



Sussex Nightstop Safeguarding Policy, Procedures & Guidance Document

1. SCOPE and PURPOSE

Sussex Nightstop aims to ensure that everyone referred to our service is welcomed into a safe and caring environment.

This policy applies to all our staff, volunteers and trustees and any other representatives who deliver our services. It sets out our principles and approach to managing safeguarding concerns within our services and operations and makes clear the responsibilities of staff, volunteers and trustees to whom it applies.

Sussex Nightstop adopts a zero tolerance approach to abuse. It is everybody's business and responsibility to keep children, young people and adults safe. It is the responsibility of each one of our staff, volunteers, trustees and Nightstop representatives to prevent the abuse of children and adults with whom they come into contact and to report any incident or behaviour that causes concern with regard to the welfare of the child, young person or adult at risk. This applies to all children and adults regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Sussex Nightstop regards anyone accessing Nightstop services to be at risk by virtue of the requirement of these services and therefore the duties laid out here must be applied to all individuals accessing Sussex Nightstop regardless of age. These duties and are further more extended and applied in the safeguarding and welfare of volunteers, staff and trustees who deliver our services.

We aim to keep children, young people and adults at risk safe by:

- Listening to, respecting and valuing them
- Never assuming that reporting is being done by another organisation
- Clarifying and recording disclosures with accuracy; not conflating other information, guessing or investigating
- Appointing a designated safeguarding officer (DSO) and a lead board member for safeguarding
- Adopting child protection and adult safeguarding practices throughout procedures and codes of conduct for staff, volunteers and trustees
- Being clear on where our responsibilities start and finish: Sussex Nightstop will report safeguarding issues but not investigate them
- Ensuring staff, volunteers and trustees have knowledge and understanding to implement their responsibilities contained within this policy through effective supervision and training
- Adopting safe recruitment practices for staff and volunteers ensuring all necessary checks are made
- Using our procedures to manage any allegations against our staff, volunteers or trustees appropriately
- Ensuring that we have effective complaints and whistleblowing procedures in place

- Recording, working with and storing personal sensitive data professionally and securely
- Ensuring that our own practice is safe; designing and delivering services that create a safe environment for our guests
- Responding quickly and appropriately to any safeguarding concerns
- Being a reflective and learning organisation; continually developing our safeguarding practices and knowledge
- Working collaboratively with our partners, colleagues and other agencies to ensure a joined up response to safeguarding concerns that best support a good outcome for the client

Legislation:

This policy aims to meet our obligations under the Children Act 1989 and 2004, and the Care Act 2014 and is underpinned by the relevant legislation outlined in Appendix C.

To meet these obligations, Sussex Nightstop has in place a number of policies and procedures that protect young people and adults accessing our services. This safeguarding policy should therefore be read in conjunction with our following policies:

- DBS Policy
- Health and Safety Policy
- Lone Working Policy
- Whistle Blowing Policy
- Equal Opportunities Policy
- Data protection and confidentiality Policy
- Emergency Incidents Policy

Definitions:

In this policy, when we talk about the following we mean:

Child/Young Person - Means any child or young person under the age of 18 years old

Adult at risk – An adult at risk is a person aged eighteen years or over who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation. Sussex Nightstop regards all adults, by virtue of requiring Nightstop services, to fall within this definition.

Significant Harm - The Children's Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries or cause enquiries to be made where it has reasonable cause to suspect that a child is suffering or likely to suffer significant harm (Section 47 the Children's Act 1989).

Abuse - 'No Secrets'¹ provides the following definition 'Abuse is a violation of an individual's human and civil rights by any other person or persons'.

¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets__guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf

‘Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological. It may be an act of neglect or failure to act or it may occur when a vulnerable person 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 physical, sexual, financial, emotional, discriminatory or psychological violation or neglect of a person unable to protect him or herself to prevent abuse from happening or to remove him or herself from abuse or potential abuse by others.

Safeguarding children - ‘the action we take to promote the welfare of children and protect them from harm – this everyone’s responsibility. Everyone who comes into contact with children and families has a role to play’².

Child protection – ‘a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm’³.

Safeguarding adults - ‘protecting an adult’s right to live in safety, free from abuse and neglect’⁴.

2. RESPONSIBILITIES

2.1 Sussex Nightstop Board have responsibility for:

- authorising the safeguarding policy and practice for Sussex Nightstop or discharging appropriately to a designated trustee
- discharging operational duties outlined here to trustees, staff and volunteers
- appointing a safeguarding lead within the Trustee board

The Trustee Safeguarding Lead will:

- work with the Nightstop Director to ensure that policy and practice meets our organisational commitments and statutory duties towards safeguarding
- hold the power of final authorisation on the content of Sussex Nightstop safeguarding policies as designated by Sussex Nightstop Board
- keep the Trustee board aware of safeguarding developments and concerns, and,
- support the Director in the event of a safeguarding concern
- participate in practitioner focused Safeguarding training 3 yearly
- induct new trustees in Nightstop Safeguarding policy

Interim Safeguarding Trustee lead for Sussex Nightstop is Chris Storey

2.2 Sussex Nightstop Director will take the responsibility of being the Designated Safeguarding Officer (DSO). These responsibilities are:

- To work with the organisation to oversee and review the Safeguarding Policy, ensuring that it is in line with the Pan Sussex Child Protection and Safeguarding Procedures and Sussex Safeguarding Adults Policy and Procedures⁵ and ensuring it is reviewed on a 2-yearly basis

² Working together to safeguard children DfE 2013

³ Working together to safeguard children DfE 2013

⁴ Care Act 2014

⁵ <https://sussexchildprotection.procedures.org.uk/> / <http://sussexsafeguardingadults.procedures.org.uk/>

- To keep a log of young people and adult 'incidents, safeguarding and near misses'
- To ensure that abuse concerns are reported at the earliest opportunity and as set out within procedural guidance
- To oversee and provide any relevant support, advice and guidance around reporting a safeguarding concern to social services and other relevant authorities
- To liaise with the Trustee Safeguarding lead in managing safeguarding responses
- To undertake regular reports on safeguarding concerns to the Nightstop board, sharing serious concerns without delay
- To monitor and review safeguarding reports regularly with the staff team
- Ensure that staff and volunteers are appropriately trained and able to fulfil their safeguarding duties and can access appropriate proper emotional support
- To support the investigation of any allegation made against guests, staff, volunteers or trustees of the Sussex Nightstop, in accordance with local safeguarding agency protocol and in collaboration with Trustee safeguarding lead

Sussex Nightstop Designated Safeguarding Officer (DSO) is Alison Marino 07887 492 927 / alison.marino@sussexnightstop.org.uk

2.3 Sussex Nightstop Staff Member will take the responsibility of being the Designated Deputy Safeguarding Officer (DSO) who will undertake the responsibilities of the DSO in their absence.

Sussex Nightstop Designated Deputy Safeguarding Officer (DDSO) is Sian Sidgwick / sian.sidgwick@sussexnightstop.org.uk 07500 770 996

2.4 Sussex Nightstop Volunteers will take responsibility for being familiar with the Safeguarding Policy and Procedure and the procedural responsibilities asked of them

3. SAFE WORKING PRACTICES

Sussex Nightstop undertake that the service will reflect the principles and procedures as detailed in the relevant local authorities Mental Capacity Act Capability Frameworks⁶, and observe the code of practice defined in the Pan Sussex Child Protection and Safeguarding Procedures and the Sussex Safeguarding Adults Policy and Procedures.

Further, Sussex Nightstop acknowledges that strong safeguarding practices are cross-cutting in nature and will ensure that safeguarding is embedded and underpinned by robust practice in related areas:

Safe recruitment: Sussex Nightstop adopts an equalities and skills based recruitment process that is supported by a range of safeguarding checks including the use of DBS for all staff, volunteers and trustees of 18+ years engaged in roles where the individual comes into contact with service users or may participate in recruitment processes. Staff and volunteers will not be deployed into role until ALL necessary checks are satisfactorily complete.

DBS checks will be signed off as follows:

⁶ <https://www.suffolk.gov.uk/assets/Adult-social-care-and-health/mental-capacity-and-deprivation-of-liberty-safeguards/National-MCA-Competency-Framework.pdf>

Clear disclosures	Will be authorised by the Director
Positive disclosures	Will be managed, risk assessed and authorised as appropriate by a combination of two individuals appointed in the roles of Nightstop Director, Safeguarding Trustee Lead and/or Chair

Training: Safeguarding training will play a key role in our safeguarding practice.

Safeguarding training will be a mandatory part of staff induction into role and staff will then be required to participate in accredited Safeguarding training every two years.

Safeguarding training will be mandatory for Trustee Safeguarding Lead who will then be required to participate in accredited Safeguarding training every 3 years.

All Trustees new to Sussex Nightstop will have a mandatory requirement to be trained in Sussex Nightstop Safeguarding policy (and associated policies including an individual's risk management) at induction.

Nightstop volunteers with client contact will have a mandatory requirement to attend the Safeguarding training session as part of their initial recruitment and training process and will then be required to refresh their safeguarding training on a two-yearly basis (currently provided through Sussex Nightstop Refresher Training).

The Sussex Nightstop Director will remain aware of the Working Together to Safeguard Children 2018 guidance and Care and Support statutory guidance and will organise from time-to-time any training deemed necessary for staff and volunteers to carry out the responsibilities outlined here as well as developing their skills in safeguarding prevention.

Support: Sussex Nightstop is clear that safeguarding does not stop at recruitment and continuous supervision, review and feedback structures will be implemented including regular staff/volunteer supervision, and post placement host/guest check-ins.

Record keeping: Sussex Nightstop will write accurate records and keep them in accordance with our Data Protection Policy. Incidents, safeguarding and near misses (ISNs) will be recorded in an ISN log. Operational case notes will be cross-linked in order that any areas of concern or trends in behaviour may be readily identified.

Reporting: ISNs are reported to the Sussex Nightstop Board and De Paul Nightstop UK as per Sussex Nightstop Emergency Incidents policy with major incidents reported to the Nightstop Chair of Board as soon as possible and no later than 24 working hours from occurrence

Keeping boundaries: Volunteers hosting people in their homes may find the person feels more relaxed and less inhibited and volunteers may therefore be under greater pressure to ensure that best practice is maintained. Sussex Nightstop training will include content to support mutually respectful relationships to be maintained at all times.

A focus on prevention: Although individuals will vary in their ability to understand risk, most can be helped to greater awareness of what abuse is, how abusers operate and how to protect themselves and benefit from help.

Helping young people and adults to protect themselves has to start from an understanding of the kinds of risks that young people and adults may face and their current ability to protect themselves. This is a matter of asking some basic questions for each young person and adult with whom there is contact.

- What kind of abuse is the young person or adult at risk of?
- Where might the risk arise?
- Who may be a potential abuser of this young person or adult?

There are many ways in which young people and adults can be helped to reduce the risks they may face including:

- Increased awareness of the fact of child and adult abuse and how and where it may happen and who can be an abuser
- Understanding and skills related to how to avoid potentially abusive situations
- Knowledge of what to do if any abusive situation arises; how to get help; how to report concern

Helping young people and adults to protect themselves to their maximum ability will therefore form an integrated part of the support and guidance that Nightstop provides its clients – signposting and utilising the expertise of expert services to do so.

Lone working: Sussex Nightstop will at all times deliver services and activities within the guidance of their Lone-working policy. Sussex Nightstop services require staff and volunteers to ‘work’ alone and on this basis both the individual staff member/volunteer and managers have a duty to assess and reduce the risks which lone-working presents. This policy starts from the principle that ‘If it isn’t safe don’t do it’ and encourages:

- Anticipating vulnerabilities and risks
- Assessing identified risks
- Taking steps to eliminate or minimise risks

4. Allegations against staff and volunteers

All allegations of abuse against staff/volunteers are treated seriously. Consideration will be given to whether a child, young person or adult at risk is suffering or is likely to suffer significant harm as well as if that allegation might indicate that the alleged perpetrator is unsuitable to continue to work with children, young people or adults at risk either in their present capacity or at any point in the future.

All staff and volunteers employed by Sussex Nightstop are in a position of trust. Therefore any allegation made against a member of staff could highlight a breach of that trust. Under the Sexual Offences Act 2003 it is an offence for a person over the age of eighteen, to have a sexual relationship with a child under the age of eighteen where the person is in a position of trust in respect of that child, even if the relationship is consensual.

This policy and guidance should be used in respect of all cases in which it is alleged that a person who works with children, young people or adults at risk has –

- Behaved in a way that has harmed or may have harmed a child, young person or adult at risk
- May have committed a criminal offence against or related to a child, young person or adult at risk
- Behaved towards a child, young person or adult at risk in a way that indicates that s/he is unsuitable to work with them

5. Sharing information

Whilst acknowledging the importance of client and volunteer confidentiality this policy recognises that the sharing of information where essential to protect people from suffering harm, from abuse or neglect and to prevent them from offending. It is also vital in the work of safeguarding prevention and early intervention in ensuring that individuals at risk have their needs met.

This policy therefore supports the sharing of information where the wellbeing or safety of the person concerned (data subject) or others is at risk, where a person shares knowledge of abuse of any type, or where legal duties supersede this policy.

Where possible the consent of the person at risk from the safeguarding concern will be sought. However information sharing will also proceed as per the guidance outlined in Working Together to Safeguard Children 2018 which is informed by current Data Protection legislation as follows:

- The Data Protection Act 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk

Sussex Nightstop will therefore commit to the following practices with regards the sharing of information:

- To take an open and honest approach with the individual from the outset as to why, what, how and with whom information will, or could be shared, and seek their consent, unless it is unsafe or inappropriate to do so
- To place the person at the heart of decision-making and where there is concern that they may be suffering or at risk of suffering significant or serious harm to take their safety and welfare as the overriding consideration
- Where possible to respect the wishes of individuals who do not consent to share confidential information other than when judgement on the facts of the case sufficiently support that to protect them and/or in the public interest the requirement to share overrides the lack of consent
- To seek advice and guidance from Nightstop safeguarding leads in response to any safeguarding ‘doubts’ or ‘concerns’
- To ensure that the information shared is accurate, up to date and necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely
- To keep full records on any safeguarding decisions including decision to share (or not), record of consent (or not), detail shared, with whom, for what purpose and follow up steps

Policy prepared by:	Alison Marino
Renewal schedule:	Annual
Approved by Board on:	September 2022
Policy operational on:	September 2022
Next review date:	September 2023

Associated policies and procedures:

Sussex Nightstop Data Protection Policy

Sussex Nightstop DBS Policy

Sussex Nightstop Health and Safety Policy

Sussex Nightstop Emergency Incidents Policy

SAFEGUARDING PROCEDURES – for STAFF and VOLUNTEERS and TRUSTEES

The following guidance outlines the activities, responses and behaviour we expect from ALL volunteers, staff and trustees and ensures that we remain alert to safeguarding issues at all times and fulfil our reporting requirements and obligations as outlined in our safeguarding policy.

All volunteers, staff and trustees must comply with the procedural guidance.

It includes:

1. Identifying abuse
2. How to respond to a disclosure
3. Reporting a safeguarding concern – guidance for volunteers
4. Reporting a safeguarding concern – guidance for staff
5. Allegations against staff or volunteers
6. Allegations against other professionals
7. Volunteering safely

1. Identifying abuse

Spotting abuse early is a key aspect of safeguarding. Guidance on and indicators of abuse are outlined in Appendix D – page 19. In addition to the mandatory safeguarding training that Sussex Nightstop staff and volunteers complete, Sussex Nightstop staff will also where necessary implement recommended decision-making tools to assist in early identification of abuse. Specifically, where concerns are in relation to domestic abuse, stalking harassment and honour-based violence (DASH) then staff will implement a DASH RIC assessment using form⁷ and will refer to the Multi-agency Risk Assessment Conference (MARAC) where individuals are 16+ years and identified to be at risk⁸. This includes:

- Professional judgement of High Risk⁹ of serious harm¹⁰ or significant concern for safety: if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence. This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria below
- Visible High Risk: 14 or more 'yes answers' or 'ticks' on the SafeLives-DASH risk identification checklist (RIC).
- Potential Escalation: 3 or more incidents as a result of domestic violence or abuse in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a

⁷ See Appendix E - guidance is that **a yes score of 14 or more triggers a referral**

⁸ <http://www.safeineastsussex.org.uk/MARAC-help.html>

⁹ "High Risk" means that there are identifiable factors of risk of serious harm: the potential event could happen at any time and the impact would be serious

¹⁰ "Serious harm" means 'a risk which is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.

majority of the risk factors on the RIC, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC

- MARAC repeat: where there is a further incident within 12 months from the date of the last MARAC referral and there has been a further incident, regardless of whether it has been reported to the police or the level of risk), the case should be referred back to the MARAC. There is a national definition for a MARAC Repeat¹¹.

2. How to respond to a disclosure

There are a number of ways in which concerns regarding a young person and adult might come to light. These include:

- The young person or adult discloses that they are being abused
- A third party reports that the young person or adult has disclosed that they are being abused
- You may strongly suspect that a young person or adult is being abused
- An allegation is made against a member of staff, volunteer or trustee
- A concern is raised without any specific disclosure of abuse
- One young person or adult is seen to be abusing another

In the event of a disclosure directly from an individual:

DO

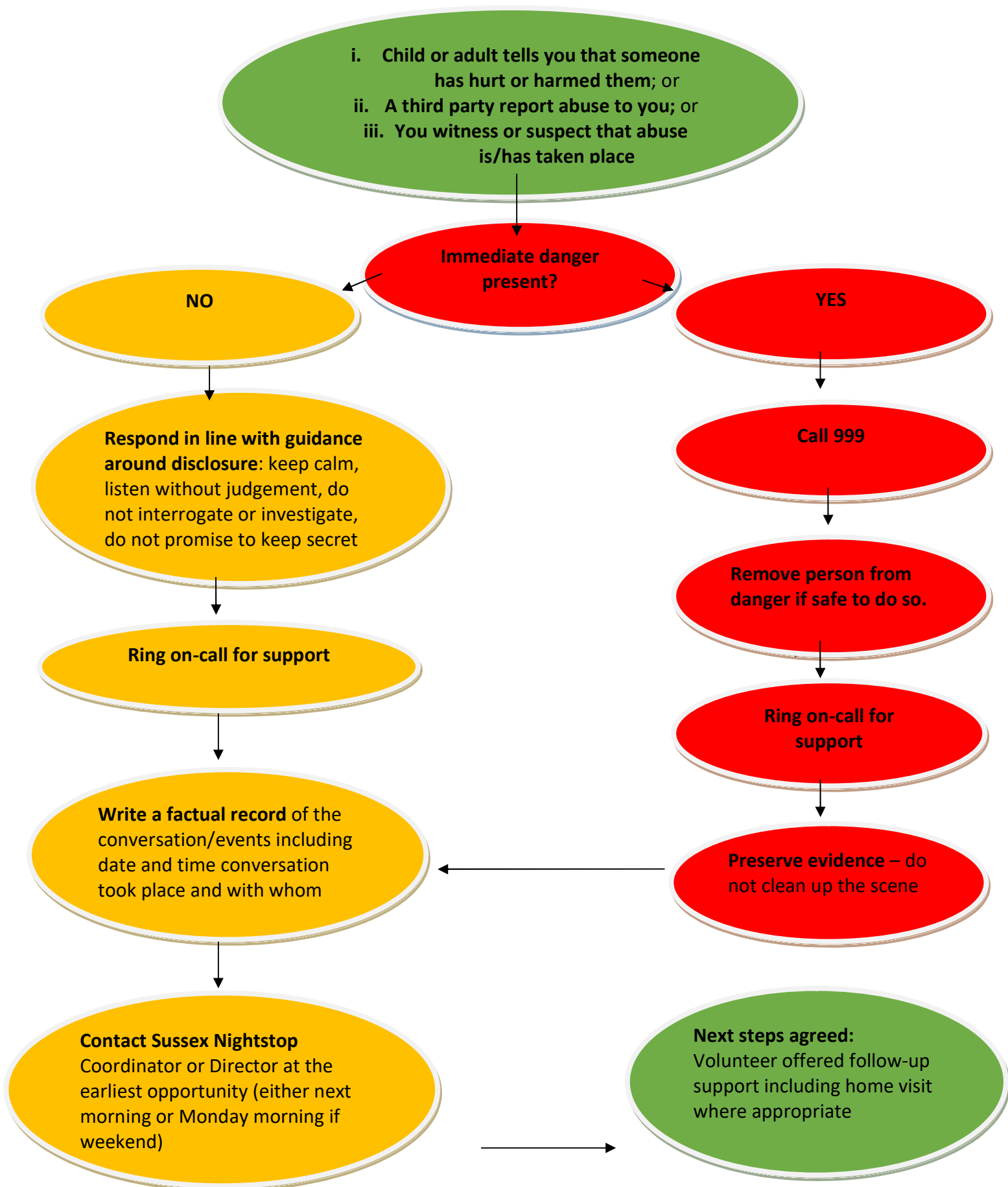
- Stay calm and do not show disbelief or shock
- Listen carefully
- Reassure them that they were right to tell you and you are treating the information seriously
- Let them know what you are going to do next (which includes telling the appropriate staff member) and that the service will take steps to protect and support them
- Report to the coordinator/Service manager or safeguarding officer
- Write down what they have said as soon as possible afterwards

DON'T

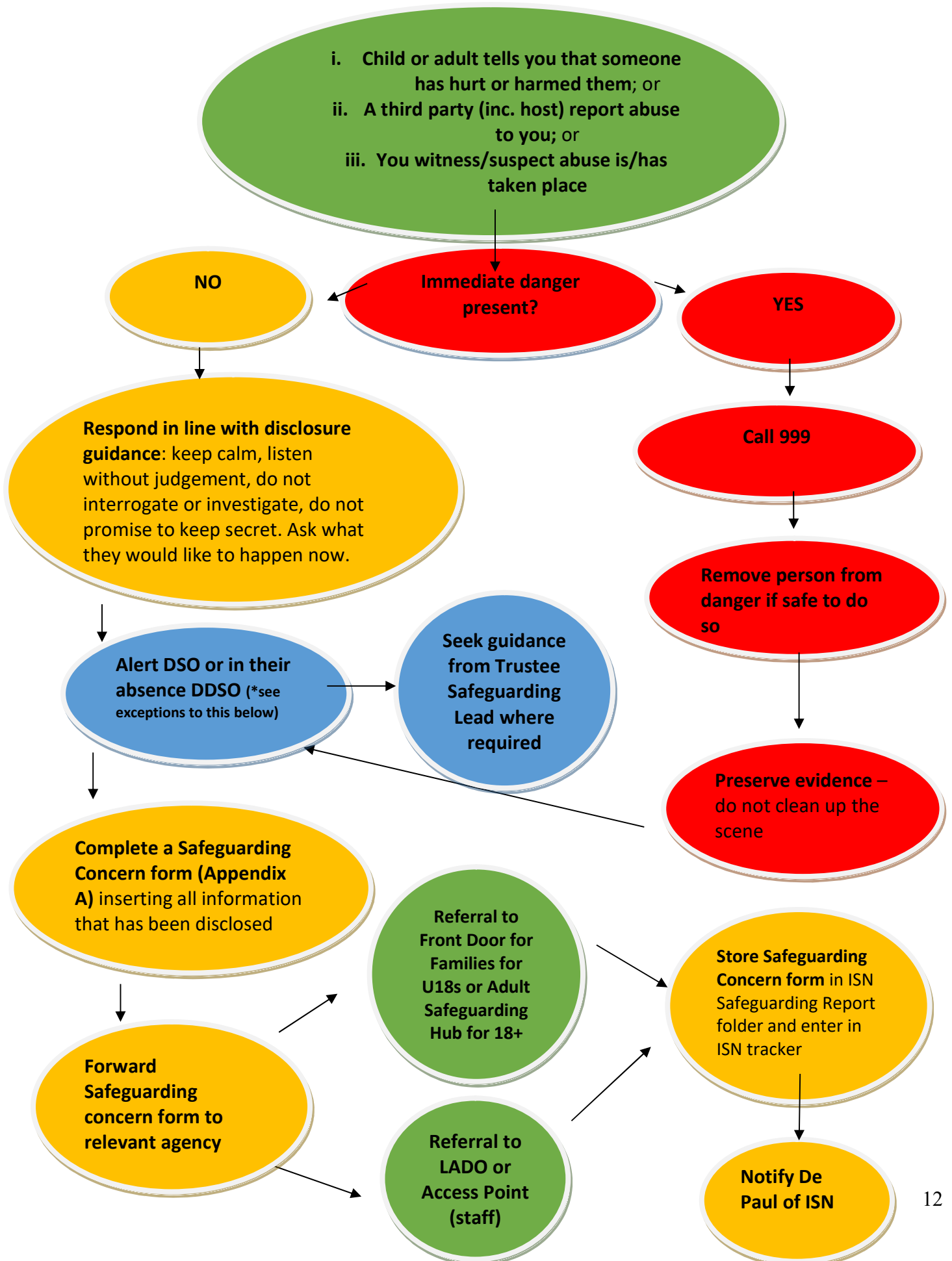
- Do not stop someone who is freely recalling significant events; allow them to share whatever is important to them
- Do not be judgemental
- Do not promise to keep secrets
- Do not 'investigate' by asking leading or closed questions
- Do not contact the alleged abuser
- Do not discuss with anyone, other than the person to whom you are reporting the matter

¹¹ [Available at www.safelives.org.uk/definition-repeat-marac](http://www.safelives.org.uk/definition-repeat-marac)

3. Reporting a safeguarding concern – procedure for volunteers



Reporting a safeguarding concern – procedure for staff



The staff member who receives the safeguarding disclosure will report the concern as follows:

Format and response time:

- For URGENT safeguarding concerns where there is an immediate/imminent risk of harm the information will be telephoned through to the appropriate agency as soon as the concern is raised. This will be followed by emailing a 'Safeguarding Concern Report Form' within 72 hours
- For NON-urgent safeguarding concerns a 'Safeguarding Concern Report Form' will be emailed through to the appropriate agency within 72 hours
- The Report form will be completed with reference to the referral guidance laid out by local Safeguarding agency SafetyNet – found in Appendix D

Where concerns go:

- CHILD safeguarding concerns will go to:
Front Door for Families FrontDoorforFamilies@brighton-hove.gov.uk / 01273 290400 (01273 335 905 for out of hours)
- ADULT safeguarding concerns will go to:
Adults Safeguarding Hub hascsafeguardinghub@brighton-hove.gov.uk / 01273 295555
- Safeguarding relating to domestic abuse and violence will be referred to:
Victim Support sevcu.referrals@victimsupport.cjsm.net and Multi-agency Risk Assessment Conference (MARAC) as appropriate
- Safeguarding relating to modern slavery: This will be progressed as a child safeguarding or adult safeguarding alert as above

CONCERNS RELATING TO DSO or DDSO as follows:

- Where safeguarding concern relates to the DSO it will be referred directly to the Trustee Safeguarding Lead
- Where safeguarding concern relates to the DDSO it will be referred directly to the DSO

4. Allegations against staff or volunteers

All allegations of abuse against staff/volunteers are treated seriously. Consideration will be given to whether a child/vulnerable adult is likely to suffer significant harm but also if that allegation might indicate that the alleged perpetrator is unsuitable to continue to work with children or vulnerable adults either in their present capacity or at any point in the future.

There may be up to three strands in consideration of an allegation –

- A police investigation of a possible criminal offence
- Enquiries and assessment by local safeguarding agencies about whether a child or adult is in need of protection
- An investigation by the employer in regards to whether any staff member has behaved in a manner contrary to that organisations policies and procedures

Any allegation against a member of staff should be reported immediately to the Nightstop Designated Safeguarding Officer. In the event that the allegation relates to the DSO then the allegation should be reported immediately to the Nightstop Trustee Safeguarding Lead.

Sussex Nightstop will inform the Local Area Designated Safeguarding Officer (LADO) or Access Point of ALL allegations made against staff or volunteers of the organisation as follows:

- For allegations where a child is at risk – Local Area Designated Officer (LADO), Local Authority Designated Officer for Brighton and Hove: Darrel Clews, Safeguarding Team, Children Services, Brighton and Hove City Council, 01273 295 643 / 07795 335 879
- For allegations where an adult is at risk – Adult Safeguarding Hub hascsafeguardinghub@brighton-hove.gov.uk or 01273 295555
- Sussex Nightstop will proceed with a child (Front Door for Families) safeguarding referral under guidance from the LADO.

Sussex Nightstop will keep the subject of the allegations informed of the progress of the case and will provide appropriate support to that individual while the case is ongoing.

In cases where there is a concern of significant harm to a child, young person or adult at risk from a staff member, the individual will be suspended on full pay for the duration of the investigation. If the allegation is against a volunteer the volunteer will be suspended from duties during the investigation.

Every effort will be made to ensure, as far as is reasonably practicable, confidentiality in the case. Sussex Nightstop will not provide information to the local or national press or media, which could identify the individual concerned in the allegation.

If an employee tenders their resignation or, in the case of a volunteer, ceases to make their services available to the organisation, Sussex Nightstop will still continue the investigation to completion in accordance with these procedures. This process will continue even in a case where the alleged perpetrator refuses to co-operate with the investigation.

In cases of allegation of harm or potential harm to a child, young person or adult at risk there can be no 'compromise agreement' between Sussex Nightstop and the employee or volunteer. Sussex Nightstop has a statutory duty to make a referral to the Disclosure and Barring Service (DBS) where circumstances require that. In addition any such agreement would not prevent a police investigation where appropriate.

Social Care will regularly monitor progress of any case either via review strategy discussions or by liaising with the police and/or Children/Adult social care colleagues or the employer as appropriate. Reviews should be at fortnightly or monthly depending on the complexity of the case.

If there is a police investigation Sussex Police should set a target date for reviewing the progress of the investigation and contacting the Crown Prosecution Service (CPS). Wherever possible that review should take place no later than four weeks after the initial action meeting following the allegation.

The police or the CPS should inform the employer and Social Care immediately when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to prosecute after the person has been charged. In those circumstances Children/Adult Social Care will discuss with Sussex Nightstop if any further action is appropriate and if so how to proceed.

If the allegation is not substantiated Sussex Nightstop will agree and implement a support plan to manage the employee/volunteer in his/her return to their role.

At the conclusion of a case Sussex Nightstop will review the circumstances and determine whether there are any improvements to be made to the organisations procedures or practices to help prevent similar events in the future.

5. Allegations against other professionals

Any allegation against an external professional will be processed in the same way as outlined in section 3 above.

6. Volunteering safely

Sussex Nightstop looks at safeguarding in a holistic way and this policy sits alongside a number of other policies that support safe working practices including Sussex Nightstop lone-working policy and health and safety policy as well as a commitment to fostering safe and healthy relationships in all regards. To this end:

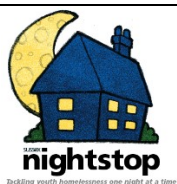
- Volunteers should never chastise a guest. The volunteer coordinator will discuss any breach of rules with the client.
- Staff/Volunteers should be aware that touching, hugging and lending or borrowing personal items or money may be misconstrued by the young people/adults and leaves the young person/adult and the volunteer/staff member vulnerable. It should not be done
- Do not go into the guest bedroom when the person is in there; even if invited
- Make sure you keep us informed of who will be in the household and if that changes
- Steer clear of topics of a physical/sexual nature or ones that identify or highlight a person's gender or sexuality
- Be alert to and anticipate the vulnerabilities and risks of lone-working, take steps to eliminate or minimise where possible and apply the principle of 'If it isn't safe don't do it'

Within this policy we also specifically acknowledge the potential risk of placing guests in hosting placements that may cause anxiety for guests and present circumstances that inadvertently are at greater risk of misunderstanding or place greater pressure on hosts with regards maintaining boundaries. With this in mind we take the following approach to matching guests and hosts:

- We will take full consideration of the experiences/history shared with us by guests when matching with a host, which will include factors relating to gender and sexual orientation
- We will make every effort to place female guests with host households where a female will be present
- We will confirm prior to every Nightstop stay WHO will be present in the household
- We will check in regularly with guests and hosts to support any issues relating to this area

- We will make informed decisions on matching that take into account our preferred match arrangements and the availability of hosts balanced against the over-riding risks to an individual were we not able to make a Nightstop offer

APPENDIX A - SUSSEX NIGHTSTOP SAFEGUARDING CONCERN REPORT FORM



SAFEGUARDING CONCERN REPORT FORM

INSTRUCTION:

This form is for use when a safeguarding concern is suspected or disclosed. It is for information known before an investigation commences. **Do not ask investigative questions in order to complete this form. Rely purely on the information given or witnessed.**

- Complete ALL parts – indicate if things are not known
- Be factual and include everything that was said, to whom, when, how (face-to-face, by telephone, etc) and who else was present
- Be clear to attribute comments clearly
- Avoid jargon
- Write VERY neatly or type

Agency completing this form:

Name of person completing this form:

Role of person completing this form:

Contact details for person completing this form:

Date form completed:

Time form completed:

How has this concern come to your attention? Please tick ALL that apply:

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Staff observation |
| <input type="checkbox"/> | Third party (state who: _____) |
| <input type="checkbox"/> | Direct disclosure from client |
| <input type="checkbox"/> | Other |

Young Person/Adult to whom the concern applies:

Name:

Date of Birth:

Address:

Telephone:

Type of safeguarding concern: Physical Emotional Sexual Neglect

Financial Institutional/organisational Psychological Discriminatory Other (state below)						
Full details of safeguarding concern:						
Has the young person or adult been informed that you are raising a Safeguarding alert? YES NO DON'T KNOW						
Has the young person or adult given their consent for this Safeguarding alert? YES NO DON'T KNOW						
SUSSEX NIGHTSTOP OFFICE USE: RECORD OF CONCERN STORED SECURELY IN CLIENT FOLDER YES / NO RECORD OF CONCERN RECORDED IN ISN TRACKER YES / NO ALERT PASSED TO NIGHTSTOP DESIGNATED SAFEGUARDING OFFICER on date:/...../..... REPORT SUBMITTED TO: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 5px;"> <u>CHILD safeguarding concerns will go to:</u> Front Door for Families FrontDoorforFamilies@brighton-hove.gov.uk / 01273 290400 (01273 335 905 for out of hours) </td> <td style="width: 20%; text-align: center; vertical-align: top; padding: 5px;">...../...../.....</td> </tr> <tr> <td style="padding: 5px;"> <u>ADULT safeguarding concerns will go to:</u> Adults Safeguarding Hub hascsafeguardinghub@brighton-hove.gov.uk / 01273 295555 </td> <td style="width: 20%; text-align: center; vertical-align: top; padding: 5px;">...../...../.....</td> </tr> <tr> <td style="padding: 5px;"> <u>STAFF/VOLUNTEER safeguarding concerns will go to:</u> Local Authority Designated Officer for Brighton and Hove: Darrel Clews, Safeguarding Team, Children Services, Brighton and Hove City Council, 01273 295 643 / 07795 335 879 </td> <td style="width: 20%; text-align: center; vertical-align: top; padding: 5px;">...../...../.....</td> </tr> </table>	<u>CHILD safeguarding concerns will go to:</u> Front Door for Families FrontDoorforFamilies@brighton-hove.gov.uk / 01273 290400 (01273 335 905 for out of hours)/...../.....	<u>ADULT safeguarding concerns will go to:</u> Adults Safeguarding Hub hascsafeguardinghub@brighton-hove.gov.uk / 01273 295555/...../.....	<u>STAFF/VOLUNTEER safeguarding concerns will go to:</u> Local Authority Designated Officer for Brighton and Hove: Darrel Clews, Safeguarding Team, Children Services, Brighton and Hove City Council, 01273 295 643 / 07795 335 879/...../.....
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APPENDIX B - Making Referrals to MASH

What makes a good referral?

- Timely and using appropriate means: By phone if it is urgent. By email if not urgent.
- By email if following up an urgent referral in writing. Sending referrals by email ensures it will be legible, and makes it easier to cut and paste the information into our (computer) records.
- If you have to send by fax make sure it is very clear; the quality will degrade significantly over the fax
- If you have to write by hand use very, very clear handwriting
- Provides full details of the child, their sibling group, household and, if possible, any extended family members who provide regular support.
- Includes clear, concise description of current cause of concern, including timescales.
- Includes brief family history detailing known social issues.
- Clarifies “known unknowns” (what you know that you don’t know) so that we don’t waste everyone’s time trying to get it off you later
- Includes relevant positive aspects – this helps us make balanced decisions

What makes a bad referral?

- Vaguely refers to the concern, with insufficient detail.
- Uses high levels of jargon without translation.
- Leaves out crucial details, like the child’s name, DoB, gender, or that there even is a child.
- Doesn’t differentiate known facts, suspected concerns and unknowns.
- Is unnecessarily late – if you become aware of a concern on the first day of it coming to your attention, make the referral then. NOT a week later when the child is getting ready to break up for holidays.
- Is illegible

Poor/Good Examples

Poor: “Staff concerned about possible DV”

Good: “Suspect possible DV as father appeared very controlling of mother, wouldn’t let her talk to staff and insisted he follow her, even when he left for a cigarette. Mother observed to flinch when he made sudden movements. No visible signs of physical injury.”

Poor : “Mother had a rough childhood”

Good: “Mother reported sexual abuse from her uncle (not known if he’s still around) – alluded to having spent time in care. Not able to get further details as inappropriate with others present.”

Things to remember

- 2 Practice Managers screen / process approximately 700-800 referrals a month – if yours isn’t clear about what the issues are, they may need to wait until they have a moment to chase you up for more information, or they will make a decision based on what is on the form
- If you’re missing important information let us know that it’s missing so we don’t assume you’ve just forgotten to include it
- Referrals should be made in writing and emailed to **mash@brighton-hove.gov.uk** If it’s urgent, make the referral by phone: 01273 290400 (and then follow it up in writing).
- Poor communication between agencies is the thing most commonly highlighted in Inquests following child deaths – the information you provide in your referral is the main tool of communication to alert Children’s Social Care of concerns. Take the time you need to ensure it says what you need it to. Do not be afraid to say and write down what your concerns are. Do not assume that someone else will do it.

APPENDIX C: Related legislation and guidance

- Care and Support statutory guidance 2016
- Children's Act 1989
- East Sussex, West Sussex & Brighton and Hove Local Safeguarding Children Boards
- East Sussex, West Sussex & Brighton and Hove Safeguarding Adults Boards
- Information sharing: Advice for practitioners providing safeguarding services (March 2015)
- Mental Capacity Act 2005
- Pan Sussex Child Protection and Safeguarding Procedures
- Sexual Offences Act 2003
- Sussex Safeguarding Adults Policy and Procedures
- The Care Act 2014
- The Human Rights Act 1998
- Working Together to Safeguard Children 2015

APPENDIX D: CATEGORIES AND INDICATORS OF ABUSE

DISCRIMINATORY ABUSE

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection.

It includes discrimination on the basis of race, gender, age, sexuality, disability or religion or any other protected characteristics.

EXAMPLES OF BEHAVIOUR:

- unequal treatment
- verbal abuse
- inappropriate use of language
- slurs
- harassment
- deliberate exclusion

PHYSICAL ABUSE

The non-accidental infliction of physical force that results in bodily injury, pain or impairment. (Stein, 1991, quoted in McCreadie 1994)

EXAMPLES OF BEHAVIOUR:

- hitting
- pushing
- slapping
- scalding
- shaking
- pushing
- kicking
- pinching,
- hair pulling,
- the inappropriate application of techniques or treatments
- involuntary isolation or confinement
- misuse of medication

Note: inadvertent physical abuse may also arise from poor practice e.g. poor manual handling techniques.

SEXUAL ABUSE

Direct or indirect involvement in a sexual activity without valid consent. Consent to a particular activity may not be given because:

- A person has capacity and does not want to give consent
- A person lacks capacity and is therefore unable to give consent
- A person feels coerced into activity because the other person is in a position of trust, power or authority

Sexual Abuse involves forcing or enticing a young person or adult to take part in sexual activities including prostitution whether or not the young person or adult is aware of what is happening. The activities may involve physical contact including penetrative acts (rape, anal or oral sex) or non-penetrative acts. They may involve non contact activities such as involving young children or adults in looking at or in the production of sexual on-line images watching sexual activities or encouraging children to behave in sexually inappropriate ways.

EXAMPLES OF BEHAVIOUR:

- Non-contact – inappropriate looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.
- Contact – touch e.g. breast, genitals, anus, mouth, and masturbation of either or both persons, penetration or attempted penetration of the vagina, anus, and mouth, with or by penis, fingers, and other objects. (Brown and Turk 1992, 1994).

NEGLECT AND ACTS OF OMISSION

The repeated deprivation of assistance that the young person or adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the young person or adult or to others, & poor manual handling techniques.

Self-neglect on the part of a vulnerable adult will not usually lead to the initiation of adult protection procedures unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adults care. Other assessment and review procedures, including risk assessment procedures, may prove a more appropriate intervention in situations of self-neglect.

EXAMPLES OF BEHAVIOUR:

- failure to provide food, shelter, clothing, heating, medical care, hygiene, personal care
- inappropriate use of medication or over-medication

PSYCHOLOGICAL ABUSE

The use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity.

EXAMPLES OF BEHAVIOUR:

- treating a person in a way which is inappropriate to their age and/or cultural background, blaming, swearing, intimidation, insulting, harassing, 'cold-shouldering', deprivation of contact

FINANCIAL ABUSE

'The unauthorised and improper use of funds, property or any resources, belonging to an individual' (Stein 1991, quoted in McCredie 1994).

Those who financially abuse may be people who hold a position of trust, power, and authority or has the confidence of the young person or adult.

EXAMPLES OF BEHAVIOUR:

- misappropriating money, valuables or property
- forcing changes to a will and testament
- preventing access to money, property, possessions or inheritance,
- theft

INSTITUTIONAL ABUSE

Institutional abuse is abuse which arises from an unsatisfactory regime. It occurs when the routines, systems and norms of an institution override the needs of those it is there to support. Such regimes compel individuals to sacrifice their own preferred life style and cultural diversity in favour of the interests of those there to support them and others. This can be the product of both ineffectual and punitive management styles, creating a climate within which abuse of individuals, intentional or otherwise, is perpetrated by individual staff and others.

Managers and staff of such services have a responsibility to ensure that the operation of the service is focussed on the needs of service users, as well as those of the institution. Managers will ensure they have mechanisms in place that both maintain and review the appropriateness, quality and impact of the service for which they are responsible. These mechanisms will always take into account the view of service users, their carers and relatives.

EXAMPLES OF BEHAVIOUR:

- inflexible routines set around the needs of the staff rather than the individual service users, e.g. requiring everyone to eat together at specified times
- bathing times limited to suit staff, no doors on toilets. These can arise through lax, uniformed or punitive management regimes. The behaviour is cultural, and not specific to particular members of staff

7. INDICATORS OF ABUSE

It is not your responsibility to decide whether or not abuse has taken place or if there is risk of significant harm. You do however have a duty to act if you have a concern about a vulnerable young person or adult's welfare or safety.

Indicators are the suspicious signs and symptoms which draw attention to the fact that something is wrong. The presence of one or more indicators does not confirm abuse. However, a cluster of several indicators may reveal a potential for abuse, and a consequent need for further assessment. In reality an abusive situation is likely to involve indicators from a number of these headings. The list of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk.

INDICATORS OF DISCRIMINATORY ABUSE

- Lack of respect shown to an individual.
- Signs of a sub-standard service offered to an individual.
- Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status.
- Failure to follow the agreed care plans can result in the young person or adult being placed at risk.

INDICATORS OF PHYSICAL ABUSE

- Any injury not fully explained by the history given.
- Injuries inconsistent with the lifestyle of the young person adult.
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs.
- Clusters of injuries forming regular patterns or reflecting the shape of an article.
- Burns, especially on soles, palms or back; from immersion in hot water, friction burns, and rope or electric appliance burns.
- Multiple fractures.
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia.
- Marks on body, including slap marks, finger marks.
- Injuries at different stages of healing.
- Medication misuse.

INDICATORS OF SEXUAL ABUSE

- Significant change in sexual behaviour or attitude.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- Wetting or soiling.
- Poor concentration.
- Adult/young person appears withdrawn, depressed, stressed.
- Unusual difficulty or sensitivity in walking or sitting.
- Torn, stained or bloody underclothing.
- Bruises, bleeding, pain or itching in genital area.
- Sexually transmitted diseases, urinary tract or vaginal infection, love bites.
- Bruising to thighs or upper arms.
- Self-harming behaviour.

INDICATORS OF PSYCHOLOGICAL ABUSE

- Changes in appetite.
- Low self esteem, deference, passivity and resignation.

- Unexplained fear, defensiveness, ambivalence.
- Emotional withdrawal.
- Sleep disturbance.
- Self-harming behaviour.

INDICATORS OF FINANCIAL ABUSE


- Unexplained sudden inability to pay bills or maintain lifestyle.
- Unusual or inappropriate bank account activity.
- Lasting Power of Attorney or Enduring Power of Attorney obtained when the vulnerable adult is unable to comprehend and give consent.
- Withholding money.
- Recent change of deeds or title of property.
- Unusual interest shown by family or others in the vulnerable adult's assets.
- Person managing financial affairs is evasive or un-cooperative.

INDICATORS OF NEGLECT

- Physical condition of the adult/young person is poor e.g. bed sores, unwashed, ulcers.
- Clothing in poor condition, e.g. unclean, wet, ragged.
- Inadequate physical environment.
- Inadequate diet.
- Untreated injuries or medical problems.
- Inconsistent or reluctant contact with health or social care agencies.
- Failure to engage in social interaction.
- Malnutrition when not living alone.
- Inadequate heating.
- Failure to give prescribed medication.
- Poor personal hygiene.

INDICATORS OF INSTITUTIONAL ABUSE

- Inappropriate or poor care.
- Misuse of medication.
- Restraint methods.
- Sensory deprivation, e.g. denial of use of spectacles or hearing aid.
- Lack of respect shown to adult/young person.
- Denial of visitors or phone calls.
- Restricted access to toilet or bathing facilities.
- Restricted access to appropriate medical or social care.
- Failure to ensure appropriate privacy or personal dignity.
- Lack of flexibility and choice, e.g. mealtimes and bedtimes, choice of food.
- Lack of personal clothing or possessions.
- Lack of privacy.
- Lack of adequate procedures, e.g. for medication, financial management.
- Controlling relationships between staff and service users.

- Poor professional practice.
 - High levels of abuse between service users.
 - High turnover of staff or large numbers of agency or temporary staff.
- 

• APPENDIX E – DASH

**East Sussex and Brighton & Hove
DASH Risk Identification Checklist (DASH RIC)**

For use by specialist domestic abuse and other non-police agencies for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed. **Please complete all sections of the form.**

For further information go to www.safeineastsussex.org.uk/MARAC.html or www.safeinthecity.info/marac

Victim Name:

Alleged Abuser(s) Name:

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> , please indicate in the right hand column.					State source of info if not the victim (e.g. police officer)
1.	Has the current incident resulted in injury? (Please state what and whether this is the first injury) Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	What are you afraid of? Is it further injury or violence? (Please give an indication of what you think [name of abuser(s)] might do and to whom, including children) Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you feel isolated from family / friends? (I.e. does [name of abuser(s)] try to stop you from seeing friends / family / doctor or others?) Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are you feeling depressed or having suicidal thoughts? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Have you separated or tried to separate from [name of abuser(s)] within the past year? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Is there conflict over child contact? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8.	<p>Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</p> <p>(Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<p>Are you pregnant or have you recently had a baby (within the last 18 months?)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10.	<p>Is the abuse happening more often?</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	<p>Is the abuse getting worse?</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	<p>Does [name of abuser(s)] try to control everything you do and / or are they excessively jealous?</p> <p>(I.e. in terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence (HBV) and specify behaviour)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	<p>Has [name of abuser(s)] ever used weapons or objects to hurt you?</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	<p>Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</p> <p>(If yes, please specify)</p> <p>You <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> (please specify:)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	<p>Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	<p>Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?</p> <p>(If someone else, specify who)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Is there any other person who has threatened you or who you are afraid of?</p> <p>17. (If yes, please specify whom and why. Consider extended family if HBV)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Do you know if [name of abuser(s)] has hurt anyone else?</p> <p>(If yes, please specify whom including the children, siblings or elderly relatives. Consider HBV)</p> <p>18. Children <input type="checkbox"/> Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (please specify:)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Has [name of abuser(s)] ever mistreated an animal or the family pet?</p> <p>19.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Are there any financial issues?</p> <p>(For example, are you dependent on [name of abuser(s)] for money / have they recently lost their job / other financial issues?)</p> <p>20.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</p> <p>(If yes, please specify which and give relevant details if known)</p> <p>Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/></p> <p>21.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Has [name of abuser(s)] ever threatened or attempted suicide?</p> <p>22.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children?</p> <p>(You may wish to consider this in relation to an ex-partner of the abuser if relevant)</p> <p>23. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/></p> <p>Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/> (please specify:)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Do you know if [<i>name of abuser(s)</i>] has ever been in trouble with the police or has a criminal history? (If yes, please specify)</p> <p>24. Domestic abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> (please specify:) Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses:				

For consideration by professional

<p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, other physical frailty/vulnerability, learning disability, substance misuse, mental health issues, misuse of prescribed medication, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation.</p>	
Are they willing to engage with your service?	
Consider abuser's occupation / interests - could this give them unique access to weapons?	
What are the victim's greatest priorities to address their safety?	

Do you believe that there are reasonable grounds for referring this case to MARAC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have you made a referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Questions relating to children

	Yes	No	Don't Know	Source of information if not victim
Are there any children, step-children that aren't [name of abuser(s)] in the household? Or are there other dependants in the household (e.g. older relative)? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has [name of abuser(s)] ever hurt the children / dependants? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has [name of abuser(s)] ever threatened to hurt or kill the children/dependants? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you believe that there are needs or risks relating to the children in the family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please confirm you have made a referral to either early help or children's social care:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Questions relating to adults

	Yes	No	Don't Know	Source of information if not victim
Has either the victim or the [name of abuser(s)] been diagnosed with / suspected that they may have dementia or any other form of cognitive impairment? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any concerns about the victim's capacity to make informed decisions? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is either the [name of abuser(s)] or the victim looking after the other person i.e. acting as their carer? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you believe that an adult with care and support needs is at risk of abuse or neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please confirm that you have made a referral to adult social care:	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Practitioner information

Name:		Date and time form completed:	Click here to enter a date.
Signed:			

Practitioner's Notes

Adapted from SafeLives DASH Risk Identification Checklist. For more information go to www.safelives.org.uk

For information and advice on supporting victims of so called Honor Based Violence and Abuse and Forced Marriage go to: www.karmanirvana.org.uk/help-line/ and for Stalking and Harassment go to <http://paladinservice.co.uk/guidance-for-professionals/>