



London Borough Of Havering

Risk Assessment Policy

Windows User
11/12/2019

Document Control

Sign off and ownership details

Document Name	Risk Assessment Policy
Version number	V0.1
Approved by:	Havering Safeguarding Adults Executive Board
Date Approved:	March 2020
Date for review:	1 st May 2022
Author	Dave Clements
Owner	Lurleen Trumpet – Safeguarding Service Manager
Document location	TBC

Revision history

Version	Date	Revision description / summary of changes	Author
V1	March 2020	Final Version	

Equality & Health Impact Assessment record

1	Title of activity	<i>Risk Assessment Policy</i>		
2	Type of activity	<i>Policy</i>		
3	Scope of activity	The policy outlines the principles, processes and mechanics of managing risk and carrying out generic risk assessments, consistent with Making Safeguarding Personal and the London Multi-Agency Adult Safeguarding Policy and Procedures; thereby providing guidance on how Havering Adults Social Care Services identifies and manages risk with regards so as to ensure risk assessments are conducted appropriately and that they are used to accurately assess current and potential risks to the individual concerned and achieve the best outcomes.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes /No	If the answer to <u>any</u> of these questions is ' YES ', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ' NO ', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes /No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes /No		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:			

Date	Completed by	Review date
20 th May 2021	<i>Nicola Snooks, Deputy Head of Business Management, Adults Service Directorate</i>	November 2023

Contents

- Document Control..... 2
 - Sign off and ownership details 2
 - Revision history..... 2
 - Equality & Health Impact Assessment record 3
- Introduction..... 5
 - Policy summary..... 5
 - Scope..... 5
 - Aims, objectives and outcomes..... 5
- Policy 5
 - Managing Risk..... 5
 - Risk Assessment..... 6
 - Risk Panels 6
 - Risk Management 6
 - Mental Capacity 7
 - Applicability 7
 - Ownership and authorisation 7
- Related documents..... 7
- Dissemination and communication 8
- Implementation 8
- Monitoring and review 8
- Further information 8
- Appendix 1: Risk Assessment Tool 9
 - RISK ASSESSMENT..... 11
 - RISK SUMMARY..... 13
 - SIGNATORIES 14
- Appendix 2: ASB Community MARAC Referral Form 15
- Appendix 3 – SafeLives Dash risk checklist 17
 - Quick start guidance 17
 - Resources..... 18
 - SafeLives Dash risk checklist..... 22
- Appendix 4: Equality & Health Impact Assessment (EqHIA) 27
 - Action Plan..... 34
 - Review 35

Introduction

Policy summary

This policy outlines the principles, processes and mechanics of managing risk and carrying out generic risk assessments, consistent with Making Safeguarding Personal and the London Multi-Agency Adult Safeguarding Policy and Procedures.

Scope

Detailed guidance on addressing specific risk factors, specialist tools and single agency practices are beyond its remit. However, there are a wide range of recognised risk assessment tools used to identify and manage risk with regards, for instance, domestic abuse and hoarding behaviour. There are others available locally to support staff to evidence professional judgement during their decision making e.g. lone working in adult social care.

Aims, objectives and outcomes

The aim and purpose is to ensure risk assessments are conducted appropriately and that they are used to accurately assess current and potential risks to the individual concerned.

Policy

Managing Risk

There is no one definition of risk. Risk means different things to different people. It may be more useful to think instead of risk in terms of considering the consequence of any action and the likelihood of any harm arising from it. Not every risk is a problem. Most risks undertaken by an individual are no greater than they would be for anybody else. Some situations or activities, however, present a potential or real risk that should be weighed up in the context of an individual's capacity and/or circumstances.

Risks may arise from financial exploitation. There may be risks to health and safety e.g. because of falls, medication, misuse of drugs or alcohol, abuse or neglect. There can be risks from behaviours that may result in harm to self or others; or risks from the environment that people are living in. The London Multi-Agency Adult Safeguarding Policy and Procedures describe risks as arising from one of four sources: private and family life (e.g. domestic or inter-familial abuse), from the community (e.g. gang-related issues); risks associated with service provision such as poor or neglectful care, organisational or professional abuse, or financial or sexual exploitation; and also self-neglect where the source of risk is the individual themselves.

Individuals may encounter risks that are identified across the services with which they come into contact, but are deemed insufficient on their own to trigger an intervention. It is important that partners share information where they have safeguarding concerns and establish whether there is sufficient cumulative risk to justify an assessment, review or service response.

We endorse the Making Safeguarding Personal (MSP) approach and support positive risk-taking. Adults themselves are usually best placed to identify risks. By working with them to lead and manage the level of risk that they identify as acceptable, it is possible to create a culture where they are at the centre of decision making, have more choice and feel more in control, have ownership of and take responsibility for the risks they take and enhance their quality of life. While it may not always be possible to reach agreement on this, the professional should evidence attempts to reach agreement.

Risk Assessment

Risk assessment is the dynamic, on-going process of collecting and sharing, meaningfully assembling and managing, the information resulting from observation, communication and investigation activities. It is an important part of all assessment and planning processes. It should include an account of their ability to protect themselves, the sources of risk (where relevant, identifying an individual and whether they need care/support) and the likelihood of future harm. Risk assessments should always be conducted with the adult thought to be at risk and, where appropriate, their wider support network.

This will need to be reviewed and where possible should include multi-agency input. How often will depend on the individual's changing needs, the fact that not all risks are immediately apparent; or on whether risks or anticipated adverse eventualities have reached a point at which it was agreed as part of risk management planning (see below) that the potential or actual risk is unacceptably high and a review must be triggered.

The risk assessment tool developed for Adult Social Care and Safeguarding Services (see appendix). The risk rating is based on the likelihood of a hazardous event occurring and the consequence of that event. Likelihood is a measurement of the chance that the event will occur – 'unlikely', 'seldom', 'occasional', 'likely' and 'definite' – Consequence is a measurement of the outcome of the event – 'negligible', 'minor', 'moderate', 'major' and 'catastrophic' – assessed according to the impact an event has/had on a person.. A low risk would suggest no safeguarding action is taking place or there are no longer any safeguarding issues; medium risk would indicate that a Safeguarding Protection Plan is or should be in place; and a high risk would likely mean that a Protection Plan is or should be being implemented, legal action taken and that there is abusive behaviour that is persistent, deliberate or both and/or incidents are increasing in frequency and/or severity, and that there is risk of major injury or even a risk to life, or of a serious physical or mental health problem.

Risk Panels

If there is any indication of domestic abuse, a DASH RIK assessment form should be completed (www.havering.gov.uk/info/20096/community/550/domestic_violence) if after completion it hits the trigger for referral to DV MARAC (Multi-Agency Risk Assessment Conference). This should be completed ASAP. Where the trigger for referral has not been met but you feel the risks are significant or not captured then consideration should be given for presentation to the DV MARAC based on professional judgement.

If complex persistent hoarding or self-neglect issues are indicated, then this risk assessment policy should be read in conjunction with The Self-neglect and hoarding policy. The policy provides advice regarding how agencies can work together to minimise the risk of self-neglect and hoarding. If the risks continue/increase then the case can be escalated to the Community MARAC (Multi-Agency Risk Assessment Conference).

The Community MARAC will also hear cases where there are persistent ASB, complex homelessness or significant fire risk.

If the risk posed by a violent or sexual offender living in the community is identified a referral may be made to MAPPA (Multi-Agency Public Protection Arrangements).

Risk Management

It is the joint responsibility of all agencies to share relevant information, make decisions, and formulate a plan to manage identified risk and put in place safeguarding measures. This must, first and foremost, include the taking of immediate action to safeguard the adult and/or others. There should be reference to the individual's understanding of what is proportionate and acceptable, to their strengths, resilience and resources: and also to what options there

are to address the risks involved. The plan should include decisions made and actions to be taken, by when and by whom; and identify those able to contribute to and support this. Contingency, monitoring and any ongoing support, arrangements must also be agreed.

Mental Capacity

The Mental Capacity Act 2005 sets out what must be done when someone is not considered able to make a particular decision or decisions for themselves. The Act introduces five principles all of which should be borne in mind when assessing risk:

1. A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions;
3. Unwise decisions – just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision;
4. Best interests – an act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests; and
5. Least restrictive option – anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Where it is assessed that a “adult” lacks capacity to make a particular decision, then a Best Interest Assessment will need to be completed for that specific decision.

In addition to the Mental Capacity Act, other legislation i.e. Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004 can be consulted to see how they can support with the management of the identified risk.

Applicability

This guidance is intended for practitioners, professionals and agencies, or any other persons coming into contact with individuals about whom they may have safeguarding concerns.

Ownership and authorisation

The Policy Lead, responsible for its timely review, update and dissemination, is the Adult Safeguarding Service Manager. Havering Safeguarding Adults Executive Board is the authorising body.

Related documents

If safeguarding concerns arise from unresolved disparities or differences between professionals or agencies regarding the interpretation of risk and consequent decision-making, refer to Escalation Policy. It may increase risk where information is not shared. For more on recording, data protection and information sharing see Recording and Record-Keeping Policy.

Dissemination and communication

This guidance has been disseminated to Havering Safeguarding Adults Board. To be published on Havering Safeguarding Adults web pages and promoted with partners.

Implementation

The implementation of this policy will differ according to the procedures, guidelines and protocols used by partner agencies, and the means of embedding of the Risk Assessment Form (see Appendix 2) in their respective systems, but will be consistent with its intent.

Monitoring and review

This guidance will be monitored on a quarterly basis by Safeguarding Service Manager. It will be reviewed every three years. The next scheduled review of this guidance is for May 2022 and will be conducted by Safeguarding Service Manager.

Further information

The contact for this guidance is Safeguarding Service Manager and further information and support is available below.

Protecting adults at risk in London: Good practice resource
www.scie.org.uk/publications/adultsafeguardinglondon/riskassessment/

London Multi-Agency Adult Safeguarding Policy and Procedures (3.3 Managing Risk)
https://www.proceduresonline.com/london/sab/chapters/p_lon_multi_age_sg_pol.html#man_risk

Appendix 1: Risk Assessment Tool

Details of the Adult at Risk

Name of Adult					
DoB/ Age:		Gender:		LLAS/RiO no:	
Address:					
Does the adult have any specific communication needs? (i.e. easy-read / Braille / interpreter / signing) Please list all that apply					Yes / No
If yes what adjustments have been made to include them in the assessment					
Does the adult have Mental Capacity to make decisions about keeping themselves safe?					Yes <input type="checkbox"/> No <input type="checkbox"/>
On what decision has this been assessed?					
Time and date capacity assessed? (DD/MM/YY)					Click here to enter a date.
What outcomes is the adult looking for?					

Details of any other person at risk

Are any children or other adults at risk:	Yes <input type="checkbox"/> No <input type="checkbox"/>
The relevant Safeguarding Children / Safeguarding Adults concerns must be raised. Has this been done?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date time

CONTEXT OF current situation

Chronology of Relevant Events (Please continue on extra sheet if necessary)

Note what is alleged to have happened, where, when, how, who and why, with specific dates, place and time where possible. Include as much detail as you can.

RISK ASSESSMENT

RISK AREA	LIKELIHOOD	CONTROL MEASURES	WHO WILL THIS AFFECT	RISK LEVEL
<p>What type of hazard / harm has been identified</p>	<p>Look at history, current circumstances etc.</p> <ul style="list-style-type: none"> • Unlikely: Extremely rare risks, with almost no probability of occurring. • Seldom: Risks that are relatively uncommon but have a small chance of manifesting. • Occasional: Risks that are more typical, with about a 50/50 chance of taking place. • Likely: Risks that are highly likely to occur. • Definite: Risks that are almost certain to manifest. Address these risks first 	<p>Protective factors or factors that increase risk occurring)</p>	<p>Individual / others / community / property etc.</p>	<p>(None / Low / Medium / High)</p> <p>Please rate and state consequence's where applicable</p> <p>None: Risks that bring no real negative consequences, or pose no significant threat to the individual or others.</p> <p>Low: Risks that have a small potential for negative consequences</p> <p>Medium: Risks that could potentially bring negative consequences, posing a moderate threat to the individual or others.</p> <p>High: Risks with substantial negative consequences that will seriously impact on the individual or others</p>

RISK AREA	LIKLELIHOOD	CONTROL MEASURES	WHO WILL THIS AFFECT	RISK LEVEL

RISK SUMMARY

Overall assessment: (Please record the overall assessment of risks identified, including the risk to others)	
Views of the Adult: (What do they see as the risks, what is that they want to happen and have agreed to).	
Views of others:	
Options considered (What options have been explored)	
Assessors analysis of the risk :	
Action plan: (Make sure to include who is responsible for each task, and deadlines)	
Review date: Click here to enter a date.	Officer responsible for review:

SIGNATORIES

Name of Person Completing Assessment:	
Job Title:	
Signature & Date:	
Name of Manager:	
Signature & Date:	
Name of service user / family member / IMCA:	
Signature & Date:	

Now scan the attached to LLAS

Appendix 2: ASB Community MARAC Referral Form

Name (include any aliases)					
Address					
Tenure / Landlord (if known)					
Date Of Birth					
Gender					
Ethnicity					
Is it perceived to be a Hate Crime?					
Do they have a Disability (Defined by the Disability Discrimination Act (DDA) "a disabled person is someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.")					
Is adult at risk safe to contact? (Y/N) If Yes please include safe contact details (eg mobile/ email & any specific hours safe to contact)					
Person causing harm details (if applicable)					
Name(s) (include any aliases)					
Address					
Tenure / Landlord (if known)					
Date(s) Of Birth					
Gender					
Relationship to adult at risk					
Children (under 18s only)					
Adult at risk Pregnant – Yes / No?					
Names of Children (under 18)		Date of Birth	Person causing harm child (Y/N)	Address - if diff. to V/S's	School If known
BASIS OF REFERRAL					
<p><i>Include the date of the recent disclosure or incident that led to the referral to the MARAC; What support has been offered and/or taken up by the victim (PLEASE INCLUDE A DESIRED OUTCOME)</i></p>					

Adult at risk aware of MARAC Referral? (Yes/No) If No, please state why:	
Referrer's Name & Agency	
Telephone / Email	
Date referred to Panel	

Appendix 3 – SafeLives Dash risk checklist

Quick start guidance



You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence.

Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

The Dash risk checklist should be introduced to the victim within the framework of your agency's:

- Confidentiality policy
- Information sharing policy and protocols
- Marac referral policies and protocols

Before you begin to ask the questions in the Dash risk checklist:

- Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

While you are asking the questions in the Dash risk checklist:

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

Revealing the results of the Dash risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to Marac and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way.

The responsibility for identifying your local referral threshold rests with your local Marac.

Resources

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

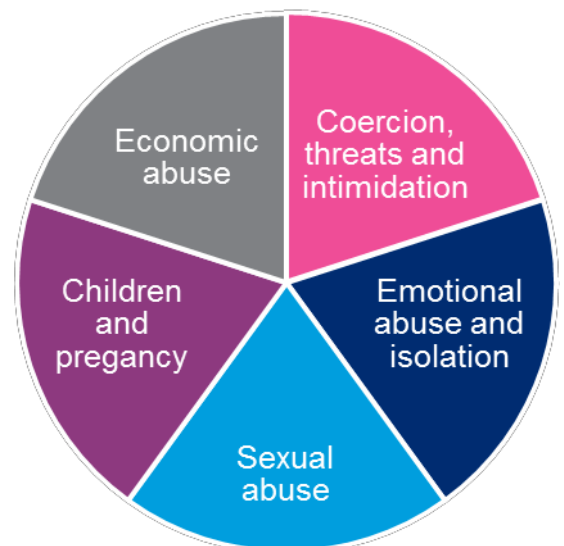
- **National Domestic Violence Helpline** (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- **'Honour' Helpline** (tel: 0800 5999247) for advice on forced marriage and 'honour' based violence.
- **Sexual Assault Referral Centres** ([visit the Rape Crisis website](#)) for details on SARCs and to locate your nearest centre.
- **Galop** (National LGBT+ Domestic Abuse Helpline: 0800 999 5428 / [visit the Galop website](#) for advice for LGBT victims) for advice and support for LGBT victims of domestic abuse.

Asking about types of abuse and risk factors

Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries, they should try and get them seen and documented by a health professional such as a GP or A&E nurse.



Sexual abuse

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Victims usually know the abuser's behaviour better than anyone else which is why this question is significant.
- In cases of 'honour' based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can..."
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home or workplace, loitering and destroying/vandalising property.
- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

Children and pregnancy

Questions 7, 9 and 18 refer to being pregnant and children and whether there is conflict over child contact.

- The presence of children including stepchildren can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

Economic abuse

Economic abuse is covered in question 20.

- Victims of domestic abuse often tell us that they are financially controlled by their partners/ex- partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex- partner lost their job.
- The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We also have a library of resources and information about training for frontline practitioners at <http://safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas>

Other Marac toolkits and resources

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative's Toolkit** here:

http://www.safelives.org.uk/sites/default/files/resources/Representatives%20toolkit_0_1.pdf.

This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from <http://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>. These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E
Ambulance
Service BAMER
Services
Children and Young People's Services
Drug and Alcohol
Education
Fire and Rescue
Services Family
Intervention Projects
Health Visitors, School Nurses &
Community Midwives
Housing

Independent Domestic Violence Advisors

LGBT
Services
Marac
Chair
Marac
Coordinator
Mental Health

Services for Adults Police
Officer
Probation
Social Care Services for
Adults Sexual Violence
Services
Specialist Domestic Violence
Services Victim Support
Women's Safety Officer

For additional information and materials on Multi-agency risk assessment conferences (Maracs), please visit the [Resources for Marac meetings](#) section on SafeLives website. In particular, [10 Principle of an effective Marac](#) provides guidance on the Marac process and forms the basis of the Marac quality assurance process and national standards for Marac.

SafeLives Dash risk checklist

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'- based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the [full practice guidance](#) and [FAQs](#). These can be downloaded from the '[Resources for identifying the risk victims face](#)' section on the SafeLives website. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to Marac

1. **Professional judgement:** 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 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Please pay attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way.

The responsibility for identifying your local referral threshold rests with your local Marac.

What this form is not

This form will provide valuable information about the risks that children are living with, but it is not a

¹ For further information about Marac please refer to the 10 principles of an effective Marac: <http://www.safelives.org.uk/node/361>

full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted, you should consider what referral you need to make to obtain a full assessment of the children's situation.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies ² for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

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 not the case, please indicate in the right hand column	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	<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? ie, 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?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-				

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

based violence (HBV) and specify behaviour.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T	State source of info
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. 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? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. 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? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				

<p>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/></p>				
<p>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Total 'yes' responses</p>				

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, substance misuse, mental health issues, cultural / language barriers, 'honour'-based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

<p>Do you believe that there are reasonable grounds for referring this case to MARAC?</p>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
<p>If yes, have you made a referral?</p>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
<p>Signed</p>		<p>Date</p>	
<p>Do you believe that there are risks facing the children in the family?</p>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Date referral made</p>	
<p>Signed</p>		<p>Date</p>	

Name	
-------------	--

Practitioners Notes

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

Once completed, this form should be sent via secure means to the relevant Marac. Please do not send it to SafeLives; to do so would be a breach of the Data Protection Act

© SafeLives 2019. Please acknowledge SafeLives when reprinting. Registered charity number 1106864.

Appendix 4: Equality & Health Impact Assessment (EqHIA)

The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:

The Making Safeguarding Personal approach and the London Multi-Agency Adult Safeguarding Policy and Procedures provide a statutory framework for identifying and managing risk so as to ensure assessments are conducted appropriately to achieve accurate assessments of current and potential risks.

Whilst most risks undertaken by an individual are not greater than for anybody else, some situations or activities present a risk that should be weighed up in the context of an individual's capacity and/or circumstances.

When it is established an assessment, review or service response is required, Havering endorse the Making Safeguarding Personal approach and positive risk taking which allows, where possible, the individual to be at the centre of the decision-making, have more choice and feel more in control, have ownership of and take responsibility for the risks they take and enhance their quality of life.

This policy outlines how Havering implements the Making Safeguarding Personal and the London Multi-Agency Adult Safeguarding Policy and Procedures and Making Safeguarding Personal approach.

The Havering Adults Social Care have reviewed the policy and made revisions to strengthen and clarify the standards of practice and expectations to help ensure the London Multi-Agency Adult Safeguarding Policy and Procedures are adhered to and correctly implemented. It aims to ensure risk assessments are conducted appropriately and that they are used to accurately assess current and potential risks to the individual concerned.

All those carrying out generic risk assessments will have to do this in line with legislation. Therefore, all professionals who work directly with such persons are legally required to have regard to this Policy.

**Expand box as required*

Who will be affected by the activity?

An adult aged 18 and over whose wellbeing may be or is at risk due to one or various situations or activities.

The London Multi-Agency Adult Safeguarding Policy and Procedures describe risks as arising from one of four sources: private and family life (e.g. domestic or inter-familial abuse), from the community (e.g. gang-related issues); risks associated with service provision such as poor or neglectful care, organisational or professional abuse, or financial or sexual exploitation; and also self-neglect where the source of risk is the individual themselves.

Others who may have to assess and/or make any specific decisions on behalf of a person whose wellbeing is considered potentially at, or is at risk.

**Expand box as required*

Protected Characteristic - Age: Consider the full range of age groups	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Overall impact: This policy impacts the following age groups: <ul style="list-style-type: none"> - People over 18 whom are Ordinarily resident of London Borough of Havering. <p style="text-align: right;"><i>*Expand box as required</i></p>	
Evidence: <p>It is the joint responsibility of all agencies to share relevant information, make decisions, and formulate a plan to manage identified risk and put in place plan that mitigates risk as much as possible and safeguards the adult at risk or other persons.</p> <p>Risk assessments should always be conducted with the adult thought to be at risk and, where appropriate, their wider support network; and risks must be assessed with consideration of the five principles set out in the Mental Capacity Act 2005 and use of the Risk Assessment Tool.</p> <p>A plan should include decisions made and actions to be taken, by when and by whom; and identify those able to contribute to and support this. Contingency, monitoring and any ongoing support, arrangements must also be agreed to ensure appropriate safeguarding measures are in place.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
Sources used: <p>London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	

Protected Characteristic - Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Overall impact: The policy supports the safeguarding of residents who may be at risk of harm as a result of a disability. This includes (but is not exclusive) adults with a Physical Disability, Learning Disability, Mental Illness, Brain injury, Stroke, Dementia and Alzheimer's. <p style="text-align: right;"><i>*Expand box as required</i></p>	
Evidence: <p>It is the joint responsibility of all agencies to share relevant information, make decisions, and formulate a plan to manage identified risk and put in place safeguarding measures.</p> <p>Risk assessments should always be conducted with the adult thought to be at risk and, where appropriate, their wider support network; and risks must be assessed with consideration of the five principles set out in the Mental Capacity Act 2005 and use of the Risk Assessment Tool.</p> <p>A plan should include decisions made and actions to be taken, by when and by whom; and identify those able to contribute to and support this. Contingency, monitoring and any ongoing support, arrangements must also be agreed to ensure appropriate safeguarding measures are in place.</p>	

**Expand box as required*

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.

**Expand box as required*

Protected Characteristic - Sex/gender: Consider both men and women

*Please tick (✓)
the relevant box:*

Positive

Neutral

Negative

Overall impact:

The policy is unlikely to impact on any citizen because of their sex/gender.

**Expand box as required*

Evidence:

The policy does not have any specific impact due to sexes/genders.

**Expand box as required*

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.

**Expand box as required*

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities

*Please tick (✓)
the relevant box:*

Positive

Neutral

Negative

Overall impact:

The policy is unlikely to impact on any citizen because of their ethnicity/race.

**Expand box as required*

<p>Evidence:</p> <p>The policy does not have any specific impact due to ethnicity/race.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
<p>Sources used:</p> <p>London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>

<p>Protected Characteristic - Religion/faith: Consider people from different religions or beliefs including those with no religion or belief</p>							
<p><i>Please tick (✓) the relevant box:</i></p> <table border="1"> <tr> <td>Positive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neutral</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Negative</td> <td><input type="checkbox"/></td> </tr> </table>	Positive	<input type="checkbox"/>	Neutral	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>	<p>Overall impact:</p> <p>The changes to the policy are unlikely to impact on any citizen because of their religion/faith.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
Positive	<input type="checkbox"/>						
Neutral	<input checked="" type="checkbox"/>						
Negative	<input type="checkbox"/>						
<p>Evidence:</p> <p>The policy does not have any specific impact due to religion/faith.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>							
<p>Sources used:</p> <p>London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>							

<p>Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual</p>							
<p><i>Please tick (✓) the relevant box:</i></p> <table border="1"> <tr> <td>Positive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neutral</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Negative</td> <td><input type="checkbox"/></td> </tr> </table>	Positive	<input type="checkbox"/>	Neutral	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>	<p>Overall impact:</p> <p>The changes to the policy are unlikely to impact on any citizen because of their sexual orientation.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
Positive	<input type="checkbox"/>						
Neutral	<input checked="" type="checkbox"/>						
Negative	<input type="checkbox"/>						
<p>Evidence:</p> <p>The policy does not have any specific impact due to sexual orientation.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>							

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.

**Expand box as required*

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓)
the relevant box:

Positive

Neutral

Negative

Overall impact:

The changes to the policy are unlikely to impact on any citizen because of gender reassignment.

**Expand box as required*

Evidence:

The policy does not have any specific impact due to gender reassignment.

**Expand box as required*

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.

**Expand box as required*

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership

Please tick (✓)
the relevant box:

Positive

Neutral

Negative

Overall impact:

The changes to the policy are unlikely to impact on any citizen because of their marriage/civil partnership status.

**Expand box as required*

Evidence:

The policy does not have any specific impact due to marriage/civil partnership status.

**Expand box as required*

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.

**Expand box as required*

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

This policy is unlikely to impact on any citizen because of pregnancy, maternity and paternity status.

**Expand box as required*

Evidence:

The policy does not have specific impact due to pregnancy, maternity and paternity status.

**Expand box as required*

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.

**Expand box as required*

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

This policy is unlikely to impact on any citizen because of their socio-economic status.

**Expand box as required*

Evidence:

The policy does not have specific impact due to socio-economic status.

**Expand box as required*

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.

**Expand box as required*

Health & Wellbeing Impact: Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.

Please tick (✓) all the relevant boxes that apply:

Positive	✓
Neutral	
Negative	

Overall impact:

**Expand box as required*

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box

Yes No

Evidence:

This policy may have a positive impact on an individual's health and wellbeing, as it allows an individual to gain support with implementing safeguarding measures to reduce or remove safeguarding concerns which may impact on improving their lifestyle choices, personal circumstances, social circumstances, economic circumstances and access to available services to help improve their health and wellbeing (such as, leisure and recreation services).

**Expand box as required*

Sources used:

London Multi-Agency Adult Safeguarding Policy and Procedures, Making Safeguarding Personal, ASC Risk Assessment Tool, Mental Capacity Act 2005, MCA Code of Practice, Care Act 2014, Mental Health Act 1983, Public Health Act 1936, Environmental Protection Act 1990, Inherent Animal Welfare Act 2006, Crime and Disorder Act 1998 and Housing Act 2004.
Appendix 2 – Health and Wellbeing Impact Tool

**Expand box as required*

Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	Positive	Not Applicable	Periodic Policy Reviews	Annually	Lurleen Trumpet
Disability	Positive	Not Applicable	Periodic Policy Reviews	Annually	Lurleen Trumpet
Health & Wellbeing	Positive	Not Applicable	Periodic Policy Reviews	Annually	Lurleen Trumpet

Add further rows as necessary

* You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts

** Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review:

To be reviewed a minimum of every three years.

Scheduled date of review: November 2023

Lead Officer conducting the review: Lurleen Trumpet, Safeguarding Service Manager, Adults Services

**Expand box as required*

Please submit the completed form via e-mail to EqHIA@haverling.gov.uk thank you.