



## **SAFEGUARDING POLICIES**

### **Purpose**

**The purpose of these policies is to ensure that through our work and conduct Bath Welcomes Refugees demonstrates its commitment to protecting the rights of people to live in safety, free from abuse and neglect. We will promote the well-being and welfare of all those with whom we come into contact, which includes our beneficiaries, staff, volunteers, and other stakeholders.**

Everyone has the right to live a life free from abuse and neglect. The particular circumstances of most newly arrived refugees mean that they need care and support due to possible trauma and the loss of family, friends, home, and culture, as well as the societal/cultural challenges and isolation of their new situation. You may therefore be asked to undergo a DBS check, but Safeguarding principles are always applicable.

Those supported by BWR are made aware that Bath Welcomes Refugees has Safeguarding Policies as part of the introductory information they are given. This information includes the duty to share information with other agencies and professionals where there are concerns. All staff, volunteers, members, and supporters within Bath Welcomes Refugees have a responsibility to adhere to the Safeguarding Policies and share information when needed

### **Who is covered by the Safeguarding policies?**

All staff, trustees, volunteers, beneficiaries and other stakeholders at Bath Welcomes Refugees.

Everyone in BWR who has direct contact with refugee families or individuals will undertake safeguarding training in relation to both children and adults at risk of harm and will receive briefings on BWR'S safeguarding policies and procedures. A register will be kept of who has completed training.

BWR will carry out enhanced DBS checks on any volunteers/staff/ members/supporters before allowing them contact with children or adults at risk of harm.

Safeguarding issues, including policies and procedures, will be discussed in regular supervision sessions. The safeguarding lead can be contacted for advice and information at any time via [safeguarding@bathwelcomesrefugees.org.uk](mailto:safeguarding@bathwelcomesrefugees.org.uk).

## **What is covered?**

These policies outline our commitment to safeguarding and explain what to do if you have a safeguarding concern. Please take the time to read them and familiarise yourself with the indicators of abuse as well as the BWR procedures.

## **Safeguarding children**

Safeguarding children is everyone's responsibility and is defined as protecting children (anyone under 18) from maltreatment or the impairment of their health or development.

Please familiarize yourself with our Safeguarding Policy for Children (pages 5-15) and in particular the warning signs.

## **Safeguarding Adults at Risk of Harm**

An adult at risk of harm is someone who has needs for care and support and as a result is unable to protect themselves from abuse or neglect that they may be experiencing or may be at risk from. It may be someone who is usually able to manage but at some stage is unable to because of an accident, illness, or other circumstances in their lives, as may be the case with newly arrived refugees.

Please familiarize yourself with our Safeguarding Policy for Adults (pages 16-29) and, in particular, the warning signs

## **The definition of Safeguarding**

Safeguarding is defined as the measures in place to protect people from abuse, neglect and maltreatment of any kind.

This means:

- protecting the rights of adults to live in safety, free from abuse and neglect;
- protecting children from maltreatment or abuse, preventing the impairment of their health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and taking action to enable them to achieve the best outcomes.
- Bath Welcomes Refugees is also committed to ensuring that all staff, volunteers, beneficiaries, and other stakeholders are safeguarded from harm. All of our policies and procedures support this commitment.

Our safeguarding protection issues include (but are not limited to):

- sexual abuse and exploitation
- negligent treatment
- physical or emotional abuse
- financial exploitation
- extremism

## **Identifying and responding to abuse or neglect**

If you notice anything inappropriate or have any safeguarding concerns, please report them in accordance with the flow chart in appendix 3 of the policies to the Safeguarding Lead and your team leader or the Chair of the Management Committee if neither is available. This includes any concern about the behaviour or actions of a member of BWR staff or another volunteer.

BWR has a safeguarding lead for both children and adults supported by BWR with whom any safeguarding concerns can be discussed. Their role is to:

- Provide advice to the management committee/volunteers and staff re safeguarding issues.
- Be a point of contact to the management committee/volunteers and staff re safeguarding concerns.
- Monitor safeguarding email account.
- Provide input to safeguarding training for volunteers as part of their induction.
- Review & update safeguarding policy annually.
- Keep abreast of national/local developments in safeguarding.

They can be contacted on [safeguarding@bathwelcomesrefugees.org.uk](mailto:safeguarding@bathwelcomesrefugees.org.uk). This email is checked on a daily basis.

If a child or adult at risk reports that they have suffered harm through abuse or neglect, or have caused harm to others, the initial response should be to listen carefully to what the child or adult at risk says and observe their behaviour and circumstances to clarify their concerns and offer reassurance then explain what actions will be taken and make a note of what has been disclosed or seen.

The child or adult at risk must not be pressed for information, led, or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse. You can find a list of Dos and Don'ts in the policies.

If a child or adult at risk is in immediate danger or is at risk of harm, call the police and an ambulance, if necessary, on 999; otherwise, a referral by email should be made to the Safeguarding Lead at [safeguarding@bathwelcomesrefugees.org.uk](mailto:safeguarding@bathwelcomesrefugees.org.uk) who will advise you on next steps.

Copy this email to your Team Leader or relevant member of BWR staff. In the absence of the Safeguarding Lead, the chair of BWR management committee needs to be informed ([chair@bathwelcomesrefugees.org.uk](mailto:chair@bathwelcomesrefugees.org.uk)).

Multi-agency procedures are in place locally for both the protection of children and to safeguard adults who may be at risk. Bath and North East Somerset operate a Local Safeguarding Children Board and a Local Adults Safeguarding Board and monitor their work. Detailed information is available online and regularly updated at [www.bathnes.gov.uk](http://www.bathnes.gov.uk).

## **Consent**

Concerns should normally be discussed with the parent or the adult at risk and agreement sought for referral to child or adult social care unless seeking agreement is likely to place the child or adult at risk

at greater risk of harm through delay or from the parent's or other's actions or reactions; however, a referral can be made with or without parental consent.

Where the adult has mental capacity and no other person or child is at risk of harm or neglect, then the adult may request that BWR takes no further action.

In such situations, BWR Safeguarding Lead should be contacted quickly to provide advice and guidance on any next steps required.

### **Concerns about staff or volunteers**

A distinction should be made between an allegation, a concern about the quality of care or practice, or a complaint about whether the relevant policy was followed.

An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Any concerns about a BWR staff member or a volunteer should be raised with the safeguarding lead, who will seek advice from the nominated BWR management Committee member, and the Chair of Trustees and, if necessary, the Local Authority Designated Officer (LADO).

Prevention is the primary responsibility of trustees. Trustees will take reasonable steps to protect staff, volunteers and those connected with the activities of BWR from harm.

The safeguarding lead will inform trustees immediately when they become aware of a safeguarding issue and advise of the action being taken.

Trustees are responsible for making reports, where necessary, to the police, social services and other agencies, and, where the criteria are met, sending a serious incident report to the charity regulator.

*See also Whistleblowing Policy.*

The safety of volunteers, staff and others who come into contact with BWR is addressed by the [Health & Safety Policy](#).

## Safeguarding Policy for Children

**A child is anyone who has not yet reached their 18th birthday.**

Safeguarding is everyone's responsibility, and is defined as:

- Protecting children from maltreatment.
- Preventing the impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

**You will find detailed guidance on the types and indicators of Child Abuse and Neglect in Appendix 1 of this policy.**

**Please take time to read through these.**

### Consent

Concerns should normally be discussed with the parents and agreement sought for referral to child or adult social care unless seeking agreement is likely to place the child or adult at greater risk of harm through delay or from the parent's or other's actions or reactions; however, a referral can be made with or without parental consent.

### Identifying and responding to abuse or neglect

If a child is in immediate danger or is at risk of harm, call the Police, and an ambulance if necessary, on 999; otherwise a referral by email should be made to the safeguarding Lead at [safeguarding@bathwelcomesrefugees.org.uk](mailto:safeguarding@bathwelcomesrefugees.org.uk) who will advise you on next steps. Copy this email to your team leader or relevant member of BWR staff. In the absence of the Safeguarding Lead, the chair of the management committee needs to be informed ([chair@bathwelcomesrefugees.org.uk](mailto:chair@bathwelcomesrefugees.org.uk))

If you feel the issue cannot wait up to 24 hours for a response, contact BANES children's social care. Outside office hours, the emergency duty team should be contacted. *(All relevant phone numbers are at the end of this document together with the BWR Safeguarding Form).* Keep the team leader/volunteer coordinator/safeguarding lead informed of all contacts made.

The BWR Safeguarding Lead or your team leader or a BWR member of staff will make the referral to BANES Children's Duty Team, where such action is deemed necessary if you have not already done so.

When *speaking directly* to a statutory agency by telephone or using the agency's *secure online referral* system, then the full names, dates of birth, address and other identifying information for all individuals and their family members should be shared.

**Please note: When emailing anyone within BWR or other professionals and agencies, the family and individuals must not be identified by name. Please use the BWR code name to identify the family and use either initials for the children and individual family members or identify them by role or position in the family. For example, Blue Family; dad; mum; eldest daughter; youngest son, etc.**

Before making a referral or report, try to establish the basic facts. However, it will be for the social workers or the police to investigate cases and make a judgment on whether there should be a statutory intervention and/or a criminal investigation.

Record in writing, all concerns and discussions about a child's safety and welfare, the decisions made and the reasons those decisions were made. Consider whether it is safe to leave the child unattended.

If a child reports that they have suffered harm through abuse or neglect, or have caused harm to others, the initial response should be to listen carefully to what the child says and observe their behaviour and circumstances to:

- Clarify the concerns
- Offer reassurance about how they will be kept safe
- Explain what action will be taken and within what timeframe
- Note verbatim what has been disclosed or seen

The child must not be pressed for information, led, or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

The named person for child protection within BWR (Safeguarding Lead) and your Team Leader should be contacted as soon as possible for further advice, or in their absence a member of the BWR management committee. In addition, advice can be sought from the BANES Social Care Duty Officers, NSPCC or ChildLine (contact details on page 8).

The Safeguarding Lead will complete the BWR Referral form based on the information you give in the email and any further communications you have with the Safeguarding Lead and your Team Leader or member of BWR staff.

### **Recording, information sharing and confidentiality**

Notes of conversations and/or observations should be made as soon as possible and should be detailed and accurate. They should be factual and not make assumptions or interpretations.

All notes and recordings should be entered directly into BWR CRM where access is granted or passed onto the Team Leader/Safeguarding Lead/member of BWR staff. This should happen in a timely way. Where recording and notes are passed by a volunteer to a BWR officer, then it is the responsibility of that officer to enter the entire recording or a summary, where more appropriate, into the BWR CRM.

The BWR officer or employee should in every instance of concerns being raised bring the matter to the attention of BWR Safeguarding Lead for further guidance on the threshold of the concern and what needs to happen next. This must happen in a timely way.

Confidentiality is crucial to our relationships, but the welfare of children is paramount. Information sharing between agencies and professionals is essential to protect children and adults at risk from harm and therefore confidentiality cannot be maintained if the withholding of information may prejudice the welfare of a child.

All information relating to safeguarding concerns will be highly sensitive, so it is essential that information is only shared as strictly necessary, is not disclosed inappropriately, and is stored securely.

Whilst parents/carers have the right to see records kept on their child or themselves, this might not be appropriate and should not put the child or others at risk. All information will be recorded, stored & shared in line with GDPR requirements. See the BWR [Data Protection Policy](#) and [Privacy Statement](#).

### **DOs and DON'Ts in the event of an incident or disclosure**

#### **DO:**

- make sure individual is safe
- make sure you are safe
- assess if emergency services are required and call 999 if needed
- listen
- provide support and reassurance
- establish the basic facts
- make accurate notes, verbatim when a disclosure is made
- note the date, time, where and who is present
- preserve forensic evidence as far as possible
- explain BWR Safeguarding procedures and that you need to speak to a supervisor
- follow BWR Safeguarding policy and procedures
- explain limits to confidentiality
- contact your team leader/Safeguarding Lead/another officer for support and guidance

#### **DON'T:**

- confront alleged perpetrators
- be judgmental or offer your own opinions
- dismiss a concern as trivial or frivolous
- investigate beyond establishing and clarifying basic facts
- destroy or disturb potential evidence
- speak to anyone not directly involved
- ask leading questions
- make assumptions
- make promises
- ignore or dismiss an allegation
- elaborate on the basic facts or disclosure made
- assume someone else will report the incident, disclosure, concern
- (don't) worry that you might be wrong

Volunteers/staff are encouraged to report any concerns they have and will be fully supported by the organisation.

### **Managing allegations about people in positions of trust**

All allegations about a BWR staff member or a volunteer must be referred to the safeguarding lead, who will seek advice from the nominated BWR management Committee member, and the Chair of Trustees.

If the concern is about someone working with a child, BWR should contact the Local Authority Designated Officer (LADO) within one working day

### **Contact details for local authority teams if you cannot get hold of the BWR Safeguarding Lead as well as for the NSPCC and Childline:**

- The Children and Families Duty and Assessment Team on 01225 396111 or 01225 477929
- If a child or young person or adult at risk is in immediate danger, then please dial 999 and ask for police assistance
- If you have a concern about a volunteer or paid member of staff and their behaviour towards children, please call the Local Authority Designated Officer (LADO) at: 01225 396810 / email [LADO@bathnes.gov.uk](mailto:LADO@bathnes.gov.uk)
- NSPCC: You can contact the NSPCC Helpline by calling 0808 800 5000 or emailing [help@NSPCC.org.uk](mailto:help@NSPCC.org.uk). The NSPCC voice Helpline is currently available 10am–4pm Monday to Friday. You can still email [help@NSPCC.org.uk](mailto:help@NSPCC.org.uk) at any time for free. You don't have to say who you are. <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/nspcc-helpline/>
- Childline: You can talk to us about anything. No problem is too big or too small. Call us on 0800 1111 or chat to us online - <https://www.childline.org.uk/get-support/contacting-childline>



## Appendix 1: Types and indicators of child abuse and neglect

**Disabled children and children with severe and chronic illness** are more vulnerable to abuse and harm and neglect than their nondisabled peers. The reasons for this are various and may be a combination of:

- impaired communication abilities to tell anyone
- receiving intimate care and from multiple carers
- being unable to escape harm
- parents or primary carers being overwhelmed with the child's high care needs and not meeting their needs to a good enough standard
- disabled children having less value than their nondisabled peers resulting in dehumanising attitudes and care
- family and child facing barriers to accessing early help and preventative services
- unsuitable accommodation resulting in loss of privacy and dignity when care tasks are carried out
- unsuitable accommodation resulting in moving and handling risks to the child, especially as the child grows as they get older
- assumptions made that the concerning presentation is as a result of the disability or illness rather than abuse, harm or neglect
- higher risks of harm, exploitation and bullying both online and in the community
- disabled children can be subject to forced marriage.

These factors are important to consider when there are disabled or unwell children in a family.

**Physical abuse:** may involve hitting, slapping, punching, shaking, throwing, poisoning, burning, or scalding, physical punishments, drowning, suffocating, or otherwise causing physical harm. Inappropriate or unlawful use of restraint. Harm may also be caused when a parent fabricates the symptoms of or deliberately induces illness in a child.

Some of the following may be indicators of physical abuse: children with frequent injuries; unexplained or unusual fractures or broken bones; with unexplained cuts, burn scalds; or bite marks.

The age and development of the child is important to understand in understanding the cause of bruises and injuries on children. The position of marks and bruises is also important to note and can be an indicator of abuse. Bony prominences, close to the skin surface, can be injured through falls, slips, trips. Abusive injuries tend to involve softer tissue and are in areas that are harder to damage through slips, trips and falls, and other accidents. This may include upper arm; forearm; chest and abdomen; thighs and genitals; facial injuries (cheeks, black eyes, mouth); ears; side of face; top of shoulders; back and side of trunk.

Abusive injuries may be seen on both sides of the body. They may not match the explanations given by the child or the parent/carers. There may be signs that injuries are being untreated or delays in seeking treatment.

**Emotional abuse:** is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development. It may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Imposing age or developmentally inappropriate expectations on children.
- Interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another (e.g. where there is domestic violence or abuse).
- Serious bullying, causing children to frequently feel frightened or in danger.
- Exploiting and corrupting children.
- Threats of harm or abandonment.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Some of the following signs may be indicators of emotional abuse:

- Concerning interactions between parents/carers and the child, e.g. overly critical, lack of affection
- Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'.
- Parents or carers blaming their problems on their child.
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.
- Sudden speech disorders
- Self-harm and eating disorders
- Lack of empathy to others, including cruelty to animals
- Changes in appetite, weight gain/loss
- Signs of distress: tearfulness, anger.

**Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities both in person or online or offline. It does not necessarily involve a high level of violence, or whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Sexual abuse can be perpetrated by members of the family or non-family members.

**Child sexual exploitation:** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age.

- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have.
- Children who ask others to behave sexually or play sexual games.
- Displays of affection that are sexual or age inappropriate.
- Alluding to having a secret that cannot be shared.
- Sudden changes in behaviour or school performance.
- Bruising, particularly to thighs, buttocks, upper arms, marks on neck.
- Children with physical sexual health problems, including soreness, bleeding pain, discharge, itching in the genital and anal areas, sexually transmitted infections or underage pregnancy.
- Children who appear with unexplained gifts or new possessions.
- Children who have older boyfriends or girlfriends.
- Children who suffer from changes in emotional well-being.
- Incontinence and bedwetting.
- Poor concentration, withdrawal, sleep disturbance.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late.
- Children who regularly miss school or education or don't take part in education.
- Self-harming.
- Reluctance to be alone with a particular person.

**Neglect:** Neglect is found in 60% of child deaths that are investigated through Serious Case Reviews. However, it continues to be under-reported. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing or shelter.
- Protect a child from physical harm or danger.
- Ensure adequate supervision.
- Ensure access to appropriate medical care or treatment and in a timely way. Respond to a child's basic emotional, social and educational needs.

Some of the following signs may be indicators of neglect: children who are living in a home that is indisputably dirty or unsafe; who are left hungry or dirty; who are left without adequate clothing; who are living in dangerous conditions, i.e. around drugs, alcohol, or violence; where parents/carers are often angry, aggressive, or self-harming; who fail to receive basic health and medical care. Neglected children can have weight changes or be excessively under or overweight. They often have poor relationships with peers. Self-soothing behaviour may not be age appropriate, e.g. rocking, hair twisting, thumb sucking. Changes in school performance or attendance are also signs.

**Modern slavery and human trafficking:** This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment. Children and adults are trafficked into the UK and forced to commit crimes such as pick-pocketing, ATM theft, Cannabis cultivation, as well as being made to beg. Some people are intentionally harmed by perpetrators as visible vulnerabilities generate more money from passers-by. The person is made to hand over most, if not all of the money that has been donated.

Under the Modern Slavery Act 2015, Local Authorities have a duty to notify the Home Office of any individual in England and Wales who they believe is a victim of slavery or human trafficking.

If you suspect that someone you are working with is a victim, contact the police and consult with your Team Leader and the Safeguarding Lead.

**Discrimination:** This includes types of treatment, harassment or insults based on someone's age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.<sup>3</sup>

**Female genital mutilation (FGM):** covered by the FGM Act 2003 and includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.

There are no health benefits, and it causes serious health and emotional harm. It is mostly carried out on young girls sometime between infancy and the age of 18.

It is illegal in the UK, and it is illegal to carry it out on UK nationals abroad.

Social care/police should be informed immediately if there is an immediate risk.

Children can also be affected by domestic violence and abuse (the meaning of which has been extended to include controlling and coercive behaviour) or other problems faced by adults in the household.

Possible indicators of domestic violence and abuse may be children who are excessively withdrawn, fearful or anxious; parents/carers who humiliate their child or another member of the family; children who appear excessively controlled or exhibit anxiety about the health or wellbeing of another family member; school refusal, absenteeism, a change in performance at school.

The longer-term outcomes for children growing up in a household where there is domestic abuse and violence are: poorer educational attainment; poorer mental health continuing into adulthood, increased likelihood of having relationships which are violent and abusive, poorer employment opportunities. Life chances for children are significantly impacted by living in families where there is domestic abuse and violence.

**Forced Marriage:** It is illegal in the UK to force someone to marry. Both children and adults can be affected. Signs can be:

- running away from home
- self-harming and attempted suicide
- depression, becoming worried or withdrawn
- poor performance at school, college
- unexplained absence from school, college
- a surprise engagement to a stranger you've not heard of before
- a surprise holiday (some people are tricked into going abroad to see relatives)
- no control over their own money
- not returning from a visit to another country

The law was changed in relation to forced marriage in February 2023. Any concerns of this nature must be brought to the attention of your Team Leader and the Safeguarding Lead.

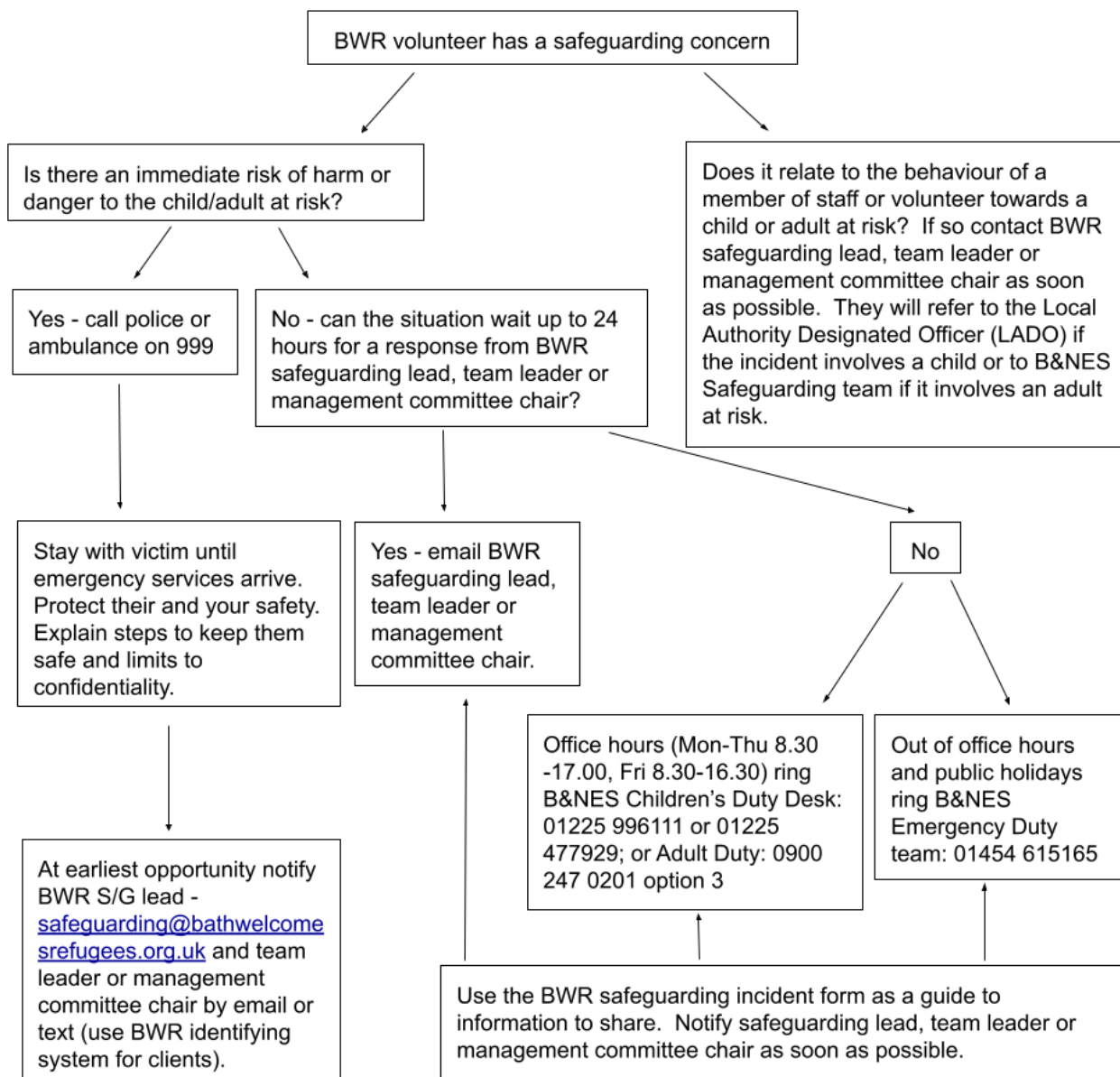
## Appendix 2: Bath Welcomes Refugees Safeguarding Form

*To be filled out by Safeguarding Lead in collaboration with the Reporter and Reporter's Team Leader*

<b>Date of Referral</b>	
<b>Name/s of child at risk</b> <b>Address/Age/Gender</b>	
<b>What is the first language?</b> Is an interpreter needed?	
<b>Health/ development/disability issues.</b> <i>Any other significant information about individual/s, where known.</i>	
<b>Members of Household:</b> <i>names, role, age, health/disability/other significant information.</i>	
<b>Is child/parent aware of this referral.</b> <i>Has their consent been given?</i> <i>If not, give reasons.</i>	
<b>Other agencies/professionals involved.</b> <i>School/nursery/HV/GP/Police/Housing/Julian House/Connecting Families/Social Care/Others</i>	
<b>Name of reporter and role with child/adult</b> <i>How long been working with child/family?</i>	
<b>Details of concerns and or incident must be clear and accurate: Including</b> - date - where it happened - who was present -how reporter became aware (observed directly; told by child/family member; third party information, if so state name, agency and their role. <i>What was seen/told/and by who. Be factual. State what was observed. Be precise. If an injury state where/ size/ type/colour/if it needs medical attention.</i> <i>If a disclosure say what was said by who. Verbatim if possible.</i> <i>If a combination of issues or a chronic single issue, have a record of these concerns with dates/duration/frequency/impact.</i>	

<b>Relevant historical information for individuals and family/household, where known.</b>	
<i>Any other contextual information, where known. Are there cultural sensitivities to take into account? Is there any information that cannot be shared with all adults in the household?</i>	
<b>Analysis of the information shared, within its historical context.</b> <i>Thresholding exercise to determine most appropriate actions required and urgency of action.</i>	
<b>Action Plan:</b> <ul style="list-style-type: none"> <li>• What needs to happen next. Set out each action clearly.</li> <li>• Who is going to take each action forward?</li> <li>• Timeframes for taking the necessary actions required.</li> <li>• How will we know that actions have happened?</li> <li>• How will we judge if they are working to reduce concerns, reduce or eliminate the risks?</li> <li>• Set a date to review the action plan with Reporter/Team Leader/ others as necessary.</li> </ul>	
<b>Police Contact Details and incident reference number, (if applicable)</b>	
<b>Any other information (from reporter)</b>	
<b>Action taken by Safeguarding Lead</b>	
<b>Any other information (from safeguarding lead)</b>	

## Appendix 3 - Safeguarding Concern Flow Chart





## Safeguarding Policy for Adults at Risk of Harm

An adult at risk is someone who has needs for care and support and as a result is unable to protect themselves from any abuse or neglect they may be experiencing or may be at risk from.

For example, someone who is older and frail, or has a physical disability, learning difficulty, sensory impairment, mental health problem, dementia, or drug or alcohol problem. It may be someone who is usually able to manage but at some stage is unable to because of an accident, illness or other circumstances in their lives, as may be the case with newly arrived refugees.

Adults safeguarding means protecting an adult's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

**You will find detailed guidance on the types and indicators of abuse of Adults at Risk of Harm in Appendix 1.**

**Please take time to read through these.**

### **Consent**

Concerns should normally be discussed with the adult at risk and agreement sought for referral to adult social care where practical unless seeking agreement is likely to place the adult at risk at greater risk of harm through delay or other's actions or reactions.

Where the adult has mental capacity and no other person or child is at risk of harm or neglect, then the adult may request that BWR takes no further action.

In such situations, the BWR Safeguarding Lead should be contacted quickly to provide advice and guidance on any next steps required

### **Identifying and responding to abuse or neglect**

**If an adult is in immediate danger or is at risk of harm**, call the Police, and an ambulance if necessary, on 999; otherwise a referral by email should be made to the safeguarding Lead at [safeguarding@bathwelcomesrefugees.org.uk](mailto:safeguarding@bathwelcomesrefugees.org.uk) who will advise you on next steps. Copy this email to your team leader or relevant member of BWR staff. In the absence of the Safeguarding Lead, the chair of the management committee needs to be informed ([chair@bathwelcomesrefugees.org.uk](mailto:chair@bathwelcomesrefugees.org.uk))

When *speaking directly* to a statutory agency by telephone or using the agency's *secure online referral* system, then the full names, dates of birth, address and other identifying information for all individuals and their family members should be shared.



**Please note:** When emailing anyone within BWR or other professionals and agencies, the family and individuals must not be identified by name. Please use the BWR code name to identify the family and use either initials or identify them by role or position in the family.

Before making a referral or report, try to establish the basic facts. However, it will be for the social workers or the police to investigate cases and make a judgment on whether there should be a statutory intervention and/or a criminal investigation.

Record in writing, all concerns and discussions about an adult at risk's safety and welfare, the decisions made and the reasons those decisions were made. Consider whether it is safe to leave the adult at risk unattended.

If the adult at risk reports that they have suffered harm through abuse or neglect, or have caused harm to others, the initial response should be to listen carefully to what they say and observe their behavior and circumstances to:

- clarify the concerns
- offer reassurance about how they will be kept safe
- explain what action will be taken and within what timeframe
- note verbatim what has been disclosed or seen

They must not be pressed for information, led, or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

The named person for adult safeguarding within BWR (Safeguarding Lead) and your Team Leader should be contacted as soon as possible for further advice, or in their absence the Chair of the BWR management committee.

The Safeguarding Lead will complete the BWR Referral form based on the information you give in the email and any further communications you have with the Safeguarding Lead and your Team Leader or member of BWR staff.

### **Recording, information sharing and confidentiality**

Notes of conversations and/or observations should be made as soon as possible and should be detailed and accurate. They should be factual and not make assumptions or interpretations.

All notes and recordings should be entered directly into BWR CRM where access is granted or passed onto the Team Leader/Safeguarding Lead/member of BWR staff. This should happen in a timely way. Where recording and notes are passed by a volunteer to a BWR officer, then it is the responsibility of that officer to enter the entire recording or a summary, where more appropriate, into the BWR CRM.

The BWR officer or employee should in every instance of concerns being raised bring the matter to the attention of BWR Safeguarding Lead for further guidance on the threshold of the concern and what needs to happen next. This must happen in a timely way.

Confidentiality is crucial to our relationships but the welfare of adults at risk is paramount. Information sharing between agencies and professionals is essential to protect adults at risk from harm and therefore

confidentiality cannot be maintained if the withholding of information may prejudice the welfare of an adult at risk.

All information relating to safeguarding concerns will be highly sensitive, so it is essential that information is only shared as strictly necessary, is not disclosed inappropriately, and is stored securely.

### **Useful Numbers**

- the Adult Duty Social Work team 01225 394200
- outside of office hours, call the Emergency Duty Team on 01454 615165

### **DOs and DONTs in the event of an incident or disclosure**

#### **DO:**

- make sure individual is safe
- make sure you are safe
- assess if emergency services are required and call 999 if needed
- listen
- provide support and reassurance
- establish the basic facts
- make accurate notes, verbatim when a disclosure is made
- note the date, time, where and who is present
- preserve forensic evidence as far as possible
- explain BWR Safeguarding procedures and that you need to speak to a supervisor
- follow BWR Safeguarding policy and procedures
- explain limits to confidentiality
- contact your team leader/Safeguarding Lead/another officer for support and guidance

#### **DON'T:**

- confront alleged perpetrators
- be judgmental or offer your own opinions
- dismiss a concern as trivial or frivolous
- investigate beyond establishing and clarifying basic facts
- destroy or disturb potential evidence
- speak to anyone not directly involved
- ask leading questions
- make assumptions
- make promises
- ignore or dismiss an allegation
- elaborate on the basic facts or disclosure made
- assume someone else will report the incident, disclosure, concern
- (don't) worry that you might be wrong

Volunteers/staff are encouraged to report any concerns they have and will be fully supported by the organisation.

## Managing allegations about people in positions of trust

All allegations about a BWR staff member or a volunteer must be referred to the safeguarding lead, who will seek advice from the nominated BWR management Committee member, and the Chair of Trustees.

In the case of allegations or concerns about an adult who is working with adults at risk, please contact the BANES Safeguarding Team.

## Other Safeguarding Issues

### **PREVENT** - Preventing extremism

**Definition of extremism:** Extremism is defined in the Counter Extremism Strategy (2015) as vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Calls for the death of members of our armed forces are also seen as extremist.<sup>5</sup> There is revised Prevent Duty guidance for England and Wales in April 2021 which can be found at: <https://www.gov.uk/government/publications/prevent-duty-guidance-for-england-and-wales>

This applies to both child and adult safeguarding.

The Prevent strategy forms part of the UK's Counter Terrorism & Security Act (2015). The Government's revised strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, prevent people from being drawn into terrorism and work with 'specified authorities' where there may be risk of radicalization.

The scope of the Prevent Duty covers terrorism and terrorist-related activities including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered a link to terrorist activity.

Radicalization is defined by the UK Government within this context as "*the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups*".

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage for assessing and supporting people who may be targeted or radicalised by violent extremists. Please see <https://www.gov.uk/government/publications/channel-guidance> for further information.

### **References:**

[www.bathnes.gov.uk](http://www.bathnes.gov.uk) – Safeguarding and follow links for up-to-date information

UK Government's Working Together to Safeguard Children, accessible at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942454/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)

UK Government Safeguarding Policy Protecting Vulnerable Adults (2017)

<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults/sd8-opgs-safeguarding-policy#what-is-abuse>

UK Equality Act 2010, available at <https://www.citizensadvice.org.uk/law-and-courts/discrimination/about-discrimination/equality-act-2010-discrimination-and-your-rights/>

UK Counter Extremism Strategy 2015, available at:

<https://www.gov.uk/government/publications/counter-extremism-strategy>

Prevent Duty guidance for England and Wales in April 2021 which can be found at:

<https://www.gov.uk/government/publications/prevent-duty-guidance-for-england-and-wales>

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

## Appendix 1: Types and indicators of abuse of adults at risk may include:

**Physical abuse** includes:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorized restraint, restricting movement (e.g. tying someone to a chair)

Possible signs or indicators of physical abuse **may** include:

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

**Domestic violence or abuse:** Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Domestic violence or abuse can be characterized by any of the indicators of abuse relating to:

- psychological
- physical
- sexual
- financial
- emotional

**Coercive or controlling behaviour** is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour

Possible signs or indicators of domestic abuse **may** include:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

**Sexual abuse** includes:

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible signs or indicators of sexual abuse **may** include:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

**Emotional abuse** may include:

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs

- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Possible signs or indicators of emotional abuse **may** include:

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

**Financial or material abuse** may include:

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible signs or indicators of **financial abuse** **may** include:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts

- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

**Modern slavery** may include:

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Possible signs or indicators of **modern slavery** may include:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

**Discriminatory abuse** may include:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic



- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Possible signs or indicators of **discriminatory abuse** may include:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

**Organisational or institutional abuse** may include:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible signs or indicators of **organsiatlional abuse** may include:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

**Neglect and acts of omission** may include:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible signs or indicators of **neglect may** include:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

**Self-neglect** can include:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Possible signs or indicators of **self-neglect may** include:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

## Appendix 2: Bath Welcomes Refugees Safeguarding Form

*To be filled out by Safeguarding Lead in collaboration with the Reporter and Reporter's Team Leader*

<b>Date of Referral</b>	
<b>Name/s of adult at risk</b> <b>Address/Age/ gender</b>	
<b>What is the first language?</b> <b>Is an interpreter needed?</b>	
<b>Health/ development/disability issues.</b> <i>Any other significant information about individual/s, where known.</i>	
<b>Members of Household:</b> <i>names, role, age, health/disability/other significant information.</i>	
<b>Is the adult aware of this concern?</b> <i>Has their consent been given?</i>	
<b>Other agencies/professionals involved.</b> <i>School/nursery/HV/GP/Police/Housing/Julian House/Connecting Families/Social Care/Others</i>	
<b>Name of reporter and role with adult.</b> <b>How long been working with the family?</b>	
<b>Details of concerns and or incident must be clear and accurate: Including</b> <ul style="list-style-type: none"> <li>• <i>date</i></li> <li>• <i>where it happened</i></li> <li>• <i>who was present</i></li> <li>• <i>how reporter became aware (observed directly; told by family member; third party information, if so, state name, agency and their role.</i></li> </ul> <i>What was seen/told/and by who. Be factual. State what was observed. Be precise. If an injury state where/ size/ type/colour/if it needs medical attention. If a disclosure say what was said by whom. Verbatim if possible.</i> <i>If a combination of issues or a chronic single issue, have a record of these concerns with dates/duration/frequency/impact.</i>	

<b>Relevant historical information for individual's and family/household, where known.</b>	
<i>Any other context, where known?</i> <i>Are there cultural sensitivities to take into account?</i> <i>Is there any information that cannot be shared with all adults in the household?</i>	
<b>Analysis of the information shared, within its historical context.</b> <i>Thresholding exercise to determine most appropriate actions required and urgency of taking action.</i>	
<b>Action Plan:</b> <ul style="list-style-type: none"> <li>• What needs to happen next. Set out each action clearly.</li> <li>• Who is going to take each action forward?</li> <li>• Timeframes for taking the necessary actions required.</li> <li>• How will we know that actions have happened?</li> <li>• How will we judge if they are working to reduce concerns, reduce or eliminate the risks?</li> <li>• Set a date to review the action plan with Reporter/Team Leader/ others as necessary.</li> </ul>	
<b>Police Contact Details and incident reference number, (if applicable)</b>	
<b>Any other information (from reporter)</b>	
<b>Action taken by Safeguarding Lead</b>	

## Appendix 3 - Safeguarding Concern Flow Chart

