**BORDERLANDS SAFEGUARDING RISK ASSESSMENT FORM**

|  |  |
| --- | --- |
| **Name of person filling in form** **Francisco Salgado** | **Date 16/06/22** |
| **Plan for initials/ CRM ID number** | **Language** |
| **Date of Birth** | **Gender** | **Country of Origin** |
| **Children? Name & ages** |
| **Telephone number** | **Address** |
|

|  |  |
| --- | --- |
| **What are we worried about?** | **What’s going well?**  |
| **Past harm** **Future danger****Complicating factors** | **Existing strengths** |

**SECTION 1- What happened?**

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

**Is there evidence that the abuse is likely to escalate or be repeated? Y/N****If so what?** |
| **Category of abuse**

|  |  |  |
| --- | --- | --- |
|  | * **Yes or No?**
 | **What are the indicators of abuse?** |
| financial |  |  |
| sexual |  |  |
| physical |  |  |
| psychological |  |  |
| financial |  |  |
| domestic |  |  |
| self neglect |  |  |
| organisational |  |  |
| modern slavery |  |  |
| discriminatory |  |  |
| Other….. |  |  |

 |
| **SECTION 2- Individual at Risk Care and support needs of the individual at risk? (Whether or not the Local Authority is meeting those needs)**

|  |  |  |
| --- | --- | --- |
|  | * **Yes or No?**
 | **Details** |
| * An older person
 |  |  |
| a physical disability |  |  |
| with a learning difficulty  |  |  |
| with a sensory impairment |  |  |
| with a mental health needs, including dementia or a personality disorder |  |  |
| with a long-term health condition |  |  |
| who misuses drugs or alcohol (affects their ability to manage day-to-day living |  |  |
| victim of sexual exploitation, domestic abuse or modern slavery |  |  |
| No leave to remain in UK/ fear of police |  |  |
| Suicidal thoughts |  |  |
| Care leaver |  |  |

 |
| **Are there additional risk factors?**

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

 |
|

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

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

 |
| **SECTION 3 Making Safeguarding Personal****What are the wishes and views of the adult who is experiencing or at risk of abuse or neglect?**

|  |
| --- |
| **Views** |
| **Wishes** |
| **Consent?** |
| Have you provided information about what will happen next? |
| What needs to happen to improve safety? If you have time to complete this with the person at risk it would be beneficial for thinking about how to minimise future risk. It may be that the notes for these already exist on 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** |
| **Reducing isolation/improving social networks** |  |  |
| **Reducing poverty/hunger** |  |  |
| **Physical health** |  |  |
| **Mental wellbeing** |  |  |
| **Ensuring safe place to sleep/live** |  |  |
| **Meaningful activity, i.e. volunteering/work/ classes etc** |  |  |
| **Other specialist advice services required e.g. debt/housing/careers** |  |  |

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

 |
|  |
| **Agreed Next Steps****Who? What? By when?** |
|  |
|  |

 |