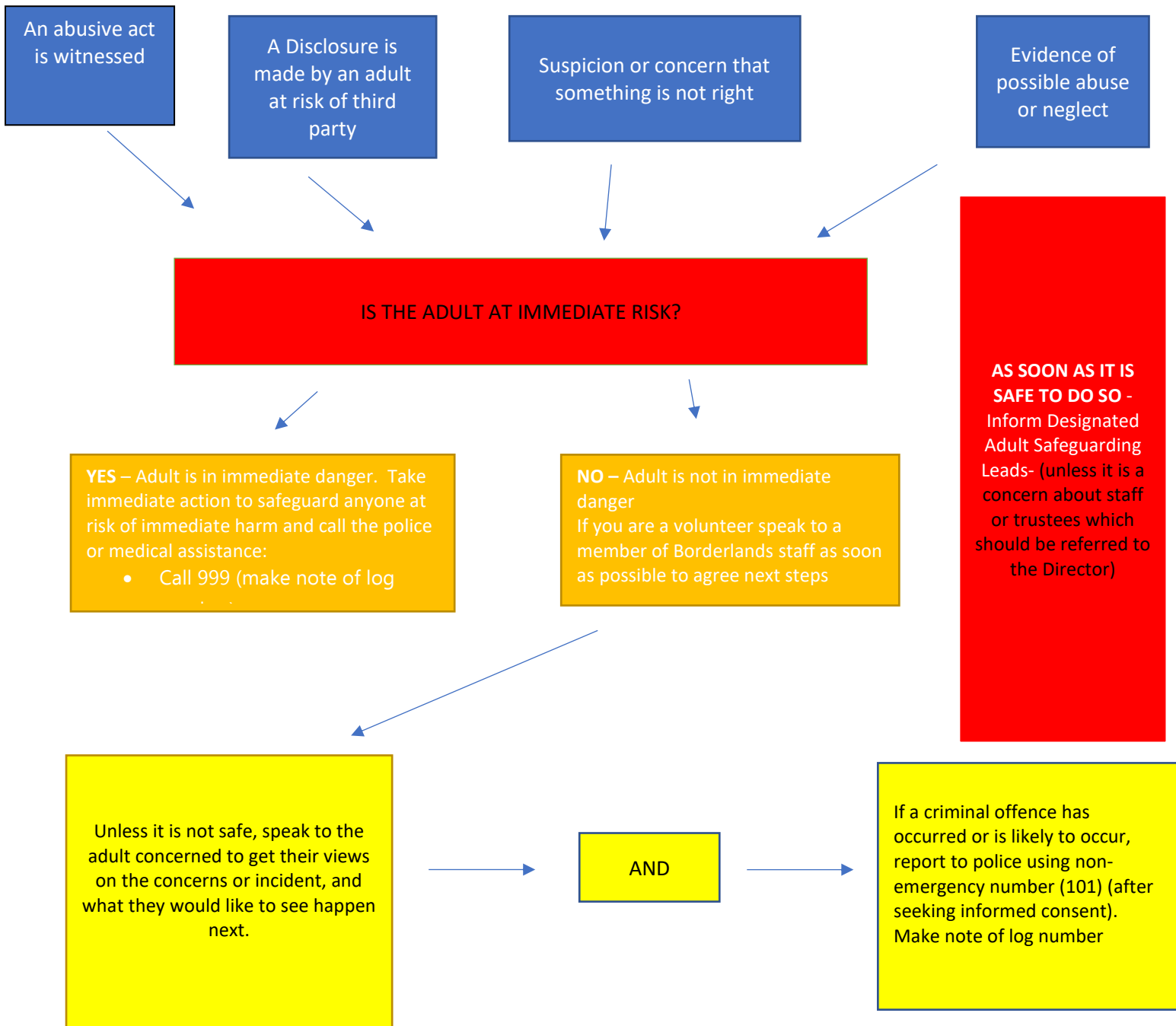
Volunteers and staff will receive briefings and training on safeguarding issues as part of their induction and on-going staff development and will be given a copy of the relevant policies. Depending on the level of training required, staff will access external training.

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 Borderlands. Staff and volunteers will receive safeguarding training at least 2 yearly.

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

## Additional Guidance A – Referral Process within Borderlands

### SAFEGUARDING IS EVERYONE’S RESPONSIBILITY



## 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 Borderlands 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 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 wellbeing, 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 Safeguarding Adults Boards (SABs) to know what difference has been made.



## Additional Guidance D - Guidance for individuals receiving disclosures

Borderlands believes that it has a duty to take all reasonable precautions to ensure the well-being of all 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 the control over care and 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 Borderlands has a duty to report any concerns, and it may be considered a disciplinary matter not to do so. Borderlands has policies in place to protect and support you in taking action e.g. Whistle-blowing Policy.

### **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 Safeguarding leads. 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 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](mailto: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](mailto: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: [safeguarding.referrals@ready-homes.com](mailto:safeguarding.referrals@ready-homes.com)**

Direct Ready Homes/Home Office contacts include:

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

Steph Miller – Regional Safeguarding Manager - South West and Wales for Ready Homes  
[Stephnmiller@ready-homes.com](mailto:Stephnmiller@ready-homes.com)

Sian Kirk Safeguarding Officer for Wales and South West Home Office  
[ashsw@homeoffice.gov.uk](mailto:ashsw@homeoffice.gov.uk)

**Home Office Alerts:**

If an individual member is considered to be highly vulnerable, we should request that the Home Office plan 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 SafeguardingAsylum-WSW: [ashsws@homeoffice.gov.uk](mailto:ashsws@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](mailto: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.

**BORDERLANDS SAFEGUARDING RISK ASSESSMENT FORM**

|   |               |                          |
|---|---------------|--------------------------|
| <b>Name of person filling in form</b>   |               | <b>Date</b>              |
| <b>Plan for initials/ CRM ID number</b> |               | <b>Language</b>          |
| <b>Date of Birth</b>                    | <b>Gender</b> | <b>Country of Origin</b> |
| <b>Children? Name &amp; ages</b>        |               |                          |
| <b>Telephone number</b>                 |               | <b>Address</b>           |

| <b>What are we worried about?</b> | <b>What's going well?</b> |
|-----------------------------------|---------------------------|
| <b>Past harm</b>                  | <b>Existing strengths</b> |
| <b>Future danger</b>              |                           |
| <b>Complicating factors</b>       |                           |

**SECTION 1- What happened?**

|  | <b>Yes or No?</b> | <b>Brief details</b> |
|--|-------------------|----------------------|
| <b>Disclosure</b>                            |                   |                      |
| <b>Act witnessed</b>                         |                   |                      |
| <b>Concern something not right</b>           |                   |                      |
| <b>Evidence of possible abuse or neglect</b> |                   |                      |

**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 the CRM 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 CRM 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 |
|--|----------|-----------------------------------|
| <b>Reducing isolation/improving social networks</b>                        |          |                                   |
| <b>Reducing poverty/hunger</b>   |          |                                   |
| <b>Physical health</b>   |          |                                   |
| <b>Mental wellbeing</b>  |          |                                   |
| <b>Ensuring safe place to sleep/live</b>                                   |          |                                   |
| <b>Meaningful activity, i.e. volunteering/work/classes etc</b>             |          |                                   |
| <b>Other specialist advice services required e.g. debt/housing/careers</b> |          |                                   |

**Pass this to Adult Safeguarding Lead as soon as possible.**



| <b>Agreed Next Steps</b> |              |                 |
|--------------------------|--------------|-----------------|
| <b>Who?</b>              | <b>What?</b> | <b>By when?</b> |
|                          |              |                 |
|                          |              |                 |