

**Safeguarding**

**Adults at Risk**

**Policy & Procedures**

**(2023)**

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1. **Introduction & Background**

**1.1 Purpose and Commitment**

The Bridge Homelessness to Hope is a wellbeing centre that supports those who are among the most marginalised people in the Leicester. Those that we support are homeless and face multiple disadvantages such as mental ill-health, psychological trauma, drug and alcohol addiction, offending and family breakdown. ​Our vision is for everyone to have a place they can call home and hope for the future. We offer a safe place to support people in crisis, helping people make long-term, sustainable improvements to their lives. We offer these services:

The Hub – provides a wide range of services which seek to build confidence and skill set in a safe environment we offer therapeutic, trauma led services to our guests including art, music, cooking and sport and outdoor therapy. The Community Café provides an opportunity for people to socialise with others in a welcoming environment. People can also access specialist advice from our partner organisations.

The Hope Centre – We work with people on a one-to-one basis to support them to get accommodation and also advise on matters such as housing, benefits and accessing health services. We provide a space where basic needs can be met, e.g. laundry, bathing, accessing WIFI and meals.

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Safeguarding is significant throughout The Bridge’s activities as we come into contact with people:

* who have experienced childhood trauma, including abuse and neglect
* who have ongoing issues with abuse, neglect and exploitation, including domestic violence, sexual harm, mental health issues, drug and alcohol misuse, poverty, insecure housing and reduced access to or even removal of their children into care
* staff and volunteers who may also have safeguarding needs

The Bridge is committed to ensuring that everyone who uses our services, as well as our staff, volunteers, Trustees and delivery partners are safe and that their wellbeing is promoted. Whether it is preventative action or taking action to protect someone, we all have a part to play. Safeguarding is everyone’s responsibility.

**1.2 Think Family Approach**

This policy relates to adult safeguarding as The Bridge works with those aged 18 years and over.

However we understand the importance of thinking broadly about how safeguarding concerns may become apparent and where we may need to consider the welfare of children or other adults. This is called a ‘think family’ approach which we will take in all of our work. Examples include:

* a safeguarding concern about an adult who is a parent may lead to worries about the safety of their child.
* someone who previously abused an adult we are working with when they were a child, currently has access to children who are at risk.

Appendix 6 contains the procedure for managing children’s safeguarding.

**1.3 Policy and Procedure Objectives**

The intention of this document is to set out:

* our commitment to safeguarding at The Bridge and how we meet our responsibilities to provide effective systems and processes to manage safeguarding, in line with our legal obligations.
* our commitment to work collaboratively with other agencies to safeguard our guests.
* procedures for staff, volunteers and Trustees, including how they are expected to deal with any safeguarding concerns.
* procedures about dealing with allegations against staff, volunteers and Trustees.
* links to other relevant policies and procedures which work in combination to safeguard everyone at The Bridge and to preserve the reputation of our organisation.

**1.4 Scope**

This policy and procedure applies to everyone working for or with The Bridge. This includes Trustees, staff, volunteers and sessional workers. Hereafter all will be referred to as ‘staff’ in this policy and procedure.

It is expected that this policy and procedure will be read, understood and applied by all staff (see Appendix 8). This document will be made available at induction and may be accessed on the staff shared drive. When there are updates to the policy and procedure, they will be re-issued to staff.

Everyone at The Bridge is responsible for being vigilant about safeguarding and proactively addressing concerns in line with this policy and procedure. Certain people will have additional safeguarding responsibilities at The Bridge and these are set out in the section 6 of this document.

**1.5 Equality and Diversity**

The welfare of our guests is paramount and all have a right to protection from harm or abuse, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, identity, or any other difference.

**1.6 Legislation and Guidance**

Our safeguarding policy and procedure is underpinned by law and statutory guidance and includes the documents listed below.

Care Act 2014

and also

Charity Commission Safeguarding Guidance 2018

Data Protection Act 2018

Safeguarding Vulnerable Groups Act 2006

Care & Support Statutory Guidance 2021

Mental Capacity Act 2005

Protection of Freedoms Act 2012

Counter Terrorism and Security Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Female Genital Mutilation Act 2003

Modern Slavery 2015

**1.7 Alignment with Other Policies**

The Bridge has several policies and procedures which work together in specific circumstances. They should be read in conjunction with this policy and procedure and include:

Compliments and Complaints Procedure

Confidentiality and Data Protection Policy

Critical Incident Policy

Disciplinary and Capability Procedure

Equality, Diversity and Dignity at Work Policy

Grievance Policy

Hope Centre Safety Policy

Safer Recruitment Policy

Social Media Policy

Staff Conduct and Boundaries

Staff Handbook

Volunteers Policy & Guidance

Whistleblowing Policy

In addition, we also work closely with other organisations including their safeguarding procedures in our joint or multi-agency practice.

**1.8 Review**

We will review and update this safeguarding policy and procedure annually. We may update it more frequently in light experience or changes in law, guidance or practice requirements.

1. **Identifying Abuse and Neglect for Adults at Risk**

**2.1 Defining ‘safeguarding’**

Safeguarding adults covers several aspects including:

* preventing harm and reducing the risk of abuse or neglect to adults
* protecting a person’s right to live in safety, free from abuse and neglect
* supporting adults to make choices and having control about how they live (called ‘Making Safeguarding Personal’)
* promoting best possible outcomes for people
* acting in ways that promotes safeguarding, including through having effective policies, procedures and systems or by promoting a culture of vigilance and responding to concerns.
* raising awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

**2.2 Defining ‘adult at risk’**

Safeguarding adults applies to people who are ‘adults at risk’. This term is defined as someone who is aged 18 years and over who:

* has care or support needs (whether or not these needs are being met)
* is experiencing, or at risk of, abuse or neglect
* as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

An adult may be in need of care and support and struggle to protect themselves from harm for a variety of reasons. Examples can include physical or learning disability, mental health difficulties, trauma, addiction, age, and infirmity.

**2.3 Six Principles in Adult Safeguarding**

The Care Act (2014) sets out the legal framework about protecting adults at risk. These six principles are set out in the Act, with examples of how they might work in practice.

1. **Empowerment**

Adults are encouraged to make their own decisions and are provided with support and advice to make informed choices. *“I am consulted about the outcomes I want from the safeguarding process and my views directly inform what happens”*

1. **Prevention**

Guidance is in place to ensure people know how to recognise and prevent abuse and how to seek help and to take action before harm occurs. *“I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help”*

1. **Proportionate**

Response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed. *“I am confident that the professionals will work in my interest and only get involved as much as needed”*

1. **Protection**

Advice is offered to let people know about protecting themselves; there is a co-ordinated response to adult safeguarding. *“I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able”.*

1. **Partnerships**

People work together with agencies to provide holistic oversight and support whilst maintaining confidentiality. *“I am confident that information will be shared in a way that takes into account its personal nature and that agencies will work together to find the most effective responses for me”.*

1. **Accountability**

There is accountability and transparency and we are clear about the roles and responsibility of all those involved in safeguarding. *“I am clear about the roles and responsibilities of all those involved”*

#### 2.4 Who Abuses and Neglects Adults at Risk?

Anyone can perpetrate abuse or neglect, including:

* family members including spouses/partners and children
* neighbours, friends, acquaintances
* local residents, community members, strangers
* paid staff, carers, professionals and volunteers

Abuse can happen anywhere for example, in someone’s own home, in a public place, in a care setting, a community setting or on the streets. It can take place when an adult is homeless, lives alone or with others. Abuse can take place online, or technology may be used to facilitate offline abuse.

Abuse can be perpetrated by one person or by several people. It is far more likely that the person responsible for abuse is known to the adult and may be in a position of trust and/or power, than for the abuser to be a stranger.

**2.5 Ten Categories and Indicators of Abuse and Neglect**

The Care and Support Statutory Guidance 2021 sets out ten categories of abuse and neglect that adults at risk may experience. This ten categories are not an exhaustive list of ways that abuse and neglect can occur. It is important that in making observations, having conversations and working together with people, we are alert to any concerns about their wellbeing and safety.

Abuse and neglect can be single or a repeated event. One type of abuse can occur alone or in combination with other types of abuse. Abuse and neglect can be a deliberate inflicting of harm, or it can happen by failures to act which subsequently causes harm - both are serious.

The ten categories are defined in the following ways and particular signs and indicators that may alert to the type of harm are also noted.

These signs and indicators are intended to be a guide only. Any one sign cannot be taken as evidence that abuse is occurring but should alert staff to make further observations and assessments and to engage in discussions with the individual. The list of signs and indicators are not exhaustive.

People may exhibit signs as a result of distress and trauma not related to abuse; some people may not show any signs; for some people indications of abuse and neglect might be masked or misinterpreted due to medications or disability.

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| **PHYSICAL ABUSE** | |
| **Types of physical abuse** | **Signs & Indicators** |
| * Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing * Rough handling * Scalding and burning * Physical punishments * Inappropriate or unlawful use of restraint * Making someone uncomfortable (e.g. opening windows, removing blankets) * Involuntary isolation or confinement * Misuse of medication (e.g. over-sedation) * Forcible feeding or withholding food * Unauthorised restraint, restricting movement (e.g. tying someone to a chair | * No explanation or inconsistent explanations for injuries * 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 |

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| **SEXUAL ABUSE** | |
| **Types of sexual abuse** | **Signs & Indicators** |
| * Rape, attempted rape or sexual assault * Non-consensual touch anywhere * Any sexual activity that the person has not consented to, was pressured to consent to or 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 | * Bruising, particularly to thighs, buttocks, genital area, upper arms and neck * Torn, stained or bloody underclothing * Bleeding, pain or itching in 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 * Uncharacteristic use of sexual language or in sexual behaviour * Self-harming * Poor concentration, sleep disturbance * Excessive fear/apprehension of, or withdrawal from, relationships * Fear of receiving help with personal care |

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| **NEGLECT AND ACTS OF OMISSION** | |
| **Types of neglect and acts of omission** | **Signs & Indicators** |
| * Failure to provide or allow access to food, shelter, clothing, heating, stimulation, personal or medical care * Providing care that person dislikes * Refusing 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 person from making decisions * Preventing access to glasses, hearing aids, dentures, etc. * Failure to ensure privacy and dignity | * 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 engage socially * Inappropriate or inadequate clothing |

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| **PSYCHOLOGICAL ABUSE** | |
| **Types of Psychological abuse** | **Signs & Indicators** |
| * Enforced isolation – preventing someone accessing help, services, educational and social opportunities and seeing friends * Removing mobility or communication aids * Preventing someone from meeting their religious and cultural needs * Preventing the expression of choice * Failure to respect privacy * Preventing stimulation, meaningful occupation or activities * Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse * Patronising or infantilising person * Threats of harm or abandonment * Cyber bullying | * 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 |

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| **DOMESTIC ABUSE** | |
| **Types of Domestic Abuse** | **Signs & Indicators** |
| Domestic abuseis any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between people aged 16+ who are or have been intimate partners or family members, regardless of gender or sexuality, and includes extended family violence, including honour based violence and forced marriage.  In a significant majority of cases, children are present during incidences of domestic abuse and are affected by it. Coercion and control often underpins domestic abuse.  Controlling behaviour is acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.  Coercive behaviour is defined as an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. | * Signs of sexual abuse, physical abuse, psychological abuse, financial abuse * Low self-esteem * Self-blame * Injuries * Hearing derogatory or intimidating comments about self * Fear of an individual * Isolation – not seeing friends and family, partaking in activities * Limited access to money, without reason * Damage to property * Fear of outside intervention |

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| **FINANCIAL OR MATERIAL ABUSE** | |
| **Types of finance abuse** | **Signs & Indicators** |
| * Theft of money or possessions * Fraud, scamming * Preventing a person from accessing their own money, benefits or assets * Staff taking a loan from a guest * Pressure or threat 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 help to manage finances * Denying help to access benefits * Misuse of personal allowance, benefits or direct payments * Moving into a person’s home and living rent free without agreement, unauthorised use of a car, possessions * Misuse of a power of attorney or other legal authority * Rogue trading – e.g. unnecessary or overpriced property | * Limited and or missing possessions, lack of money without adequate explanation * Unexplained withdrawal of funds from accounts * Lasting/Power of attorney obtained after the person has ceased to have mental capacity * Unusual interest in the assets of the person * 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 or other financial transactions done for the person * Disparity between the person’s living conditions and their financial resources, e.g. insufficient food in the house * Unnecessary property repairs |

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| **MODERN SLAVERY** | |
| **Types of modern slavery** | **Signs & Indicators** |
| * 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 | * 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 |

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| **DISCRIMINATORY ABUSE** | |
| **Types of discriminatory abuse** | **Signs & Indicators** |
| * 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’ in the Equality Act 2010](http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions/)) * Verbal abuse, derogatory remarks or harmful 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 | * The person appears withdrawn and isolated * Expressions of anger, frustration, fear or anxiety * Person agrees to matters without full knowledge of them or their implications * Person is denied access to services which hare their right * The support on offer does not take account of the person’s individual needs in terms of a protected characteristic |

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| **ORGANISATIONAL ABUSE** | |
| **Types of organisational abuse** | **Signs & Indicators** |
| * Discouraging visits or involvement of relatives or friends * Run-down 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 restraint * Lack of respect for dignity and privacy, * Not providing adequate food and drink, or assistance with eating * Not offering choice or promoting independence * Misuse of medication * Not taking account of individuals’ cultural, religious or ethnic needs * Failure to respond to abuse appropriately * Failure to respond to complaints | * Lack of flexibility and choice for people using the service * Poor care, people being hungry or dehydrated * Lack of personal clothing and possessions and communal use of personal items * Lack of adequate procedures * Poor record-keeping, 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 |

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| **SELF-NEGLECT** | |
| **Types of self-neglect** | **Behavioural Signs** |
| * 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 | * 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 |

**3.0 Additional Types of Harm**

## The categories of abuse and neglect listed above are listed in the statutory guidance. Abuse and neglect are complex issues and can also occur in additional ways, such as those listed below.

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| **3.1 GROOMING** | |
| **Definition** | **Signs & Indicators** |
| Grooming is when someone seeks to builds a relationship, create trust and emotional connection with a person in order to manipulate, exploit and abuse them. The groomer may set up a false relationship with their victim which could appear to be romantic, educative or friendly.  The groomer may use tactics such as pretending to be someone else, showing understanding or care, buying gifts, giving attention, taking the victim on outings. They may try to isolate the victim from their family and friends, create dependency, use blackmail to gain a hold over the victim, introduce the idea of 'secrets' to control the victim or frighten and intimidate them. People who are groomed can be sexually abused, sexually exploited or abused in other ways.  Grooming can take place over a short or long period of time by a person who can be male or female, old or young, a stranger or someone who is known. Victims can be groomed online, in person or both.  Groomers may also groom people in the victim’s life such as a parent, carer, friends, professionals so that they appear trustworthy be able to gain access to the victim.  People may not realise they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion. | **Adult at Risk**   * Secretive about how they spend time * Having money or items like they can't explain * Drinking or drug taking * Upset, withdrawn or distressed * Sexualised behaviour * Spend time away from home or going missing   **Groomer**   * Sexualized talk, ‘jokes’, ‘banter’, questioning, images * Physical contact e.g. hugging, touching, kissing, tickling, wrestling * Not respecting privacy * Spend excessive time with victim; gives special attention, favouritism, finds ways to be alone with the victim * Not adhering to rules of the agency or activity * Giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason * Set up inappropriate relationships e.g. treating a child as a peer/spouse, treating an client as a friend * Isolating victim from others * Encouraging silence, secrets, criminal behaviour, lies |

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| **3.2 HUMAN TRAFFICKING** | |
| **Definition** | **Signs & Indicators** |
| Human trafficking involves the movement of people by using force, fraud, coercion or deception, to exploiting them. It is a form of modern slavery. It involves moving people across nations as well as trafficking around the UK. It can be for commercial, sexual and bonded labour.  Three elements form part of trafficking:   * - recruiting, transporting, harbouring or receiving persons * - use of force, fraud, coercion * - for the purpose of exploitation. | * + Acts as if instructed by another   + Signs of physical or psychological abuse   + Untreated medical conditions   + Has money deducted from their salary   + Little or no contact with family   + Not in possession of own legal documents   + Seems held in the employer’s home/workplace   + Works in excess of normal hours   + Appears frightened, withdrawn or confused |

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| **3.3** **RADICALISATION & EXTREMISM** | |
| **Definition** | **Signs & Indicators** |
| Radicalisation is the process by which a person comes to support extremist ideologies or becoming drawn into terrorism. It is a form of harm. The process may involve being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed or threatened. Anyone can be radicalised but some people may be more vulnerable if they are easily influenced, isolated, feel rejected or discriminated against or experience community tension.  Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It includes calls for the death of members of our armed forces, can involve targeting people by sowing division between communities on the basis of race, faith or denomination; or argue against the primacy of democracy and the rule of law in society.  The government’s Prevent Duty is a statutory duty for local authorities, educational provisions, the health sector, police and prisons to have “due regard to the need to prevent people from being drawn into terrorism." All organisations have a responsibility to protect people from becoming radicalised and/or exposed to extreme views. | * Isolating self and spending time alone via social media * Feeling they have no purpose in life; don’t belong; low self esteem * Change in emotion and behaviour * Change in routines, appearance or online activity * Fixated on an ideology, belief or cause * Intolerant of difference such as race, faith, culture, gender or sexuality * Justifying violence to others * Change in language or use of words; closed to new ideas; ‘scripted’ speech * Have materials or symbols to do with ‘cause’ * Attending events, rallies etc of an extremist nature * Sense of grievance; of ‘them and us’ * Conflict with family/friends or lose interest in people who do not have same beliefs * Try to recruit others to join the ‘cause’ |

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| **3.4 FEMALE GENITAL MUTILATION (FGM)** | |
| **Definition** | **Signs & Indicators** |
| FGM is a term given to a range of procedures whereby a female’s genitals are cut, injured, removed or changed without a medical reason or other health benefit. It is commonly carried out without medical training or medical equipment on females of any age, from newborn’s to older teenagers and adult women.  The practice is carried out in certain parts of the world and also in the UK from those communities that practice it. It is illegal in the UK and in many other countries. It is done for cultural reasons, with those that practice it arguing that it benefits the woman or girl. In fact it causes extreme pain, infection, and life-long physical and psychological damage and causes risk to the unborn child.  It is a criminal offence (Female genital Mutilation Act 2003) in the UK to either perform FGM (including taking a child abroad for FGM) or to enable/facilitate FGM on a British National or a permanent British resident.  Certain professionals have a mandatory reporting duty if they are aware of FGM occurring for a child (under age 18). | * Long visit abroad; ‘ceremony’ to be ‘woman’ * Relative or ‘cutter’ visiting from abroad * Female relative being cut * Prolonged absence from school * Difficulty walking, standing or sitting * Spend longer in the toilet * Pain urinating or menstruating * Appears withdrawn, anxious or depressed * Reluctant to have normal medical exams * Severe pain, shock, bleeding, infections, organ damage, blood loss |

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| **3.5 ONLINE SAFETY** | |
| **Definition** | **Signs & Indicators** |
| Technology can be used to groom and harm people and be involved in sexual exploitation, radicalisation, cyber-bullying, criminal exploitation etc. Abusers can adopt an identity to befriend possible victim’s, people can be manipulated into sharing sensitive information and images, hackers can access online accounts and financial information.  Online safety can fall into these areas of risk:  **content:** exposure to illegal or harmful material e.g. sexual or violent material, offensive material which serves to breed hatred, fabricated news, radical and extremist views  **contact:** subjected to harmful online interaction with other users.  **conduct:** personal online behaviour that increases causes harm, e.g. making, sending and receiving explicit images, or online bullying. | 1. Meeting new people only previously met online 2. Receiving gifts or money 3. Withdrawn and secretive 4. New phone or more than one phone 5. Receiving large numbers of calls or messages 6. Worried about being away from their phone 7. Excessive time on phone or online |

**4. Additional Vulnerabilities**

## Most people that The Bridge support are vulnerable due to their unstable housing situation and additional complex circumstances such as addictions, exposure to domestic abuse or previous experience of harm. Some personal characteristics may lead to greater vulnerability, such as those noted below but that does not mean those people will be abused or that vulnerabilities always translate into harm. The existence of these features may pose further risks in people’s lives.

**4.1 Disabled and Chronically Ill People**

This encompasses a wide group of people who are additionally vulnerable because they may:

* have signs of abuse/neglect which are misinterpreted as being due to the disability
* have impaired capacity to resist or avoid abuse
* have difficulties communicating to others what is happening to them or what they need
* have fewer outside contacts than other people
* receive care from several carers which increases exposure to abusive behaviour
* fear making a complaint in case they lose services or aggravate their carers
* be targeted and groomed by people who see them as ‘easy targets’
* struggle to identify abusive behaviour from acts of care or friendship

**4.2 Previously Looked After Children & Care Leavers**

People who have experienced abuse, neglect and family breakdown such that they have spent parts of their childhood and adolescence in foster care or residential care, may be particularly vulnerable. Many people who have experienced being in care may have poorer outcomes in terms of education, employment or health care needs being met.

**4.3 Race and Racism**

People from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. These experiences may have impacted on their sense of identity and self-worth, limited opportunities or served to isolate from communities and sources of support. There is also a potential dynamic whereby professionals may not have intervened in safeguarding matters (e.g. for fear of being seen as racist or in the mistaken belief that certain behaviours are acceptable in certain communities) and therefore offering fewer safeguards.

**4.4 Addiction**

Addiction to substances such as drugs and alcohol can have long term psychological and physical effects including mental health conditions and induce a sense of hopelessness and feelings of failure, [shame](http://www.psychologytoday.com/gb/basics/embarrassment) and [guilt](http://www.psychologytoday.com/gb/basics/guilt). The strain of managing an addiction can seriously damage work and personal relationships. Addiction may leave people isolated and vulnerable to abuse and exploitation. Equally it may make the task of parenting difficult such that children of addicted parents suffer harm.

* 1. **How Safeguarding Concerns May Arise at The Bridge**

Below are some examples of ways in which a safeguarding concern may arise at The Bridge. This is not an exhaustive list but indicates some of the ways in which we may become aware of safeguarding concerns for our guests, other people including children and about the practices of our staff/volunteers. Concerns such as these must be addressed using this procedure.

* A guest tells you they are being abused.
* You see physical signs of what could be abuse or neglect.
* A third part tells you that one of your guests is subject to abuse and neglect.
* You notice that a guest seems withdrawn and not engaging, in contrast to their usual self.
* A guest tells you they were abused in the past as a child. You know the person who abused them currently has care of children.
* A guest tells you about experiencing domestic abuse and you know that there are children in the home.
* You are working with a guest who is struggling to cope (e.g. with mental health difficulties, homelessness, addiction etc.) and you know they are the primary carer of a child.
* You observe a guest bullying another guest (peer-peer).
* You are working with a guest and you note that their partner is behaving in ways toward them that concern you.
* A guest tells you that a member of staff/volunteer is behaving inappropriately towards them.
  1. **Roles and Responsibilities at The Bridge**

**6.1 Everyone**

Everyone working at or for The Bridge is responsible for safeguarding. Staff who interact regularly with our guests are much more likely to encounter safeguarding concerns, and it is important that we are all aware of how to recognise and respond.

**6.2 Designated Safeguarding Officer (DSO)**

The DSO’s are Centre Manager & Case Worker. They have operational responsibilities for safeguarding at The Bridge. Their responsibilities include:

* promoting a safeguarding and listening culture across The Bridge services.
* keeping up to date with safeguarding both at The Bridge and in the multi-agency setting.
* providing advice and support on safeguarding matters for staff.
* managing individual safeguarding cases including making decisions, seeking specialist advice, referring to police or social care when necessary, working with external agencies, escalating concerns if required and managing record keeping.
* alerting the Designated Safeguarding Lead (DSL) to safeguarding concerns relating to allegations against staff; poor practices, staff training needs or any other matters relating to the management of safeguarding at The Bridge.
* deputising for the DSL including contributing to the broader safeguarding work at The Bridge, e.g. policy development, data collection, safer recruitment, induction and training of staff.

**6.3 Designated Safeguarding Lead (DSL)**

The DSL is the CEO who has strategic responsibilities for safeguarding at The Bridge. Parts of the role may be delegated to a DSO but the DSL remains responsible overall for these areas. The DSL role includes:

* promoting a safeguarding and listening culture across The Bridge.
* keeping abreast of changes in safeguarding.
* setting the safeguarding policy and procedural direction in line with statutory guidance, ensuring annual reviews are undertaken and taking responsibility for its implementation.
* monitoring effectiveness and compliance with safeguarding policy and procedures as well as related procedures.
* ensuring effective safeguarding systems and processes are in place, including secure recording and retrieval; appointing DSO’s whose responsibilities are stated in job descriptions.
* setting out required safeguarding training, including induction; providing training and updates as per staff roles and responsibilities; maintaining a record of staff safeguarding training.
* assisting and overseeing the work of the DSO’s and quality assuring management of safeguarding cases, including decisions made.
* overseeing the management of safeguarding allegations against staff.
* briefing trustees on a regular basis about safeguarding activity and issues (data, gaps, themes and risks), maintaining a risk register and providing an annual report on safeguarding.

**6.4 Trustees**

The Trustees are ultimately responsible for the governance of safeguarding at The Bridge, ensuring that the organisation is legally compliant and delivering services safely. Their responsibilities include ensuring:

* a culture of safeguarding so staff and guests can raise concerns and feel supported.
* a Safeguarding Policy and Procedure is in place (which includes allegations against staff) which is reviewed annually and is available to and understood by staff.
* additional policies in place to promote safeguarding across the organisation.
* safeguarding concerns are managed effectively with effective systems and processes in place; there is sufficient resourcing of safeguarding including training; a DSL is appointed whose role is stated in their job description.
* a Lead Safeguarding Trustee is nominated who maintains regular contact with the DSL
* they receive and review regular feedback on safeguarding activity (such as gaps, threats, risks), oversee a risk register and understand remedial actions required from the CEO and senior leadership team and that they track progress.
* the Chair of Trustees undertakes enquiries in the event of an allegation being made against the CEO.
* compliance with the Charity Commission serious incident notification requirements, and other relevant bodies such as regulators, commissioners, grant-makers, insurance companies.

**7. Responding to Safeguarding Concerns**

**7.1 Barriers to Speaking Out for Guests**

Many people are reluctant to tell about their experiences of abuse and neglect. The reasons for this are profound and complex but explain why there are often delays in people coming forward and indeed why some people never tell. People may be reluctant to speak out because they:

* do not have anyone that they can turn to or that they can trust
* may have sought help before but felt let down
* fear not being believed or being taken seriously
* feel shame, guilt or responsibility for the abuse
* feel embarrassed about talking to someone about what happened
* fear the consequences of telling, fear the situation could become worse
* believe they are protecting others (e.g. the abuser, family members)
* are frightened because they have been threatened
* have been strongly groomed not to tell
* believe things would get worse for them if they were found to have told
* lack language skills, e.g. because they are pre-verbal, have communication impairment, don’t speak English fluently
* the abuse or neglect is all they have known so they have accepted it as their norm

**7.2 Barriers to Hearing**

As staff, we may be reluctant to hear about abuse and neglect and take action. This may be due to:

* Not understanding or recognising the signs and indicators
* Not knowing how to react
* Feeling overwhelmed
* Not knowing who to tell
* Loyalty to the family of guests or colleagues
* Not believing the abuse or neglect has happened
* Not believing a person we know has abused
* Fear of getting it wrong or making it worse
* Being worried about breaching the person’s confidentiality
* Lack of knowledge or trust in the multi-agency safeguarding system
* Don’t want to be involved

Feelings of wanting to deny or minimise what may be uncomfortable to hear is understandable, but it limits our responses to people who need our help. It is important to seek advice and support and to contribute to The Bridge being a safe and listening organisation.

**7.3 Responding to Someone Making a Disclosure**

When adults tell us that they have previously, or are currently, experiencing harm this is sometimes referred to as ‘making a disclosure’. People may approach a staff member because they have a rapport with them, trust them or because they are available and supportive. Should this happen, it is important to be clear about our role and its limits including that:

* the matter may need to be reported to another agency and criminal or safeguarding inquiries may commence. How the disclosure was initially handled may well become subject scrutiny.
* we are not responsible for, nor trained in undertaking investigations into allegations of abuse. The person hearing a disclosure should not see it as their role to make extensive enquiries or begin detailed questioning – in fact this could be detrimental to any future investigations.
* We are not counsellors or therapists. Where such support is needed, this should be provided by people who are trained and skilled in this type of work.

Offering a supportive and listening response whilst working within the limits of our role is important and this list of ‘Do’s’ and ‘Don’ts’ may be helpful.

**DO…**

* Make time and space to listen and understand what is being said. Respond naturally, with compassion and empathy.
* Take the matter seriously.
* Reassure the person that they are right to tell you/someone.
* Actively listen - allow the person to recall significant events.
* Remain calm and ‘neutral’ and don’t show reactions or feelings such as shock, denial.
* Where you need to ask questions, use open questions, such as those starting ‘who’, ‘what’, ‘when’, ‘where’, ‘how’. (Avoid asking ‘why’ questions).
* Explain what will happen next, who you will tell, that you have guidelines to follow.
* Consult immediately with the Designated Safeguarding Officer at The Bridge.
* Record the conversation immediately on the Safeguarding Report From (Appendix 3).

**DON’T…**

* Push the person to tell you more than they wish or directly question them about the details of the incident.
* Ask leading questions.
* Speculate or blame anyone.
* Ask to look at injuries, especially if it entails them lifting/removing clothing.
* Ever promise confidentiality or make other promises such as ‘it will all be okay now’.
* Say you know how they feel, you know people who have been through similar etc.
* Give advice about what they should do or what they should have done.

**7.4 Information Sharing and Confidentiality**

**Sharing Internally within The Bridge**

Information about guests is shared with colleagues/supervisors at The Bridge on a ‘need to know’ basis, for purposes such as registering guests on our database, supervising the work and managing safeguarding concerns. All client information will be securely managed.

**Sharing Externally with Other Agencies**

When sharing information about guests with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that guests have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. This principle is important to support guests to develop trusting relationships with us and to help them to engage openly when using our services. There are important exceptions to this general principle. Confidentiality is not offered absolutely, and we have a duty to make reports and share information in certain circumstances when it is in the public interest.

In adult safeguarding work, we must make decisions to share information with the person’s informed consent or empower them to make their own decisions about information sharing. However, the law does not prevent the sharing of information without consent in these circumstances:

* there is a genuine emergency whereby life is at risk
* an adult at risk has experienced serious abuse/neglect and/or the level of risk to them is considered high
* other people are at risk, including children
* seeking consent could place the individual or others at risk
* the alleged abuser is a vulnerable adult and needs support
* the adult at risk lacks capacity (see ‘Mental Capacity’ below) to consent or make decisions
* a serious crime has been or is likely to be committed
* the alleged perpetrator is a member of staff
* it is unsafe not to do so

If there is any question or doubt about whether safeguarding matters can be shared without the individual’s consent, advice can be sought from Adults Social Care without disclosing the identity of the person.

Overriding a person’s consent should only be done after due consideration and with the agreement of the Designated Safeguarding Officer (unless it is an emergency situation). Thereafter, unless it is unsafe to do so, the adult should be informed that their consent has been overridden and reasons given. Where information is shared–with or without consent—what is shared must be only that which is necessary, proportionate, relevant, adequate, accurate, timely and it should be shared securely.

There may be occasions where information is not shared because consent has not been given and it is judged that it cannot be shared without consent. In these cases, advice, signposting and guidance can be offered to support the client. Further opportunities to discuss safeguarding matters and to explore sharing information in future should be given.

A record of the decision about sharing information must be kept which includes the reasons for the decision. The record must include what has been shared, with whom and for what purpose.

**Mental Capacity** is a legal concept set out in The Mental Capacity Act 2005. It refers to the

ability of a person at a point in time to understand, retain, use and communicate information to

make an informed decision on a specific issue and understand the consequences.

Adults are presumed to have mental capacity until it has been assessed (by specifically

trained persons) that they do not. All practicable steps must be taken to help the person

make the decision. Presumption of mental capacity also means that adults can make what

may be seen as unwise decisions (everyone has the right to make “wrong” decisions).

Anything done for, or on behalf of, a person who lacks mental capacity must be in their ‘best

interests’ and the ‘least restrictive’ of their rights and freedoms.

The Social Care Institute for Excellence (SCIE) have produced a more detailed guide called Safeguarding Adults: Sharing Information (2019) which is available here:<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

**7.5 Recording**

Recording is a key task in safeguarding practice which includes recording of concerns, actions, decisions and reasoning. Records may be used in future legal proceedings and be accessed by all parties to proceedings and be scrutinised. The following checklist provides some good practice tips in recording of safeguarding concerns. Records:

* can be made during the session with the individual or immediately afterwards
* as far as possible, should use the individual’s own words and phrases
* should be legible, avoiding acronyms or initials unless these are explained and unambiguous
* must be completed as soon as possible after the event/incident and at the latest within 24 hours
* should be clear, in plain language, accurate, concise and up to date
* should differentiate between fact and professional opinion or observations
* must state the date, time, place and who is present.
* must be made on The Bridge secure systems and only be held by The Bridge. Records should not be kept at home or be made on personal equipment such as phones.
* must be accessed only by those who are authorised and, on a need-to-know basis.
* must never be amended. Additional information or corrections of fact must be written as a separate record and explaining why the additional note is being made.

The Safeguarding Concern Form is in the appendices (Appendix 3) and a template can be found in Staff Shared Drive.

Completed Safeguarding Concern Forms should be emailed to a Designating Safeguarding Officer (DSO) as soon as they are completed (and within 24 hours). The DSO will then determine what, if any, further action or enquiries need to be undertaken.

Safeguarding information about individual guests will be recorded and securely stored on their individual case files in The Bridge’s secure database. This includes the Safeguarding Concern Form and ongoing recording to keep the file updated.

**8. Procedure for Managing Safeguarding Concerns about Guests**

#### It is not our responsibility to decide whether someone has been abused, but we are responsible for responding to concerns in accordance with this procedure.

## **8.1 Responding to an Adult Safeguarding Emergency**

In an emergency where an adult at risk has been seriously hurt or is in imminent danger of being harmed, you should:

1. ring 999 and ask for the emergency service required (Police or Ambulance)
2. inform a DSO immediately, or if unavailable, the DSL.

Thereafter the procedure set out below in the paragraph ‘Responding to a Safeguarding Concern about an Adult at Risk**’** must be followed by the DSO.

**8.2 Responding to a Safeguarding Concern about a Guest**

For non-emergency safeguarding concerns, follow these steps:

**Stage 1:** Speak to your Designated Safeguarding Officer (DSO) about your concern as soon as possible. This should be done on the same day that you identify the concern, or within 24 hours.

**Stage 2:** Record all relevant details on the Safeguarding Concern Form (Appendix 3) and email this to the DSO. Upload the form to the guest’s secure record and add a case note. All subsequent actions and decisions must be recorded.

**Stage 3:** The DSO, having listened to and understood any relevant background information, will make decisions about the next steps to take. The DSO will:

* consider if advice from others is needed, e.g. from people at The Bridge or externally (e.g. Local Authority Adult Social Care).
* ensure that the safeguarding concern has been discussed with the guest to obtain their view of what they would like to happen; ensure matters regarding consent to share information have been addressed properly; tell them of our duty to pass on our concerns if this is thought to be necessary.
* establish whether there are children or other adults at risk that are affected and for whom safeguarding actions should also be considered (‘Think Family’ approach).

* thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them. They may delegate follow up actions as appropriate.

If there is any disagreement between the staff member and the DSO about the decisions, the matter must be referred to the DSL to make a decision.

The DSO may make any of these decisions:

1. There is no further action to take. This is because there are no safeguarding concerns.
2. The threshold has not been met to refer onwards. The Bridge will continue to provide support to the guest and also signpost to external sources of support.
3. Referral is made to Local Authority Adult Social Care if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person. If a referral is made on behalf of the individual, it will require their informed consent unless their circumstances where this is not sought or can be overridden (see para 7.4). Information sharing with other agencies should be in line with the principles set out in this policy and procedure.

The referral must be made without delay by the DSO or delegate, using the forms and protocols of the Local Authority Adult Social Care multi-agency procedures.

The referral must include accurate identifying details of the guest (names, addresses, DOB); reasons for referral (dates, times, what was said, seen, descriptions); own observations; clear details about consent for information sharing and/or reasons for overriding consent; details of the DSO and The Bridge.

The referral must be followed up in writing within 24 hours if made by telephone. The Local Authority Adult Social Care should acknowledge that the referral has been received and of their decision and the DSO should follow up if they have not received a response.

Having made the referral, ongoing work may well be required by the DSO, including providing further reports or attendance at meetings, in line with the multi-agency procedures and making sure that the adult at risk is supported and updated throughout the process.

If the Local Authority advise that the referral is not accepted or there are delays and the DSO remains concerned, this should be proactively pursued by initiating further discussions with the Local Authority and consideration given to escalating their concerns using the Safeguarding Partnership procedure.

1. Refer to the Police or other Emergency Services if there is an emergency situation requiring immediate action.

At any time, the DSO can seek advice from the DSL, Local Authority, Police or any of the specialist providers in the local authority area or nationally (see agencies listed in Appendix 2).

**Stage 4:** In all cases, records must be kept of all conversations, observations and reasons for decisions. A decision to take no further action or monitor a situation is as serious as a decision to take action or make a referral.

**Stage 5:** The DSO also has a role at The Bridge to debrief staff and to offer support and supervision during and after any safeguarding incidents. The DSL should also be appraised.

**9. Procedure for Managing Allegations against Staff**

Safeguarding concerns can include where an individual may have:

1. behaved in a way that has – or may have – harmed an adult or a child, or behaved in a way that could lead to an adult or child being harmed
2. possibly committed, or is planning to commit a criminal act against an adult or a child
3. behaved toward an adult or a child in such a way that it indicates that they could pose a risk of harm to guests or be unsuitable to work with guests

whether this has occurred whilst working at The Bridge or elsewhere, including online.

Safeguarding concerns regarding staff may arise in various circumstances, for example:

* a guest or a third party makes an allegation
* concerns about someone’s behaviour emerge from another route e.g. a complaint
* someone is looking at abusive images of children online or using the internet to groom
* someone has breached The Bridge policies, or they engage in poor working practices
* they no longer work at The Bridge and allegations come to light about them (historical or non-recent concerns)
* they are involved in activities outside of their work at The Bridge, for example they have harmed their own children or another adult that leads to concerns about their fitness to work
* new information is contained in a Disclosure and Barring Service (DBS) renewal check.

These concerns may be unfounded, or the allegations may be false or malicious, but they may also be founded. The outcome cannot be known until a proper enquiry has been undertaken using this procedure. It is important that all allegations are taken seriously and not ignored. All allegations and concerns must be reported so that they can be properly addressed in line with this procedure and outcomes recorded. The report must be made immediately or as soon as possible after the concern comes to light and within the day.

## **9.1 Responding to an Emergency**

In an emergency where someone has been seriously hurt or is in imminent danger of being harmed:

1. ring 999 and ask for the emergency service required (Police or Ambulance)
2. inform a DSO immediately, or if unavailable, the DSL.

Thereafter the procedure set out in paragraph 8.2 ‘Responding to a Safeguarding Concern about a Guest**’** must be followed.

## **9.2 Responding to a safeguarding concern about staff**

Where there are safeguarding concerns about staff, follow the steps below.

Speak to the Designated Safeguarding Lead (DSL) about your concern. The subject of the allegation should not be notified. The report should be made on the same day (or as soon as possible afterwards) that you identify the concern.

If the concern is about the DSL then the Chair of Trustees (or another Trustee) must be notified.

Record all relevant details on the Safeguarding Concern Form (Appendix 3) and pass this to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

**Steps the DSL may take**

The DSL will follow the process for managing allegations against staff, dealing with matters

quickly, fairly and consistently so that individuals are safeguarded, any evidence is secured, and the staff member is supported. This will involve working with others at The Bridge, including Trustees, as well as with relevant external agencies including Police and Local Authority.

There may be up to four strands in the management of any safeguarding allegation and any or all of them may be required depending on the circumstances.

1. Enquiries by social care about adult safeguarding
2. A police investigation if a criminal offence may have been committed
3. The Bridge internal processes including considerations about disciplinary action
4. Referral to the Disclosure & Barring Service and/or referral to a professional registration body for professional misconduct.

An initial plan for the enquiry with proposed actions and timescales must be confirmed by the

DSL within one working day. This should consider at least these areas:

* which four stands of inquiry in the above list are required (this may change as the enquiry progresses).
* if any immediate action is required to safeguard guests, other staff, the building or services
* what other information is required, how it will be sought, when, and from whom
* if advice is required from the Local Authority, Police or other agency
* securing any records; removing equipment from the subject of the allegation (including devices which may contain evidence) or removing their access to parts of the building or shared drives.
* what information to share with the subject of the allegation and with any other known employer (if they work elsewhere) and when to do so; any arrangements to support the person
* what information to share, and when, with other staff and guests; what information do they already have; a plan to manage speculation, leaks and gossip
* how to manage media interest if it should arise
* if the criteria is met for referral to the Local Authority and/or Police
* if the criteria is met for a serious incident report being made to the Charity Commission

**Enquiries by social care about adult or child safeguarding**

Adults who have been harmed as a result of staff behaviour must be protected from harm and provided with support. The immediate safety of an individual guest must be considered as well as the safety needs of all other guests (current or historical) and any others that the subject of the allegation may have encountered.

This will involve making referrals to the Local Authority as per the above ‘Responding to a Safeguarding Concern about a Guest**’** must be followed.

If there are concerns about children’s safeguarding, a referral to Children’s Social Care may be required to address their safety and welfare needs. In addition, the Designated Officer in the Local Authority (LADO) may need to be involved where there are allegations against staff whose behaviour leads to concerns about children’s safeguarding. Where this may be the case, the LADO must be contacted within one working day and the LADO will advise and if the threshold for their involvement is met. If it is, the LADO will convene a meeting to ensure all the relevant reports and lines of inquiry are undertaken.

**A police investigation if a criminal offence may have been committed**

A report must be made to the Police and a crime reference number obtained where there has been a crime or a crime is suspected (this includes allegations about staff/volunteers who are no longer working for The Bridge).

**The Bridge Internal Processes including Considerations about Disciplinary Action**

Internal investigations must be taken without delay, but these are secondary to reports being made to Police or Adults or Children’s Social Care.

Internal inquiries should use The Bridge policies and HR advice as well as consultation with other relevant colleagues whilst addressing these areas:

* maintaining confidentiality for the subject of the allegation during the investigation period.
* the subject of the allegation has a right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. They should have a named contact at The Bridge and be signposted to external support, e.g. union or counselling services.
* decisions about suspension or allocating alternative duties during the investigation period. Suspension should not be the default option and alternatives to suspension will always be considered. However, whilst inquiries are ongoing, the staff member should preferably not be in contact with guests. Where suspension takes place, it is viewed as a neutral act which does not imply guilt. Suspension should be considered where:
  + Police are investigating allegations;
  + the allegation is so serious that if it is substantiated, it would be grounds for dismissal;
  + the person against whom the allegation is made may put pressure on others who are witnesses
  + the person against whom the allegation is made may pose ongoing risk which cannot be managed satisfactorily without suspension.
* Outcomes of the investigation may fall into these areas:
  + there is sufficient evidence to state that the allegation is substantiated and there has been harm to a client or others involved.
  + there is sufficient evidence to disprove the allegation and say it is malicious. Malicious allegations made by another member of staff/volunteer may result in disciplinary procedure against the referrer. Where police are involved, this may lead to charges of ‘wasting police time’ or ‘perverting the course of justice’.
  + there is sufficient evidence to disprove the allegation, but it was not made to deceive. False allegations are infrequently made by guests, and it is more likely there has been a misunderstanding or misinterpretation of events. Where it transpires that there has been a false allegation, it is important to consider what may have driven this, including if there are other welfare concerns.
  + there is insufficient evidence to either prove or disprove the allegation which is therefore unsubstantiated.
  + there is no evidence or proper basis which supports the allegation being made, e.g. due to a misinterpretation, so the allegation is unfounded.

The outcome will depend on the circumstances of the case and take into account the result of any Police investigation or criminal trial, any safeguarding inquiries about the adult as well as the organisation’s duty to safeguard the charity, its staff and guests. Concluding the inquiry may involve:

* reintegrating the member of staff back into their job role
* changes to the job description or working patterns
* invoking the disciplinary process
* dismissal
* alerting other known employers of the individual concerned
* referring to the DBS
* alerting the Charity Commission as well as commissioners, insurance company or professional regulating bodies of the subject of the allegation.
* consequences for staff who have made malicious allegations (there should be no consequence where allegations are made in good faith, but which are not substantiated or are unfounded).

Decisions must be implemented as soon as possible and within three working days of the decision by The Bridge. The subject of the investigation must receive a letter within five working days of the conclusion of the investigation clarifying its outcome and any implications for their employment.

**9.3 Refer to the Disclosure and Barring Service (DBS)**

The Bridge has a duty to refer to the DBS any person engaged to work in regulated activity where the allegation has been substantiated or where there has been harm caused. DBS will consider whether the person should be barred from working with children or adults at risk.

Referrals to the DBS will be made where we withdraw permission for a person to work in regulated activity with adults at risk, including moving them to do work that is not regulated activity. We will also refer to the DBS where we would have taken this action, but the person was re-deployed, dismissed, resigned, retired, or left. The DBS referral can take place at any time during the allegations process and at the earliest stage possible. Failure to report to the DBS in these circumstances is an offence.

The referral process is outlined on the DBS website and they can be contacted for advice if there is uncertainty as to what to do.

**9.4 Other Considerations**

**Lack of co-operation**

In all cases, the process of recording the allegation, identifying supporting evidence and concluding the inquiry should continue as far as possible. Full opportunity will be given to the person to respond to the allegation. Every effort will be made to conclude all cases where allegations are made, even where:

* the person concerned refuses to cooperate, resigns or otherwise stops providing their services
* it is difficult to reach a conclusion
* the person is deceased.

**Managing communications**

If there is an adult at risk who has been identified, s/he should ideally be told about the allegation as soon as possible, be kept informed about the progress of the inquiry and be told of the outcomes where there is not a criminal prosecution. This includes the outcome of any disciplinary process.

All other guests may need to be advised about the allegation and the decisions about whether and how this occurs and what is shared will be decided by the DSL.

The person against whom the allegation is made should be kept appraised by the nominated person at The Bridge.

If there is media interest, this will be carefully considered by the DSL and Trustees and a response planned.

**Compromise Agreements, Settlement Agreements or Non-Disclosure Agreements**

These are agreements whereby a person agrees to resign with the agreement that the employer will not pursue disciplinary action, and where both parties agree a form of words to be used in any future reference.

These types of agreement must never be used in these cases nor can The Bridge’s duty to report to the DBS be overridden.

## **References**

Where allegations are considered to be false, unsubstantiated or malicious, these should not

be included in employer references.

**Record Keeping**

Thorough records must be kept:

* Details of allegations that are found to have been malicious should be removed from personnel records.
* For all other allegations, detailed and clear records of the allegation, how it was managed, actions taken, and decisions reached, is kept on the confidential personnel file of the subject of the allegation. The record should be kept at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation, if that is longer.

**Supervision, Support & Learning**

* The DSL will ensure that staff who have been involved in the matters surrounding the allegation are supported, supervised and effectively de-briefed.
* There may be need for a learning review arising from the experience of managing the allegation and practice changes made accordingly especially if there are features of the organisation that have contributed to the occurrence of the harmful behaviour. In some circumstances an individual case review may be required to learn lessons and improve practices, amend policies and procedures or lead to staff training.
* This policy and procedure, or other policies at The Bridge may need to be reviewed in relation to the learning from the allegation management. These amendments should be made at the time of learning rather than waiting for the next scheduled policy and procedure review.

**10. Organisational Learning & Development**

All staff should be equipped with the knowledge and skills to recognise the possible signs of abuse, neglect, exploitation and radicalisation and to know what to do if they have a concern. Everyone should be familiar with this policy and be able to apply it when required.

The Designated Safeguarding Officers and the Designated Safeguarding Lead and Trustees must be able to undertake their specific responsibilities, supported by training.

The Bridge offers safeguarding learning opportunities as listed below. They may take place through face-to-face or online training, staff briefings or other learning methods. Records will be kept of attendance.

**10.1 Staff training**

**Induction**

All new staff, volunteers and Trustees, at the time of their starting work at The Bridge will receive this safeguarding policy and procedures and the Code of Conduct. They are expected to read it and to agree that they have understood it and will apply it.

**Safeguarding learning and development / training**

All staff, volunteers and Trustees will receive within 6 months of starting their role, safeguarding learning and development which will help them to identify abuse and neglect and report it using this policy and statutory guidance. This will be for safeguarding both adults at risk and children. This training will then take place annually as a refresher.

**Safeguarding training for Designated Safeguarding Staff**

The Designated Safeguarding Officers and the Designated Safeguarding Lead will receive training within 6 months of their role commencing and then refresher briefings every two years. This training will focus on managing safeguarding at The Bridge including making decisions on cases, making referrals, understanding and contributing to the inter-agency process that follows, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

**Safeguarding training for Designated Safeguarding Leads & Trustees**

Those staff that are required to undertake ‘safer recruitment’ of staff and volunteers and/or manage allegations against staff will receive developmental opportunities to help them to undertake these roles.

**Safeguarding Governance briefings**

Trustees will receive training to be able to fulfil their safeguarding governance responsibilities. This should take place for all Trustees and be updated every two years.

**10.2 Supervision, Support and Appraisals**

Safeguarding is a core aspect of line management and supervisory discussions. This is essential to ensure that staff are clear about their responsibilities for safeguarding as well as promoting a safeguarding culture in the organisation. It is also to ensure that staff and volunteers are supported in this often challenging and complex area of work.

**Appendix 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Contacts at The Bridge** | | | |
| **Designated Safeguarding Officer (DSO)** | | | |
| **Name:** | Keith Neville | **Mobile:** | 07498376969 |
| **Job Title:** | Centre Manager | **Email:** | Keith@Bridgeleicester.org |
| **Designated Safeguarding Officer (DSO)** | | | |
| **Name:** | Georgie Hings | **Mobile:** | 07871 620932 |
| **Job Title** | Case Worker | **Email:** | Georgie@BridgeLeicester.org |
| **Designated Safeguarding Officer (DSO)** | | | |
| **Name:** |  | **Mobile:** |  |
| **Job Title** |  | **Email:** |  |
| **Designated Safeguarding Lead** | | | |
| **Name:** | David Fawcett | **Tel:** | 07534 059658 |
| **Job Title:** | CEO | **Email:** | David@BridgeLeicester.org |
| **Chair of Trustees** | | | |
| **Name:** | Steve Owen | **Tel:** | 07419 765322 |
| **Title:** | Chair | **Email:** | Steve@BridgeLeicester.org |
| **Lead Trustee for Safeguarding** | | | |
| **Name:** | Prof Phil Baker | **Tel:** | 07788 396510 |
| **Title:** | Trustee | **Email:** | Philip.baker@leicester.ac.uk |

**Appendix 2**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Police, Ambulance, Fire Services** | | |
| Police | Non-emergency | Tel 101 |
| Emergency Services |  | Tel 999 |
| Police Public Protection Unit |  | Tel 0116 545 1004 |
| Police Anti-terrorism Hotline |  | Tel 0800 789 321 |
| National Police Prevent Advice Line |  | Tel 0800 011 3764 |
| **Local Authority** | | |
| **Leicester City Adults Social Care** |  | 0116 255 1606 |
| **Leicester City Children’s Social Care** |  | 0116 454 1004 |
| **A-Z of councils and their social media links** |  | <https://www.local.gov.uk/our-support/guidance-and-resources/communications-support/digital-councils/social-media/go-further/a-z-councils-online> |
| **Local authority Adults Social Care (England)** |  | <https://www.gov.uk/report-abuse-of-older-person> |
| **Local authority Children’s Social Care (England)** |  | <https://www.gov.uk/report-child-abuse-to-local-council> |
| **Radicalisation** | | |
| **Anti-terrorism Policing - HM Govt** | Report radicalisation concerns online | <https://act.campaign.gov.uk/> |
| **Home Office** | Radicalisation e-learning module | <https://www.elearning.prevent.homeoffice.gov.uk> |
| **Adult Safeguarding** | | |
| **Ann Craft Trust** | Resources and support for safeguarding adults | Tel 0115 951 5400 Website: <http://www.anncrafttrust.org/safeguarding-adults-sport-activity/> |
| **NAPAC (National Association for People Abused in Childhood)** | Helpline and online support | Tel 0808 801 0331  Email support@napac.org.uk |
| **Mencap Direct** | Helpline and support | Tel: 0808 808 1111  E-mail help@mencap.org.uk [www.mencap.org.uk](http://www.mencap.org.uk) |
| **MIND** | Helpline and support | Tel 0300 123 3393  Text 86463  E-mail info@mind.org.uk www.mind.org.uk |
| **National Autistic Society** | Helpline and support | Tel 0808 800 4104  Website [www.autism.org.uk](http://www.autism.org.uk) |
| **Children’s Safeguarding** | | |
| **NSPCC Helpline** | For anyone concerned about a child | Tel 0808 800 5000  Email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) |
| **Childline** | For children to use | Tel 0800 1111 |
| **NSPCC Whistleblowing Helpline** |  | Tel 0800 028 0285  Email help@nspcc.org.uk. |
| **NSPCC FGM Helpline** |  | Tel 0800 028 3550  Email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk) |
| **Triangle** | Support and advocacy re disabled children | Tel 01273 305 888  https://triangle.org.uk/ |
| **Family Lives** | Used to be Parentline | Tel 0808 800 2222 |
| **Child Trafficking Advice Centre** |  | 0808 800 5000 |
| **Child Exploitation and Online Protection Centre(CEOP)** | Investigates inappropriate online behavior such as grooming or sexual exploitation | 0870 000 3344 |
| **Other National Services** | | |
| **Victim Support** |  | Tel 0808 168 9111 [www.victimsupport.org.uk](http://www.victimsupport.org.uk) |
| **National Domestic Abuse Helpline** |  | Tel 0808 2000 247 |
| **FGM FORWARD** | Training and Support | Tel 020 8960 4000  Email [forward@forwarduk.org.uk](mailto:forward@forwarduk.org.uk) |
| **Forced Marriage Helpline** |  | Tel 0800 599 9247 |
| **Forced Marriage Unit** |  | Tel 0207 008 0151  Out of office hours contact: 0207 008 1500 (ask for Global Response Centre). |
| **UNSEEN** | Modern Slavery | Telephone: 0303 040 2888  Helpline: 08000 121 700  Website: <https://www.unseenuk.org/> |
| **British Institute of Learning Difficulties** | Training and Resources | Tel 0121 415 6960  [www.bild.org.uk](http://www.bild.org.uk) |
| **The UK Safer Internet Centre** |  | 0844 381 4772 |
| **Disclosure & Barring Scheme** |  | <https://www.gov.uk/government/organisations/disclosure-and-barring-service> |

**Appendix 3**

Copies of this form can be found in the Staff Shared File

**Safeguarding Concern Form**

To be completed as soon as possible following the safeguarding incident and within 24 hours

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of the Adult at Risk** | | | |
| Name of Adult at Risk: | | | |
| Age | Date of Birth | | Gender |
| Religion | Ethnicity | | Language |
| Any additional needs (e.g. disability, interpreter needed) |  | | |
| Carer’s name(s): | | | |
| Any other family member names: | | | |
| Home address and telephone number of adult at risk: | | | |
| **Details of a safeguarding concerns** | | | |
| Describe the safeguarding concerns. Include:   * How did the concern come to light? * Dates/times of incidents, dates/times of actions taken etc. * Details of specific incidents. * Physical signs or behaviour’s that were noted | | | |
| Have you spoken to the adult at risk? If so, what was said? | | | |
| Have you spoken to the carers? If so, what was said? | | | |
| Details of the person/s that the concern or allegation is against:  **Full Name**  **Role or Relationship to the alleged victim**  **Age/Date of Birth**  **Address**  **Telephone Number** | | | |
| Have you asked for consent from the adult at risk to pass on information? YES/NO  Has consent to pass on information to other agencies been given? YES/NO  Please explain if there are any issues or concerns about consent. | | | |
| Have you sought advice from anyone? Give details of who (full name and contact details), when and the advice they gave. | | | |
| **Your Details** | | | |
| Your Name: | Your Position: | | Your contact details |
| **Report** | | | |
| Are you reporting your own concerns or responding to concerns raised by someone else?  If responding to concerns raised by someone else, please provide their name, role and contact details (if known): | | | |
| Name of Designated Safeguarding Officer/Lead you are reporting this concern to | |  | |
| Date and Time reported to the Designated Safeguarding Officer/Lead | |  | |
| Your Signature | |  | |
| Signature of Designated Safeguarding Officer/Lead | |  | |

**Appendix 4**

**In an emergency,**

**call police or ambulance**

**Safeguarding concern**

**about an adult at risk**

**Flowchart for Managing Safeguarding Concerns about Adults at Risk**

**(see policy and procedure for detailed guidance).**

**Appendix 5**

**All steps are recorded on an ongoing basis.**

**Refer to other agencies for early help or support, with informed consent**

**In an emergency situation, contact emergency services.**

**DSO makes a safeguarding referral, following it up in writing.**

**No Further Action**

**Continue to provide support to adult at risk and/or signpost to other agencies**

**DSO decides on next steps asap and within 24 hours. DSO may:**

**seek further information and examine previous records**

**seek advice from others (internally and/or externally)**

**clarify information sharing and consent to share**

**speak with the adult at risk and/or carers**

**Inform Designated Safeguarding Officer (DSO) immediately**

**Complete safeguarding concerns form**

**Inform Designated Safeguarding Lead (DSL)**

**Inform Chair of Trustee’s if concern is about the DSL**

**Complete safeguarding**

**Form**

**Safeguarding concern about a member of staff or volunteer who has:**

* **Behaved in a way that has harmed an adult at risk or a child**
* **Possibly committed a criminal act to an adult at risk or a child**
* **Behaved in a way that indicates they could pose a risk of harm**

**whether this has occurred whilst working at The Bridge or elsewhere, including online.**

**Flowchart for Managing Allegations Against Staff**

**(includes Volunteers)**

**(see policy and procedure for detailed guidance).**

**All steps are recorded on an ongoing basis.**

**Make a safeguarding referral, followed up in writing where there are safeguarding concerns for child or adult at risk.**

**Undertake internal investigation in relation to employment or volunteering**

**DSL decides on next steps asap and within 24 hours. DSL may:**

**seek further information and examine previous records;**

**seek advice from others including Local Authority, Police, DBS;**

**speak with staff and/or service users.**

**These steps apply for current staff as well as those who have left The Bridge**

**Report to DBS**

**Report to other bodies**

**Report to Police**

**Appendix 6**

**Children’s Safeguarding**

The Bridge works with adults (those aged over 18 years). However, we understand the importance of thinking broadly about how safeguarding concerns may become apparent and that we may encounter child safeguarding concerns from time to time. In rare circumstances, we may have a service user who is under age 18 years. Or an adult service user may have a child, be pregnant or be looking after a child who we become concerned about, or they may disclose they were harmed when they were a child by someone who currently has access to other children who may be at risk of similar harm.

It is important that we are vigilant about all potential safeguarding issues and this Appendix sets out some wider context for children’s safeguarding.

**Definition of ‘child’**

A ‘child’ is anyone who has not yet reached their 18th birthday, regardless of whether they have left home or are working.

**Definition of ‘safeguarding’**

The definition of ‘safeguarding’ is:

* Protecting children from abuse and maltreatment
* Preventing harm to children’s mental and physical health or development
* Ensuring children grow up with the provision of safe and effective care
* Taking action to enable all children and young people to have the best outcomes

Child protection is part of safeguarding and promoting welfare and it refers to the work that is done to protect children who are suffering, or are likely to suffer, significant harm.

**Paramountcy principle**

A key principle of the Children Act 1989 is that the welfare of the child is paramount. This refers to an approach to keeping the child’s best interests at the heart of all decisions.

**Defining ‘abuse’ and ‘neglect’**

Abuse and neglect are types of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

**Four categories and indicators of abuse and neglect**

Working Together 2020 sets out four categories of abuse and neglect that children may experience. This is not an exhaustive list and abuse and neglect can take place in many ways. The four categories are defined below with some signs and indicators also listed; the signs listed are not exhaustive and there may be no or few signs for some children. Often, we are looking for clusters of signs or signs that something for the child has changed.

|  |  |
| --- | --- |
| **Category of harm** | **Possible signs & indicators** |
| **Physical abuse** | |
| May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.  Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. | * bruising, cuts, burns, marks, fractures * inconsistent explanations or unexplained injuries * subdued, aggressive or change in behaviour * flinching, fear * covering up injuries * frequent medical visits |
| **Sexual abuse** | |
| Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, 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. | * injuries to thighs, buttocks, genital area * torn, stained or bloody underclothes * sexually transmitted infections * age inappropriate sexual behaviour or knowledge * self-harming * poor concentration or sleep * excessive fear of certain relationships * running away * access to money/items without explanation |
| **Neglect** | |
| 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/carer failing to:  a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)  b. protect a child from physical/emotional harm or danger  c. ensure adequate supervision (including the use of inadequate caregivers)  d. ensure access to appropriate medical care or treatment  It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. | * unkempt appearance * poor hygiene * hungry, stealing food, cramming food * malnutrition and dehydration * infections, illness * poor school attendance * obesity or underweight * not meeting developmental milestones * frequent accidents * poor attendance for medical or health needs |
| **Emotional abuse** | |
| Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development.  It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include 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. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.  Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. | * withdrawal, sullen, quiet * uncooperative and aggressive behaviour. * distress: tearfulness, anger * low self-esteem * insomnia * change of appetite, weight loss or gain * self-harm * isolation |

**Dealing with safeguarding concerns about a child**

#### It is not the responsibility of anyone at The Bridge to decide whether a child has been abused, but we are responsible for responding to and reporting concerns.

#### Safeguarding concerns about anyone under age 18, including an unborn baby, must be acted upon immediately or as soon as possible after the concern comes to light and within 24 hours. See Appendices 1 and 2 for all contact details and Appendix 3, the Safeguarding Concerns Form.

## **Responding to a child safeguarding emergency**

In an emergency, follow these steps:

* Ring 999 and ask for the emergency service required - police and/or ambulance.
* Tell the DSO or DSL as soon as possible of your actions.
* The steps in the below paragraph ‘responding to a safeguarding concern about a child’ must then be followed by the DSO.

## **Responding to a safeguarding concern about a child**

For safeguarding concerns that are not emergencies, follow these steps:

**Stage 1:** Speak to the DSO about your concern, however minor it may seem. This should be done on the same day that you identify the concern or immediately afterwards.

**Stage 2:** Record all relevant details on the safeguarding concern form (Appendix 3). All subsequent actions and decisions must be recorded.

**Stage 3:** The DSO, having clarified the concerns and understood the relevant background, will make decisions about the next steps to take. In so doing, the DSO may seek advice from others, either internal colleagues or external agencies e.g. the local authority, police or any of the agencies listed in Appendix 2.

The DSO will discuss the safeguarding concern with the service user (parent or carer) and seek their consent to make a referral or advise them of our duty to pass on our concerns or decide that seeking such permission may place the child (or another person) at risk of significant harm, or might adversely affect the prevention of the detection of a serious crime. The DSO will clarify matters regarding consent to share information have been addressed properly.

Thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them. This may also involve making a decision where a guest reports concerns about child abuse and if we should support the service user to make a referral to local authority children’s services or do so ourselves.

If you have raised a safeguarding concern with the DSO which you think has not been referred to an external agency when it should have been, you should raise the matter with the DSL. If the DSL also decides not to refer, any staff member can make the referral themselves to an external agency, but must inform the DSL that they have done so.

The DSO may make any of these decisions:

1. There is no further action to take. This is because there are no safeguarding concerns.
2. The threshold has not been met to refer to an external agency. We can continue to provide support to our guest and/or offer signposting advice to other sources of help.
3. Referral is made to other agencies, either voluntary or statutory agencies, for support and early help. Such referrals will require the informed consent of the service user (parent/carer).
4. Referral is made to the local authority children’s social care if there is reasonable cause to suspect that a child has experienced or is at risk of abuse or neglect. It is good practice for consent to be sought but only if it will not place the child or any others at risk of further harm.

The referral must be made immediately by the DSO and telephone referrals should be confirmed in writing within 24 hours. The local authority should acknowledge the referral within one working day of receiving it and if the DSO has not heard from them within 3 days, further follow up contact must be made with them. If a referral is not accepted, the local authority should tell the DSO and give reason for their decision. If the DSO remains concerned, they should be proactive in pursuing further discussions with the local authority and consider escalating their concerns through the multi-agency safeguarding children’s safeguarding procedure.

After the referral has been made, ongoing work by the DSO may be required, including providing further reports or attendance at meetings, in line with the multi-agency procedures.

1. Refer to the Police or other Emergency Services if there is an emergency situation requiring immediate action. Any criminal matters must be reported to the Police.

**Stage 4:** In all cases, records must be kept of all conversations, observations and reasons for decisions as per the recording guidance in this document. A decision to take no further action or monitor a situation is as serious as a decision to take action or make a referral out.

**Stage 5:** The DSO will debrief with staff and to offer support and supervision during and after any safeguarding incidents.

**Appendix 7**

**Reporting to Regulating Bodies and Commissioners**

The Bridge is regulated by the Charity Commission which places obligations on us to report certain matters including serious safeguarding issues. In addition we a have a duty to report safeguarding concerns involving staff or volunteers who have caused harm or are a risk of causing harm to individuals, to the Disclosure and Barring Service (DBS). Where we are contracted by other organisations to deliver services, we may also have obligations around safeguarding reporting. Below is a summary of these reporting requirements.

**The Disclosure and Barring Service (DBS)**

The DBS provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children.

If a safeguarding concern involves staff or volunteers who have caused harm or are a risk of causing harm to individuals, a referral to the DBS should be made. If staff or volunteers have been dismissed or removed from the charity, given that we work directly with children and adults at risk, we must make a referral.

See DBS website for further information (accessed 25/05/2021)

<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

**The Charity Commission**

Reports must be made to the Charity Commission where there are ‘serious incidents’ relating to the people who come into contact with the charity (i.e. guests, staff, volunteers and others).

Reports must be made in full and promptly, i.e. as soon as reasonably possible after the incident. The report must be made even if the matter has been reported to other agencies including police, local authority, commissioners or other regulators.

The responsibility for reporting rests with the Board of Trustees. In practice, this may be delegated to someone else within the charity, such as the CEO/DSL although Trustees remain responsible for ensuring the report is made in a timely way and to authorise it. If Trustees decide not to report a matter, they may be asked to explain their reasoning if the Charity Commission becomes involved.

This section deals only with the reporting of safeguarding ‘serious incidents’ but there are reporting requirements for other areas such as: financial crimes, large donations, financial losses, links to terrorism or extremism and other significant incidents. ‘Serious incidents’ should be reported in relation to safeguarding where they have resulted in, or risked, significant harm to guests and other people who come into contact with The Bridge through its work. It may include these areas:

* Incidents of abuse or mistreatment (alleged or actual) of guests, which happened when they were under our care and someone connected to The Bridge was responsible for the abuse or mistreatment.
* Incidents of abuse or mistreatment (alleged or actual) of people who come into contact with The Bridge which have resulted in or risked harm to them.
* Failures to sufficiently manage safeguarding risks such that they harm people involved in the charity.
* Incidents which result in damage to the reputation of the charity or to public trust and confidence.
* Situations where policies or procedures have not been followed properly resulting in people being placed at significant risk of harm.
* Adverse findings about the charity made by another agency or regulator.
* Police investigation of the charity or actual or alleged crimes.
* Misconduct by someone in a senior position.
* The number and nature of staffing incidents indicate there are widespread or systematic issues connected to harassment, abuse and/or other misconduct in a charity.

Safeguarding incidents that have occurred outside of the charity, e.g. where a person involved with the charity was abused outside of the charity and the alleged perpetrator was not involved with the charity, do not normally have to be reported to the Charity Commission. The exception to this would be if the charity did not handle the incident appropriately and this resulted in harm to the person concerned.

Not every internal staffing incident has to be reported, only those incidents which are considered serious in the context of the charity and where the level of harm to the victims and/or the likely damage to the reputation of or public trust in the charity is particularly high. The report must be made even if no actual harm occurred, and regardless of whether a crime was committed or whether other agencies were involved.

Trustees are to decide whether an incident is significant and should be reported. This link is to the Charities Commission document which contains examples to show what should be reported, although it is not a definitive list. [Examples table: deciding what to report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752170/RSI_guidance_what_to_do_if_something_goes_wrong_Examples_table_deciding_what_to_report.pdf)

The report should state what action has been taken or is planned. Detailed guidance as to how to make the report to the Charity Commission can be found via this link:

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

Following a report, the Charity Commission will seek to ensure that the Trustees are handling the incident appropriately and responsibly, complying with their legal duties and if necessary, putting in place improvements and controls to prevent further harm. The Commission may provide regulatory advice or guidance or use its statutory powers.

**Professional bodies**

Where staff provide contracted services to The Bridge and its guests (whether paid or pro-bono) and they are a member of a regulated profession, any concerns with regard to their employment or work, including where they have been subject of an allegation or concern, may need to be referred to their professional body. The relevant professional body will need to deal with issues relating to fitness to practice or bringing that profession into disrepute.Tell us whether you accept cookies

**Appendix 8**

**Staff Confirmation of Awareness of Policy & Procedure**

TO BE COMPLETED DURING INDUCTION AND WITHIN TWO WEEKS OF NEW POLICY AND PROCEDURE BEING ISSUED ANNUALLY

NAME:

DATE OF APPOINTMENT:

I have read and I understand the Safeguarding Adults Policy and Procedure. I agree to adhere to the requirements of the Safeguarding Adults Policy and Procedure during my work at or with The Bridge.

**YES/NO (circle as applicable)**

I have had the opportunity to discuss the Safeguarding Adults at Risk Policy and Procedure in supervision.

**YES/NO (circle as applicable)**

NAME OF WORKER:

SIGNATURE OF WORKER:

DATE:

NAME OF MANAGER:

SIGNATURE OF MANAGER:

DATE: