

BRISTOL REFUGEE RIGHTS

SAFEGUARDING CHILDREN AND YOUNG PEOPLE - POLICY & PROCEDURES

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THE POLICY

1. PURPOSE

- 1.1 This Policy and Procedure forms part of our safeguarding children and young people arrangements. Its purpose is to ensure the protection of all children and young people related to BRR.
- 1.2 This Policy should be considered alongside the Safeguarding Adults Policy.
- 1.3 The Early Years Project refers to the Bristol Refugee Rights Community Crèche.

2. GENERAL PRINCIPLES

- 2.1 We consider that the welfare of the child is paramount and it is the duty of members, staff and volunteers under HM Government's 'Working Together to Safeguard Children 2018' to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and young people and protect them from abuse. We recognise that in some cases, a child may be at risk of harm as a result of abuse or potential abuse that is happening to their parent/carer(s). Within

our responsibility for safeguarding a child we may implement our Safeguarding Adults Policy to ensure the safety and wellbeing of children and their parent/carer(s).

2.2 Every opportunity to ensure the safety and wellbeing of children and parents/carers will be taken by staff and volunteers at BRR including in (but not limited to) the Early Years Project and the Young People's Immigration Project.

2.3 BRR is an anti-racist and anti-discriminatory organisation. We believe all people, children and adults, have the right to live free from discrimination and mistreatment, with access to the support they need and the opportunity to flourish. We work to create a culture in which abuse and discrimination of all kinds are challenged and addressed.

3 THINK FAMILY APPROACH

- Bristol Safeguarding Board encourages a "Think Family Approach" through their Multi-Agency Guidance. The guidance seeks to embed good practice so that the child's needs are not overlooked by adults' services where the focus may be on the adult in front of them and likewise for children's services to not overlook the adults' needs. BRR adopts the 3 principles of good practice and will seek to follow the Think Family principles in our approach to adult and child safeguarding.
 1. Think Family, Parent and Child
 2. Getting the Right Help at the Right Time for the Right Duration
 3. Culture of Responsibility, Challenge and Escalation
- For more information see Appendix F.

4. DEFINITIONS

4.1 Safeguarding is defined as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- and taking action to enable all children to have the best outcomes;

4.2 Child Protection is defined in the Children Act 1989 (s.47) as when a child is suffering, or is likely to suffer significant harm. Under statutory guidance and legislation action must be taken to safeguard and promote the child's welfare.

3.3.1 Detailed guidance on the different types of abuse are contained within Appendix A.

5. ROLES AND RESPONSIBILITIES

- 5.1** All BRR staff have a safeguarding duty, and should be vigilant when there are children or young people on the premises. All staff and volunteers should be aware of how to support children to understand and recognise risk. Staff and volunteers working with children must maintain an attitude of ‘it could happen here’. The team with specific child safeguarding responsibilities is outlined below.
- 5.2** The **Early Years Project Manager** is the Designated Safeguarding Lead (DSL) responsible for child protection and has primary responsibility for children and families using the Early Years Project and other services. They should be the initial point of contact with all Child Protection queries involving families, and the point of contact for Separated Children if the Specialist Services Manager is unavailable. The DSL for Childrens role includes:
- Oversight of BRR’s child protection and safeguarding work
 - Day to day responsibility for safeguarding children in families within BRR and liaising with statutory children’s services as appropriate;
 - Provide training for EYP staff and volunteers;
 - Work with the safeguarding team to provide training for other BRR staff and volunteers;
 - Attend TAF and other interagency meetings when required.
- 5.3** The **Specialist Services Manager** of Bristol Refugee Rights is the Deputy DSL and has primary responsibility for unaccompanied children, including those who are age disputed. The SSM should be the initial point of contact for all Child Protection queries involving unaccompanied children and the point of contact for children in families if the Early Years Project Manager is not available. The SSM role is:
- To take day to day responsibility for safeguarding unaccompanied children within BRR and liaising with statutory children’s services as appropriate; and
 - Work with the safeguarding team to provide training for BRR staff and volunteers.
- 5.4** The **Head of Services** is BRR’s strategic lead for safeguarding and holds responsibility and oversight of all safeguarding work including organising and chairing safeguarding meetings, ensuring policies are followed and ensuring strategic concerns are raised appropriately. The Head of Services may also be contacted in the absence of either the DSL or Deputy to assist in making a decision as to how a matter should proceed. The Head of Services is usually responsible for communicating with the LADO except for allegations involving himself/the CEO or trustees in which case it will be the CEO/Child Protection Officer who will hold this responsibility.
- 5.5** The DSL for children, Deputy and Head of Services, must attend an inter-agency child protection training course, to be updated at least every two years. (In Bristol this is run by the Keeping Bristol Safe Partnership – KBSP).

The Trustee **Board** is responsible for ensuring good practice in safeguarding and child protection. They must appoint a Trustee (the Child Protection Officer) who will be responsible for child protection issues relating to members of staff and should work

with the DSL and Deputy DSL where support is needed relating to policy or practice around safeguarding. The child protection officer will receive appropriate safeguarding and child protection training to equip them with the knowledge to provide effective support. The Board of Trustees should receive reports of any occasions where there are concerns or issues of Child Protection involving staff/volunteers and regular reports summarising all safeguarding work at BRR.

5.6 A safeguarding poster is included in Appendix D.

5.7 The key Safeguarding Partners for BRR are:

- Local Authority Children’s Services (primarily Bristol, South Gloucestershire, North Somerset)
- Safeguarding Boards (Keeping Bristol Safe Partnership, South Gloucester Safeguarding, North Somerset Safeguarding)
- Ofsted, regulating safeguarding in the Early Years Project
- Charity Commission, supporting safeguarding across the organisation

5.8 Names and details of how these organisations can be contacted are in Appendix C attached.

6. RELEVANT LEGISLATION AND POLICIES

6.1 This Policy complements, and should be considered along with other BRR Policies, including:

- Equity, Diversity and Inclusion Policy
- Disclosure Check Policy
- Safeguarding Adults Policy
- Safeguarding: Boundaries Policy
- Disciplinary and Grievance Policies
- Recruitment Policy and Procedure
- Volunteer Policy
- Confidentiality, Information Sharing and Disclosure Policy
- Data Protection Policy

6.2 This Policy is informed by the following legislative requirements:

- 1989 Children Act
- Charity Commission Safeguarding Guidance 2019
- HM Government’s ‘Working Together to Safeguard Children’ 2018

- General Data Protection Regulation (GDPR) and Data Protection Act 2018

7. SCOPE

7.1 This Child Protection Policy and Procedure forms part of our safeguarding children arrangements. This Policy and Procedures should be used by any staff member or volunteer who suspects that any child is at risk of abuse (or significant harm) in any setting or in their home life, whether or not they or their parents/carers use the services of Bristol Refugee Rights (BRR).

7.2 BRR has a separate policy relating to protecting adults at risk and reporting any abuse, but many of the issues and procedures are similar, and the policies should be considered as complementary.

7.3 Child Protection law applies to all those children and young people under the age of 18 years.

7.3.1 All safeguarding and child protection work should take the views of the children into account.

7.3.2 Children over 16 years have greater autonomy than younger children and explicit consent to all work should be sought, keeping in mind that the need to prevent serious harm can override the need for consent.

7.4 Cases where a young person disputes the age assigned to them by the Home Office or Local Authority can pose significant challenges for safeguarding and child protection:

7.4.1 Where a young person states that they are a child, BRR will accept this until or unless an age assessment exists which we have been advised by a solicitor a) is Merton Compliant and b) no practical grounds for a challenge exist.

7.4.2 This may cause a situation where BRR makes child protection referrals for people for whom the Local Authority will not accept statutory responsibility.

7.4.3 In such cases it will not always be possible to put the safeguarding measures appropriate for a child in place, however BRR will advocate for these to be implemented and seek to mitigate risk in other ways, for example:

7.4.3.1 Supporting an application for asylum support and requesting local accommodation.

7.4.3.2 Seeking to challenge age assessments where possible

7.4.4 Ultimately, if the Local Authority will not accept a duty of care, despite our

advocacy and input from a solicitor, BRR cannot continue to treat such cases as child safeguarding matters.

7.5 The policy applies to all staff, volunteers and Trustees. National guidance stresses that safeguarding is everyone's responsibility and all staff and volunteers should be made aware of their role in keeping children safe.

8. CONFIDENTIALITY AND APPROPRIATE DISCLOSURE OF INFORMATION

8.1 Confidentiality is crucial to all our relationships, but the welfare of the child or young person is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of a child or young person.

8.2 All information that has been collected on any child or young person will be securely stored, and access will be limited to the appropriate staff, management and relevant agencies.

8.3 In the event of an investigation, it is essential that no information on child protection concerns relating to a child or young person are disclosed inappropriately. Any such leaks could have serious consequences for both the child or young person concerned and any investigation.

8.4 If uncertain about what information may be shared, take advice or refer to HM Government's Information Sharing, Advice for practitioners. (Please see Further Information section for a link.) Further guidance is also contained in Bristol Refugee Rights' Confidentiality, Information Sharing and Disclosure Policy and Data Protection Policy.

8.5 Whilst parents/carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child/young person or a staff member at risk.

8.6 It is very important that only those who need to know particular safeguarding information, actually know, to avoid rumour and gossip that could affect the child/young person, parent/carer and the group.

THE PROCEDURES

There are five key steps to follow in all instances of possible abuse:

- Recognise,
- Respond,
- Report,

- Record,
- Refer.

9. RECOGNISE

9.1.1 Recognising abuse is one of the first steps in protecting children and young people. There could be signs or behaviour that make you feel concerned. All staff should be alert to the following types of behaviour in children and young people, while keeping in mind that these indicators are not an exhaustive list and that signs will be unique to each child and some children may not even show any indication of abuse:

- Becoming excessively aggressive, withdrawn or clingy;
- Seeming to be keeping a secret;
- Significant changes in their behaviour;
- Deterioration in their well-being;
- Unexplained bruising, marks or signs of possible abuse or neglect;
- Any bruising or marks on a non-mobile baby;
- Unreasonable fear of certain people or places;
- Acting out in an inappropriate way perhaps with adults, other children or young people, toys or objects;
- Children and young people's comments which give cause for concern, e.g. inconsistent explanations of bruising, injuries or burns;
- Sexually explicit language or actions;
- Self-harm;
- Are upset, withdrawn or angry after using the internet or texting;
- Children and young people demonstrating that their mental health is suffering;
- Children and young people who go missing, particularly on repeat occasions when they have been expected or have an appointment at BRR.

9.1.2 Staff should be equally vigilant regarding signs relating to disabled children and young people and not automatically assume that any of the above relates to their impairment. There may be particular barriers preventing them from disclosing abuse e.g. if professionals do not understand their chosen form of communication e.g. British Sign Language Users, or dependence on the abuser for their support etc. Disabled children may have lack of access to strategies to keep themselves safe and there is an increased risk that they may be socially isolated. The risk to disabled children or young people may be increased by their need for practical assistance and physical dependency, including intimate care, which may be delivered by a number of different carers.

9.1.3 Many children and young people at BRR will have experienced significant trauma relating to their or their parents' experience of fleeing persecution and subsequent experiences seeking asylum.

9.1.3.1 These traumatic experiences may manifest as possible indicators of abuse listed above. It should not be assumed that these either are or are not indicators of abuse. Vigilance, care and an open mind should be maintained.

9.1.3.2 The impact of trauma may put such children and young people at a higher risk of harm and abuse

9.1.4 In relation to safeguarding and promoting the welfare of children, our setting will consider how we are supporting children regarding protected characteristics - including disability, sex, sexual orientation, gender reassignment and race. Some children may be more vulnerable to abuse for a range of reasons. Staff need to be alert to these:

- Disabled children (see above)
- Special Educational Needs and Disabilities (SEND):
 - Autistic Spectrum
 - Physical or sensory impairment
 - Learning Difficulties
 - Social, Emotional and Mental Health
 - Speech, Language and Communication
- Children with behaviour issues (whether or not recognised as "SEND")
- Children in care
- Homelessness
- Children with allocated Social Worker or Family Support Worker
- Young carers
- Parents/carers in prison
- Mental health (of the parent/child)
- Drug/alcohol misuse
- Children isolated and unsupported for a range of reasons.

This list is not exhaustive and vulnerability is a changing situation which can affect any child. Staff working closely with children or families will need to work closely with the DSL and Deputy DSL for Children and other professionals to ensure the child is supported. If needed, a written support plan will be put in place.

9.1.5 BRR recognises that children and young people can engage in abusive or harmful behaviour towards their peers and other children. This may be the result of their own experiences of abuse. The impacts of such behaviour can cause significant harm and BRR will seek to challenge such behaviour and engage with social services to put the appropriate support in place.

- 9.1.6** Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child or young person and their circumstances.
- 9.1.7** If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.
- 9.1.8** Anyone (staff member, volunteer, trustee etc) who recognises the signs of abuse should report this immediately to the DSL or in her absence, her deputy or the Head of Services.

10. RESPOND and REPORT

There may be times, such as an emergency when immediate danger is present, or a disclosure where an in the moment response is required, before reporting to a DSL. In these cases, the situation should be reported immediately following the initial response.

All other instances of abuse or suspected abuse should be reported immediately and the response should be agreed in conjunction with the DSL or Deputy DSL.

10.1 In an emergency:

10.1.1 If you think a child is in immediate danger or a criminal act has taken place, you should telephone the police on 999 and contact the DSL, Deputy DSL or Child Protection Officer on the Trustees as appropriate. In all other circumstances you need to follow the procedures for referral as set out below.

10.1.2 In a medical emergency your first action may need to be one of the following:

- Telephone for an ambulance, or,
- Ask the parent/carer to take the child to the hospital at once, or,
- Only as a last resort, and only if another adult is able to accompany you, take the child yourself.
- The DSL should be informed of any medical emergency involving children, including Separated Children and age disputed young people.
- For children in care the Local Authority should be informed

10.1.3 The child or young person is the legal responsibility of the parent/carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm.

10.1.4 Where emergency action has been taken, the Local Authority children's services should be contacted as soon as possible, following the reporting procedure as set out below. If it is out of hours, the Emergency Duty Team should be contacted.

10.2 Where abuse is suspected:

10.2.1 If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected, it is important that this is shared with the DSL and/or Deputy.

10.2.2 With the DSL/Deputy, decide on a plan of action, for example:

- Ongoing observation of the child noting any further concerns.
- Discussion with other staff to gain further information they may have.
- Discussion with Parents/carers to establish if there might be reasons for the child's behaviour/actions.
- Keep an open mind and avoid assumptions about the source of the harm.
- Work with the child and parents/carers to reduce risk, this may be by offering a service through BRR or by referring to additional support externally
- Make appropriate safeguarding referrals to the Local Authority as set out below.

10.2.3 Any member of staff or volunteer can contact the relevant agency (as listed in Appendix C); to discuss any concerns they have and seek guidance before actually reporting any child protection issues but should also inform and seek advice from the DSL or in her absence the Deputy DSL or Child Protection Officer on the Trustees.

10.2.4 If you are still concerned about the welfare of the child / young person, this information must be passed on to The Local Authority children's services. Parents / carers should be informed unless you think this could put the child or yourself at risk.

10.2.5 All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. It is important to maintain professional curiosity and to speak to the DSL if you have concerns about a child.

10.3 When abuse is disclosed:

10.3.1 Responding to the child/young person:

- Stay calm.
- Listen to what the child / young person is actually saying.
- Reassure them that they have done the right thing by telling you.
- As soon as possible, inform the DSL/Deputy and if appropriate, they will take over from this point. In the case of the Young People's Project, it may be appropriate for the caseworker to continue working with the Young Person but should keep the DSL and Deputy informed as matters progress. If the disclosure involves a member of staff, follow the staff allegation section.
- Ask open questions e.g. Can you tell me why you are upset? Can you tell me why you don't want to go home today? Can you tell me what is frightening you? Open questions enable you to gain information and clarification.

- **Do not ask leading questions.** Ensure that any questions asked are open or for clarification, not leading/ closed questions. For example, a closed question is: Are you afraid to go home because your Mum will hit you?
- Do not ask the child / young person to repeat what they have told you to a colleague; if the matter is to be investigated further it will be done so by trained professionals.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it is not in their interests to keep the disclosure confidential and it will have to be passed on to the appropriate agencies.

11. RECORD

- 11.1** All concerns and actions relating to abuse or suspected abuse must be recorded in a timely and appropriate manner
- 11.2** Where it is not possible to talk to a safeguarding lead immediately, the person who is concerned about possible abuse should make a note of their concerns, including:
- 11.2.1** Any conversations with the child or young person, providing as much detail as possible, including when and where the conversations took place and using the **actual words** of the child;
 - 11.2.2** Any other reasons for suspecting abuse, for example signs from the list of indicators above;
 - 11.2.3** A diagram, if appropriate, to show the position of any bruises or marks, trying to indicate the size, shape and colour.
- 11.3** Keep all records factual. Be aware of not making assumptions or interpretations of what the child/young person is telling you.
- 11.4** Notes must be stored securely and passed to a DSL as soon as possible.
- 11.5** The DSL is then responsible for storing these and the records are to be retained for 3 years minimum.
- 11.6** Bristol Refugee Rights uses Lamplight Database to record information about members and their families. Concerns relating to abuse are highly confidential, but at the same time it may be important for workers to be aware of these concerns. Detail relating to concerns about abuse should be stored in areas of the database restricted to staff with appropriate access levels. A note without detail should be added to the profile highlighting that concerns exist, so that people working with the child/young person can be made aware of more detail if necessary.

12. REFER

11.1 Safeguarding referrals to the Local Authority will usually be completed by the DSL or Deputy DSL but in certain circumstances may be completed by someone else:

12.1.1 If the matter is urgent and the DSL / Deputy and Head of Services are not available, reporting should not be delayed until they become available.

12.1.2 Where a worker has more detailed knowledge of a case they may complete the referral with the agreement and support of the DSL/Deputy DSL. The DSL/Deputy must be kept informed of the progress of the matter and should be involved in any decision-making/action planning.

12.2 If appropriate, inform children, young people and parents/carers that you are going to report your suspicions/concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, the duty officer will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why.

12.3 Reports of disclosure or suspected abuse must be made to the appropriate agency. In most cases this will be First Response (see Appendix C for contact details), who will triage the call, or may ask you to complete the online First Response Referral Form.

12.4 First Response may pass you onto an appropriate agency following your referral. This will be Social Care (level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted Support, Escalating Needs) if the concern is at a lower level but a multi agency response is needed. First Response may also signpost to other services or even ask you to plan to support the child (Level 1 Plus Additional Support Universal Services).

12.5 Liaising with relevant staff within Bristol Refugee Rights may be crucial to working in line with the Think Family Approach. Different teams within the organisation may be working with different members of the same family. A shared approach and clear understanding of all known underlying issues for a family will need to be considered when liaising with agencies and professionals. This must not overlook the child's needs in any way.

12.6 Once the disclosure has been made and if appropriate, you can tell the child or young person what is going to happen and what to expect.

12.7 The person to whom the disclosure was made should ensure that the child or young person who has disclosed, or if appropriate the parent or carer, is informed about what will happen next, so they can be reassured about what to expect.

13. SPECIFIC PROCEDURES RELATING TO NON-MOBILE BABIES:

13.1 Injuries in non-mobile babies (that is a baby who cannot yet crawl, pull to stand, "cruise" around furniture or toddle) are rare. They cannot cause injuries to themselves

and must be considered at significant risk of abuse.

- 13.2** Any instance of an injury to a non-mobile baby must be reported to the DSL or Deputy DSL.
- 13.3** All non-mobile babies with an injury should be discussed with a Hospital or Community Paediatrician or the Children's Emergency Department. The flow chart in Appendix G must be followed.
- 13.4** This is based on the Keeping Bristol Safe Partnership "**Addendum to the Multi Agency Guidance for Injuries in Non- Mobile babies**", which Early Years Settings and Childminders working with non-mobile babies follow.
- 13.5** First Response must be called the same day, whether the injury is minor or major. The parent/carer must be reassured at this point that this is official protocol and does not necessarily mean any further assessment, for example, they will check to see if the baby is already known to Social Care.

14. SPECIFIC PROCEDURES REGARDING THE PREVENT DUTY

- 14.1** It is essential that staff members are able to identify children who may be vulnerable to radicalisation and to know what to do when they are identified. Staff will be trained to recognise possible signs.
- 14.2** There is no single way of identifying an individual who is likely to be susceptible to radicalisation. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.
- 14.3** Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require staff to carry out unnecessary intrusion into family life, but it is important to take action when they observe behaviour of concern. The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation
- 14.4** Any concerns about extremism, including those relating to a child, will be referred through The Local Authority children's services or the police, by a safeguarding lead
- 14.5** Statutory bodies will agree on the appropriate next steps, which may include a referral to Channel – part of the Prevent programme aimed at preventing radicalisation through community support. BRR may be asked to attend Panel meetings as part of this process. The police and social services will advise on any other measures.

15. SPECIFIC PROCEDURES REGARDING A MISSING CHILD

- 15.1** Children going missing from BRR (through not attending when expected), particularly if this is repeated, or if a child is unexpectedly removed from a setting, can act as a

vital sign for a range of safeguarding concerns. This may include abuse, neglect, exploitation and/or trafficking. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, risk of forced marriage, family crisis or other issues that could affect the health and well-being of a child.

15.2 Although attendance at BRR is not compulsory, we believe that we have a responsibility to follow up absences to ensure that the child and/or family are safe and well

15.3 Particular care will be taken where there are known vulnerabilities and also when the family might otherwise be isolated (e.g. Closure weeks)

16. SPECIFIC PROCEDURES REGARDING SEPARATED CHILDREN (UNACCOMPANIED ASYLUM SEEKING CHILDREN) AND AGE DISPUTED YOUNG PEOPLE

16.1 Due to the nature of BRR's work, the organisation regularly comes into contact with separated children and young people who are disputing the age allocated to them by the Home Office and/or Social Services. Detailed procedures for dealing with these situations are set out in Appendix I.

17. WORKING WITH CHILDREN AND YOUNG PEOPLE

17.1 Recognising inappropriate behaviour in staff, volunteers and other adults

17.1.1 There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs. These may include:

- Paying an excessive amount of attention to a child or young person or to groups of children, providing presents, money or having favourites
- Seeking out vulnerable children, e.g. disabled children
- Trying to spend time alone with a particular child or young person or group of children on a regular basis
- Making inappropriate sexual comments
- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness
- People other than the parent/carer carrying children out of the building they are in

17.1.2 There may be other sources of concern; this is not a conclusive list. If you are concerned about another staff member, volunteer, member or visitor's behaviour you need to pass this on to the DSL/Head of Services/CEO/Child Protection Trustee or direct to social services via First Response as appropriate

17.2 If a Staff Allegation is made, or you Suspect a Member of Staff or Volunteer of Abuse or Inappropriate Behaviour:

17.2.1 The Local Authority Designated Officer (LADO) MUST be involved and consulted on ALL staff allegation incidents before an investigation of any type occurs

17.2.2 If it appears that a staff member, volunteer (including Trustees), member or visitor has:

- behaved in a way that has harmed a child, or may have harmed a child, or,
- possibly committed a criminal offence against or related to a child, or,
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

Then these procedures **MUST** be followed:

1. Record your concerns and report them to the DSL and Head of Services (and/or CEO/Child Protection Officer as appropriate) **immediately**.

- The Head of Services (with the assistance of others if necessary) should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of the children or any child.

- At the earliest opportunity, contact the setting's Child Protection Officer and CEO - see list in Appendix A.

- It may be clear in some cases that an immediate referral must be made to First Response or to the police for investigation.

2. In addition:

- Either the Head of Services or where appropriate the CEO / Child Protection Officer must then contact the Local Authority Designated Officer (LADO) within **1 working day** of receiving the report of an allegation. **LADO Telephone: 0117 903 7795 or Work Mobile: 07795 091020**

- Once the Head of Services has notified the Local Authority Designated Officer (LADO) of any allegation against a person who works with children, please complete the following form and return to the relevant email address.

- LADO Notification form:

<https://bristolsafeguarding.org/media/mxwbobv0/kbsp-lado-notification-form.pdf>

17.2.3 The setting should then follow the LADO's advice on how to deal with allegations against staff or volunteers. **Note: Do not start any investigation into the allegation until the LADO has been contacted.**

17.2.4 The setting should take advice from the LADO on how and when to inform the parents/carers of children.

17.2.5 The setting is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days. (See Appendix A.)

17.2.6 The CEO and Child Protection Office should be informed as soon as possible of any notification to the LADO (ideally in advance) and feedback from the LADO in order that they can take steps to notify other trustees, the Charity Commission, DBS, funders and insurers as appropriate.

18. LOW-LEVEL CONCERNS

18.1 A low-level concern is a concern, no matter how small, that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work. Where a concern does not meet the harm threshold it will be dealt with under our low-level concerns procedure which is contained in Appendix B.

19. SUPPORT AND TRAINING FOR STAFF AND VOLUNTEERS

19.1 Following an allegation or investigation:

- Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause.
- Regular supervision is in place with line managers and with Trauma Foundation South West for staff. Any team member may request extra support, especially after being involved in safeguarding and child protection work which can be traumatising
- Staff or volunteers may also experience abuse outside of the work setting and they can talk to their line manager to seek support. Eg. Domestic abuse.

19.2 All staff and volunteers working in any way with BRR must undertake a Child Protection briefing as part of their induction to understand the setting's safeguarding/Child Protection Policy and Procedures.

19.3 All staff and volunteers will receive update training on Child Protection at least every 3 years.

19.4 Safeguarding leads will attend CPD relating to safeguarding every year

20. RECRUITMENT OF STAFF AND VOLUNTEERS

21. BRR has a safer recruitment policy in place for the recruitment of all staff and volunteers

22. WHISTLEBLOWING

22.1 BRR has a whistleblowing policy in place to ensure that concerns about serious incidents can be raised and investigated

23. USE OF MOBILE PHONES, CAMERAS AND ONLINE SAFETY

- 23.1 BRR discourages the use of cameras of any kind by anyone using any of its spaces
- 23.2 Volunteers and staff should never take photos of members without express consent, from the individual and from the organisation. The purpose of any photo should be explained clearly and written consent obtained.
- 23.3 No volunteers should take any photos of children
- 23.4 Where staff take photos of children, for example for display in the EYP or for demonstrating the impact of work, no faces will be visible and written consent will be obtained from the parents/guardians
- 23.5 BRR has a policy specifically addressing the use of mobile phones in the EYP creche setting

24. CODE OF CONDUCT AND STAFF BEHAVIOUR

- 24.1 BRR policy *Safeguarding: Boundaries* establishes key principles of appropriate behaviour for BRR staff, volunteers and members across the organisation
- 24.2 Furthermore, the following sets of policy establish important practices for ensuring the safety and safeguarding of children:
 - *Child Protection Policy and Procedure*
 - *Mobile Phone, Photography, Digital Media and E-safety Policy and Procedure*
 - *Recruitment and Selection Policy and Procedure*
 - *Health and Safety Policy and Procedures*
 - *Fire Safety Arrangements and Procedures*
 - *Risk Assessments*
 - *Behaviour Management Policy and Procedure*
 - *Child Registration Form Information*
 - *Arrival & Departure Policy and Procedures*
 - *Offsite and Trips Policy and Procedures*
 - *Working with Disabled Children Policy*
 - *Equity, Diversity and Inclusion Policy*
 - *Complaints Policy and Procedures*
 - *Keeping Ofsted up to date with any changes to the registration*
- 24.3 In addition, Early Years staff will use the Early Years Project '*Staff Code of Conduct and Staff Behaviour*' document for guidance

25. IMPLEMENTATION AND MONITORING

- 25.1 The Board of Trustees will appoint a Child Protection Officer annually at the November meeting

- 25.2** The Child Protection Officer is the point of contact for anyone seeking to raise concerns about abuse carried out by a member of staff
- 25.3** The Board is responsible for ensuring that policies and procedures relating to safeguarding and child protection are kept up to date and properly implemented
- 25.4** The Board will receive reports of safeguarding and child protection work conducted by staff
- 25.5** An annual report on progress in implementing safeguarding and this policy and procedures will be presented to the Board of Trustees.
- 25.6** BRR will review this policy annually, to ensure it is being implemented. Appropriate action will be taken if deemed necessary, through consultation with the agencies listed in Appendix A

Date Reviewed and Agreed:

Reviewed By:

Appendix A – Detailed Guidance on Types of Abuse

Definitions of Abuse:

Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 Children Act recognises four categories of abuse:

Physical Abuse - a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or failure to prevent physical injury. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child or young person. Any injury to a pre-mobile baby should be reported to the Designated Person and or First Response immediately for further consideration.

Sexual Abuse - actual or likely sexual exploitation of a child or young person, 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 the outside of clothing. Sexual abuse also includes non-contact activities, such as involving children and young people 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. (see child on child abuse).

Emotional Abuse - severe or persistent emotional maltreatment of a child, as to cause severe and persistent effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far 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 involve seeing or hearing the ill-treatment of another. 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 a child participating in normal social interaction. 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.

Neglect - the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. 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 and emotional harm or danger
- c. Ensure adequate supervision (including the use of inadequate care-givers)
- d. Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Safeguarding Issues:

Historical Abuse

There may be occasions when a child, young person or adult will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Domestic Violence and Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate family partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial and emotional. If the victim of the DVA gives consent, report disclosures of DVA to The Local Authority children's services. Bristol based DVA charities may be able to support the victim. Children can be victims of domestic abuse and exposure to domestic abuse and/or violence can have a serious, long lasting impact on children. Children experiencing this may demonstrate many of the symptoms listed in the Recognising Abuse section. Staff will need to treat them sensitively, record their concerns and consider informing The Local Authority children's services.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

It is helpful to have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the KBSP website communities page:

[Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](https://www.bristolsafeguarding.org/)

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for girls at risk of the practise. Further information can be found at KBSP FGM Safeguarding Guidance: <https://bristolsafeguarding.org/children-ome/professionals/policies/#FGM>

Being able to identify girls who are at risk needs a sensitive approach.

The Keeping Bristol Safe Partnership has created an FGM referral risk assessment for professionals to consider risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>

If used, a record of the outcome must be kept.

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place it is a significant child protection issue and must be reported to the police and/or First Response.

We have a statutory duty to report if a girl under 18 informs us they have had FGM or if we see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to The Local Authority children's services and/or the police.

When FGM has taken place, the Children's social care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time we may seek advice from BAND, Families in Focus or The Local Authority children's services.

For more information on this topic, see the online South West Child Protection Procedures. NSPCC or locally KBSP. Contact details in the Appendix.

Child on child abuse

Children can abuse other children. This is generally referred to as child-on-child abuse and can take many forms. This can include (but is not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment; harmful sexual behaviour, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sharing nudes or semi nudes and initiation/hazing type violence and rituals. It is important that all victims are taken seriously and offered appropriate support.

Keeping Children Safe in Education 2022, part five, provides information and guidance on managing cases of child-on-child sexual violence and sexual harassment. Other areas of child-on-child abuse will be dealt with in line with existing policies e.g., anti-bullying or behaviour management.

Other types of abuse:

In addition safeguarding action may be needed to protect children against:

- Bullying, including online bullying (cyber bullying) and prejudice-based bullying
- Racist, disability and homophobic or trans phobic abuse
- Gender-based violence/violence against women and girls
- Child Sexual Exploitation and trafficking
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g.; “sexting” and accessing pornography
- Teenage relationship abuse
- Substance abuse
- Parental neglect
- Forced marriage
- Homelessness
- So-called “Honour-based” abuse (HBA): this includes Forced Marriage, FGM and Breast Ironing

Financial or material abuse- involves the theft or misuse of a child or young person’s money (including benefits), fraud or extortion.

Discrimination or harassment – is based on someone’s protected characteristics (race, ethnicity, gender, sexual orientation, disability etc.) and can, in some situations become a form of abuse.

Institutional abuse - is where a service providing institution has policies and practices that deny the children or young people their dignity, or assert power and create a climate where the forms of abuse listed above are allowed to continue.

Spirit possession or witchcraft

Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the force to

harm others.

A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. Dismissing the belief may be harmful to the child. Staff and volunteers should consult with the Designated Person and a referral to The Local Authority children's services should be made.

Appendix B – Low Level Concerns Procedure

Introduction

A positive culture where concerns can be identified and spoken about openly is a vital component of a strong safeguarding system. All adults who have contact with children at Bristol Refugee Rights must behave appropriately and behaviour which is not consistent with the standards and values of our setting and which does not meet the expectations set out in our staff code of conduct, needs to be addressed. Such behaviour can exist on a wide spectrum – from the inadvertent or thoughtless, through to that which is ultimately intended to enable abuse. It is crucial that all concerns about adults, including allegations that do not meet the harm threshold (low level concerns), are shared responsibly and with the right person, and recorded and dealt with appropriately.

Legislation

This guidance is in line with Keeping Children Safe in Education (KCSIE) 2021. This is based on guidance for schools but early years and childcare settings must have regard for it and thus it has been adapted for use in our setting.

Aims

- To create a positive and transparent culture where concerns can be discussed openly and where staff are able to share any concerns, no matter how small, about their own or others' behaviour.
- To ensure all staff are aware of their professional boundaries and behave appropriately, in line with the setting's policies, procedures, code of conduct, values and ethos.
- To enable the early identification and prompt and appropriate management of concerns about staff.
- To minimise the risk of abuse.
- To protect staff from false allegations and misunderstandings.

In order to meet these aims, we will ensure that staff are clear about what appropriate behaviour is and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, both in themselves and in others. We will do this through having regular discussions of behaviour at staff meetings and support and supervision sessions.

Terminology – Allegations, Concerns and Harm Threshold

It is important to recognise that, in practice, the words 'allegation' and 'concern' can be and are used interchangeably by different people. Sometimes individuals may shy away from the word 'allegation' and express it as a 'concern' instead. The crucial point is that whatever the language used, the behaviour referred to may, on the one hand, be capable of meeting the harm threshold (and hence be referable), or, on the other, it does not meet the harm threshold (in which case it should be treated as a low-level concern). So, the focus should not be on the language used by the person disclosing it; the focus should, instead, be on the behaviour being described.

Allegations That May Meet the Harm Threshold

The term 'allegation' means that it is alleged that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child; and/or
- possibly committed a criminal offence against or related to a child; and/or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Where an allegation meets this harm threshold, it should be dealt with in line with our Staff Allegation Procedure as set out in our Child Protection Policy.

Allegations That Don't Meet the Harm Threshold – Low Level Concerns

Where an allegation doesn't meet the harm threshold, it will be dealt with under this Low-Level Concerns procedure. This does not mean that it is insignificant and it is not a concern, no matter how small.

If it is inconsistent with our Staff Code of Conduct, including inappropriate conduct outside of work, it will be dealt with in accordance with this procedure.

Procedure for Dealing with a Low-Level Concern.

- Concerns should be shared with the Designated Safeguarding Lead (DSL) or Deputy and/or the Office Manager (whichever of these the concerns are shared with, should ensure the others are informed). This can be done verbally or by providing a written summary. If it is shared verbally, a written record of it will then need to be made. The name and role of the person raising the concern should be stated, but if they want to remain anonymous, we will respect this as far as possible. However, there may be circumstances where we cannot promise anonymity.
- If it is a low-level concern, the DSL or Deputy will make suitable enquiries. This will include speaking to the person the concern has been raised about and may include talking to any potential witnesses.
- The information gathered from this will then be reviewed to decide whether the behaviour
 - (i) is entirely consistent with our staff code of conduct and the law
 - (ii) constitutes a low-level concern
 - (iii) is not serious enough to consider a referral to the LADO – but may merit consulting with and seeking advice from the LADO, and on a no names basis if necessary
 - (iv) when considered with any other low-level concerns that have previously been raised about the same individual, could now meet the threshold of an allegation and should be referred to the LADO/other relevant external agencies, or
 - (v) in and of itself meets the threshold of an allegation and should be referred to the LADO/other relevant external agencies;

- Where there is any doubt whatsoever, we will seek advice from the LADO - on a no-names basis if necessary.
- An appropriate person, for example the DSL, Line Manager or Office Manager, should take steps to address the concern/behaviour and to support the person to correct it at an early stage. This will be done sensitively and discreetly and might simply require having a conversation.
 - In some circumstances, we may manage the concern under our Disciplinary Policy.
 - If the behaviour is determined to be in line with our Staff Code of Conduct and the law, we will provide feedback to the person the concern was raised about how and why this is.
 - The DSL or Deputy will give appropriate feedback to the person who raised the concern.
- All concerns will be recorded in writing on the individual's personnel file, including:
 - Name of individual sharing the concern (unless they want to remain anonymous).
 - Details of the concern.
 - Context in which the concern arose.
 - Conversations with witnesses/others within the setting.
 - Conversations with the LADO/other external agencies (if applicable).
 - Action taken.
- If the concern is about an agency member of staff or contractor, the DSL will also notify their employer so that any potential patterns of inappropriate behaviour can be identified.
- Records will be reviewed regularly so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. For on-going issues, a clear chronology will be kept.
- If the review identifies that there are wider cultural issues within the setting that enabled the behaviour to occur, the DSL and/or Line Manager will review any relevant policies and procedures and may organise extra CPD.
- If a concerning pattern of behaviour is identified and escalates to meet the harm threshold, then the matter will be referred to the LADO.

If it is determined that the behaviour is entirely consistent with our Staff Code of Conduct and the law, we will review the Staff Code of Conduct and Low-Level Concerns Policy to ensure both are clear.

Self-Reporting

Staff should feel encouraged and confident to self-report anything that could be perceived as a low-level concern about themselves. Any member of staff can self-report to the DSL or Deputy and/or Office Manager at any time, if:

- They find themselves in a situation which could be misinterpreted, or might appear compromising to others.

- They may have behaved in a manner which, on reflection, they consider falls below the standard set out in the Staff Code of Conduct.

Self-reporting in these circumstances can be positive for a number of reasons: it is self-protective, in that it enables a potentially difficult issue to be addressed at the earliest opportunity; it demonstrates awareness of the expected behavioural standards and self-awareness as to the individual’s own actions or how they could be perceived; and, crucially, it is an important means of maintaining a culture where everyone aspires to the highest standards of conduct and behaviour.

Supporting Staff

We recognise we have a specific duty to ensure the health, safety and welfare of all of our staff. With this in mind, the Manager, DSL and Deputy / Office Manager (whoever is involved in dealing with the concern) will be mindful of their duty of care to those involved. All concerns will be dealt with sensitively and discreetly and on a need-to-know basis. Appropriate support will be given to those involved, depending on the nature of the concern.

Concerns Raised by Parents or Carers

We recognise and understand the difference between a cause for concern, a complaint and a staff allegation. When a concern about a member of staff is raised by a parent or carer, this does not automatically mean it meets the threshold for an allegation, even if the parent or carer raises it as a safeguarding concern. When a concern is raised, the DSL / Deputy will decide which level it is at and will speak with the parent or carer about the rationale behind this.

References

We have chosen to follow the guidance in KCSIE on providing references, which prohibits unsubstantiated, false or malicious allegations being referred to in a reference. KCSIE states that:

- Where a low-level concern (or group of concerns) has met the threshold for referral to the LADO and found to be substantiated, it should be referred to in a reference
- Low-level concerns (or a group of concerns) which have not met the threshold for referral to the LADO which relate only to safeguarding should not be included in references unless they relate to issues which would normally be included in a reference, for example, misconduct, disciplinary action or poor performance.

These examples are not exhaustive, nor will the examples set out below be appropriate in every context.

LADO referral	Low level concern /LADO Guidance	Appropriat Conduct
---------------	----------------------------------	-----------------------

<p>An allegation made which meets the threshold for referral to the LADO and appears in the first instance to meet the threshold for referral to police. Allegations that may meet the harms threshold relate to:</p> <ul style="list-style-type: none"> • behaved in a way that has harmed a child, or may have harmed a child and/or; • possibly committed a criminal offence against or related to a child and/or; • behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or • behaved or may have behaved in a way that indicates they may not be suitable to work with children. 	<p>Behaviour/concerns that do not meet the setting's code of conduct but may not meet the allegation thresholds. Refer to setting's low level concern policy and procedure.</p> <p>There may have been a series or patterns of low-level concerns which cumulatively meet the threshold of an allegation, and result in a referral to LADO.</p> <p>If the designated safeguarding lead is unclear whether the incident meets the threshold of harm/risk of harm, they may need to seek guidance from the LADO before deciding if the concern or allegation meets the threshold of harm.</p>	<p>Behaviour consistent with setting's conduct and</p>
<p>Taking and sharing images of children in a state of undress, sexual Abuse.</p>	<p>Trying to help a child with intimate or personal care tasks which the child can undertake independently.</p>	<p>Using intervention to stop a child from running on the road during an outing.</p>
<p>Physically harming a child with intent, with or without leaving a mark. Force feeding, physical restraining or using force as a form of punishment, verbally bullying or humiliating, deliberately leaving children in soiled clothing.</p>	<p>Threatening to use corporal punishment.</p> <p>Indulges in fun fights, tickling, or 'rough play' with children.</p> <p>Use insensitive or unprofessional language or using inappropriate gestures around children including inappropriate nicknames which may demean, humiliate, or might be interpreted as such.</p>	<p>A qualified first aider causing injury or carrying out a casual cardiac arrest.</p>
<p>Social care involvement with own children. Conviction or caution such as a conviction for assault.</p>	<p>Bringing the setting into disrepute, for example through the inappropriate use of social media.</p> <p>Undermining the fundamental British values/expressing prejudicial views.</p>	<p>Shouting at or warning in an emergency situation.</p>
<p>Persistent noncompliance with setting policies (babysitting, changing, behaviour, lone working, touch, mobile phone, social media), persistent blurring of work life</p>	<p>Social contact or communication with children or parents and carers outside of the setting without agreement with the setting's manager.</p> <p>Discussing personal, sexual relationships in the presence of children.</p>	<p>Comforts who is distressed with positive</p>

boundaries, domestic abuse, using illegal substances.		handling/c conduct.
	Showing favouritism to a child or behave in a manner which is either favourable or unfavourable to children.	
	Handling of children that is inconsistent with the setting's positive handling policy such as gripping a child's hand too tightly if holding hands.	

Appendix C - Useful Contacts

1. Board of Trustee member responsible for Child Protection (Child Protection Officer)
Name: Natasha Carver
Contact: The Child Protection Officer should be contacted via her personal mobile to be provided to staff

2. Staff Designated Person/Lead Practitioner responsible for Child Protection (Designated Person)
Name: (Early Years Project Manager) – Alice Freedman
Contact: The Designated Person should be contacted via her mobile 07874 604 894 (working days Mon-Thurs)

3. Deputy Designated Person responsible for child Protection
Name: Clare Peacock
Contact: The Deputy Designated Person should be contacted via her mobile 07566 848234 (working days Mon-Thurs)

4. Head of Services hold strategic responsibility and may be contacted in the absence of either the DSL or deputy DSL.
 3. Name: Andrew McCarthy
 4. Contact: 07458 305 120 (working days Tues-Fri)

5. Referral Agencies
 - **First Response – 0117 903 6444** (all Bristol)
The place to call if you are concerned about a child or young person or think they may need some help. Calls to First Response may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.
 - **Families in Focus: North 0117 352 1499; East / Central 0117 357 6460 South 0117 903 7770**
 - **Disabled Children Team – 0117 903 8250** (all Bristol)
 - Email – childprotection@bristol.gov.uk (all Bristol)
 - Police – non-emergency 101; emergency 999

- **On-Call Consultant Paediatrician (via BRI Switchboard) 0117 923 0000 – non-mobile babies**

South Glos

- **01454 866000** - Monday to Friday

North Somerset

01275 888 801 – Monday to Friday 8am -6pm

- **Out of Office Hours – 01454 615 165 (Emergency Duty Team) for Bristol, South Glos, North Somerset. When calling out of office leave voicemail with the following information;**

- - Name of referrer
- Phone number of referrer
- Childs name
- Childs DOB
- Outline of concern

-

6. For Staff Allegations contact:

- Local Area Designated Officer, Nicola Laird – Tel: 0117 903 7795; Mobile: 07795 091 020;
- Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegation being made.
- Ofsted Compliance and Investigation Team (For reporting any Child Protection Concerns) – 0300 123 4666 or email:cie@ofsted.gov.uk
- **Ofsted Whistleblowing hotline – 0300 123 3155**

7. Support and Advice

- South West Child Protection Procedures (online guidance) <https://www.proceduresonline.com/swcpp/>
- Childline – 0800 1111 (open 24 hours)
- National Association for the Prevention of Cruelty to Children (NSPCC) – 0808 800 5000; Text: 88858; Email: help@nspcc.org.uk; Online: nspcc.org.uk/reportconcern

- **NSPCC Whistleblowing hotline – 0800 0280 285**
- NSPCC FGM helpline: 0800 028 3550; email: fgmhelp@nspcc.org.uk
- **Keeping Bristol Safe Partnership** (guidance and training)
- [Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](http://bristolsafeguarding.org) Keeping Bristol Safe Partnership (training) – kbsp.training@bristol.gov.uk
- Police Prevent Team: 01278 647466
- **Channel info: channelsw@avonandsomerset.pnn.police.uk**
- Refuge National Domestic Abuse Helpline: 0808 2000 247
- Next Link: 0800 470 0280/0117 925 0680
- **Employers initiative on domestic abuse** <https://www.eida.org.uk/>
- BAND Development and Support Worker – Julie Bassett – 0117 954 2128

- KBSP Multi-Agency Threshold Guidance

<https://bristolsafeguarding.org/media/27271/bscb-multi-agency-threshold-guidance.pdf>

Think Family Approach:

<https://bristolsafeguarding.org/media/32078/final-think-family-approach-to-supporting-and-or-safeguarding-children-whose-parents-have-support-needs.pdf>

- Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children, July 2018
- EYFS 2021 Safeguarding and Welfare Requirements
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

8. Ready Homes/Home Office

Ready Homes:

Safeguarding referrals should be emailed to both:

safeguarding.referrals@ready-homes.com

wsw.safeguarding@ready-homes.com

Direct Ready Homes/Home Office contacts (which may also be used initially in making a referral if it is an emergency) include:

Nia Houlding – Regional Safeguarding Officer - South West and Wales for Ready Homes – 07825581614, email: niahoulding@ready-homes.com

Steph Miller – Regional Safeguarding Manager - South West and Wales for Ready Homes Stephenmiller@ready-homes.com

Home Office:

Asylum Safeguarding Hub

There are 6 hub teams geographically aligned to each of the UKVI regions. Each hub is tasked with safeguarding activity for asylum seekers that reside in their region. There are 4 teams for identifying and tackling vulnerability within specific areas of work. They use a shared email:

Wales and South West	AsylumSafeguarding@homeoffice.gov.uk	Sian Kirk Wendy Parry	02920 924 425 02920 924 630 Mob 07341867401 Fax 08703 369417 Skype- +443000717504
Section 4 support	AsylumSafeguarding@homeoffice.gov.uk	Annette Maudsley	0113 341 2109
Section 95 support	AsylumSafeguarding@homeoffice.gov.uk	Annette Maudsley	0113 341 2109
National asylum intake uni	AsylumSafeguarding@homeoffice.gov.uk	Cassandra Mead	01304 210 888
Asylum Operations	AsylumSafeguarding@homeoffice.gov.uk	Nichola Henwood	0151 944 3225

APPENDIX D - Designated Safeguarding Lead for Children poster



Safeguarding Team

If you are concerned about a child or young person, or think that an adult may be at risk of harm, **you must speak to a member of the Safeguarding Team as soon as possible.** This includes: physical, sexual, financial, or domestic abuse, neglect, hate crime, trafficking and exploitation, as well as self-harm and suicide.



Livia Kestenbaum-Levi
Safeguarding Lead for Adults
07526354736



Caroline Broman
Safeguarding Deputy for adults
07835 754025



Alice Freedman
Safeguarding lead for children
07874604894



Clare Peacock
Safeguarding Deputy for children
07566848234 (UASC lead)

In an emergency – if someone is in immediate danger – call the police on 999

If none of the above are available, Andrew McCarthy chairs BRR's safeguarding team 07485305120 and Natasha Carver is the Trustee of BRR responsible for safeguarding

APPENDIX E – FURTHER GUIDANCE

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, e.g : Staff allegations

<https://www.proceduresonline.com/swcpp/>

Multi Agency Guidance for injuries in non-mobile babies

<https://bristolsafeguarding.org/media/f1nn0dos/non-mobile-baby-injury-kbsp-policy-reviewed-may-2020.pdf>

Working Together to Safeguard Children 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#history>

Making a referral to **First Response** online advice and link to practitioner booklet

<https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response>

Guidance for safer working practice for those working with children and young people in education settings

<https://saferrecruitmentconsortium.org/>

[Professional and Personnel Relationships \(cimpress.io\)](https://www.cimpress.io)

Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers, 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

KBSP “Guidance on the transfer of a child protection safeguarding file to another educational setting”

<https://bristolsafeguarding.org/media/myopzmfj/transfer-of-cp-and-safeguarding-file-reviewed-may-2020.pdf>

Prevent Duty Guidance for England and Wales

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

KBSP Threshold Guidance-2018

<https://bristolsafeguarding.org/media/42802/threshold-guidance-kbsp-edit.pdf>

EYFS Safeguarding and Welfare Requirements – Child Protection March 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

Inspecting safeguarding in early years, education and skills

<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills/inspecting-safeguarding-in-early-years-education-and-skills>

Keeping children safe in education 2022

[Keeping children safe in education 2022 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

KBSP Protocol: Children who Display Harmful Sexual Behaviour

<https://bristolsafeguarding.org/media/slvjkgfj/final-hsb-protocol.pdf>

Safeguarding children and protection professionals in early years settings online safety considerations

<https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations>

Appendix F

THINK FAMILY APPROACH

Bristol Safeguarding Board encourages a “Think Family Approach” through their Multi-Agency Guidance. The guidance seeks to embed good practice so that the child’s needs are not overlooked by adults’ services where the focus may be on the adult in front of them and likewise for children’s services to not overlook the adults’ needs. BRR adopts the 3 principles of good practice and will seek to follow the Think Family principles in our approach to adult and child safeguarding.

The Think Family Approach 3 principles of good practice are:

1/ Think Family, Parent and Child

Inappropriate tasks and responsibilities undertaken by a child or young person which adversely impact their emotional, physical, educational or social development should be prevented by providing adequate and appropriate support to the parent(s) and their family.

This means thinking about the child, the parent and the family, with adult and children's services working together to consider the needs of the individual in the context of their relationships and their environment whilst also recognising diversity and personal preferences. This will avoid services having to respond to each problem, or person, separately.

☐ There should be no ‘wrong door’ to services. Any contact a family member has with a service is an opportunity to guide them into other services that they need. To transform life chances and break the cycle of disadvantage, services must go further;

☐ Practitioners should actively think of the needs of the family as well as, and in relation to, the needs of the service user;

☐ The focus should be on families’ strengths and should aim to develop the family’s capacity to look after their own needs;

☐ Support given to families should be relative to their need; the greater the need, the greater the support.

Work with the wider family should always be viewed in relation to ‘how will these actions improve outcomes for the child’. This will be achieved by building on strengths as well as identifying difficulties using the Signs of Safety model as well as hearing the child’s voice and that of their parent and carer. Children’s needs are usually best met by supporting their parents to look after them. Participation of parents and carers ensures that they are able to contribute to assessments and plans in relation to them and their families, and can identify and build on strengths and skills to make lasting changes. Services must provide a non-stigmatising service that encourages social inclusion for all users

2/ Getting the Right Help at the Right Time for the Right Duration

Professionals must focus on intervening at the earliest opportunity. Preventative and early help responses are critical to avoid issues from escalating and families experiencing further

harm. Support needs should be addressed by enabling parents to access universal and community services wherever possible, as appropriate. The services provided at this level will provide the consistency needed by the child and family. Additional support needs should be met by using this support to prevent the child and family needing to access higher tier services. This could be through a single or multi agency response with timely provision.

When there is an escalating need(s) a multiagency approach is required. Targeted support, specialist assessment and service provision will be used to identify what is in the best interests of both parents/carers and children. Regular monitoring and reviews of interventions and support to families to ensure a co-ordinated approach to long term multi-disciplinary work will ensure that child(ren) are protected and parents are supported to parent effectively.

Statutory involvement is required when the child(ren) require intensive support and protection as a result of their parents complex needs. To ensure children's safety and welfare, many of these families will require support from both children's and adults' services. These children will require protection under s.17 and s.47 Children Act 1989. This is the threshold for child in need, child protection, and looked after children. At this level of need, social workers, in partnership with families and other agencies, will assess what services, from which agencies, are called for. A collaborative approach would ensure that parents are recognised as having needs in their own right, but the impact of those needs on their children becomes part of a multi-agency response.

3/Culture of Responsibility, Challenge and Escalation

Each individual is accountable and responsible for the child and adult. If a need is identified that can be met then the requirement to take action with the confidence to intervene and challenge positively when appropriate must be taken. Embedding appropriate challenge within an organisation is pivotal to ensuring good working practice and positive outcomes for children and their families.

Systems should be in place to ensure that:

- ☐ managers working with adults can monitor those cases which involve dependent children;
- ☐ there is regular, formal and recorded consideration of such cases with Children's Services (social care) staff;
- ☐ if adult and children's services are providing services to a family, staff communicate and agree interventions;
- ☐ appropriate staff are invited to relevant planning meetings;
- ☐ staff participate in the relevant planning meetings.

Approaches to Safeguarding:

There are a range of approaches to safeguarding, these include:

ACES and Trauma Informed Practice – Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child or affect the environment

in which they live. Recognising and understanding the impact of trauma informs an approach to building resilience.

Safer Options and Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, school and online can feature violence and abuse.

Appendix G– Non-Mobile Babies Flowchart

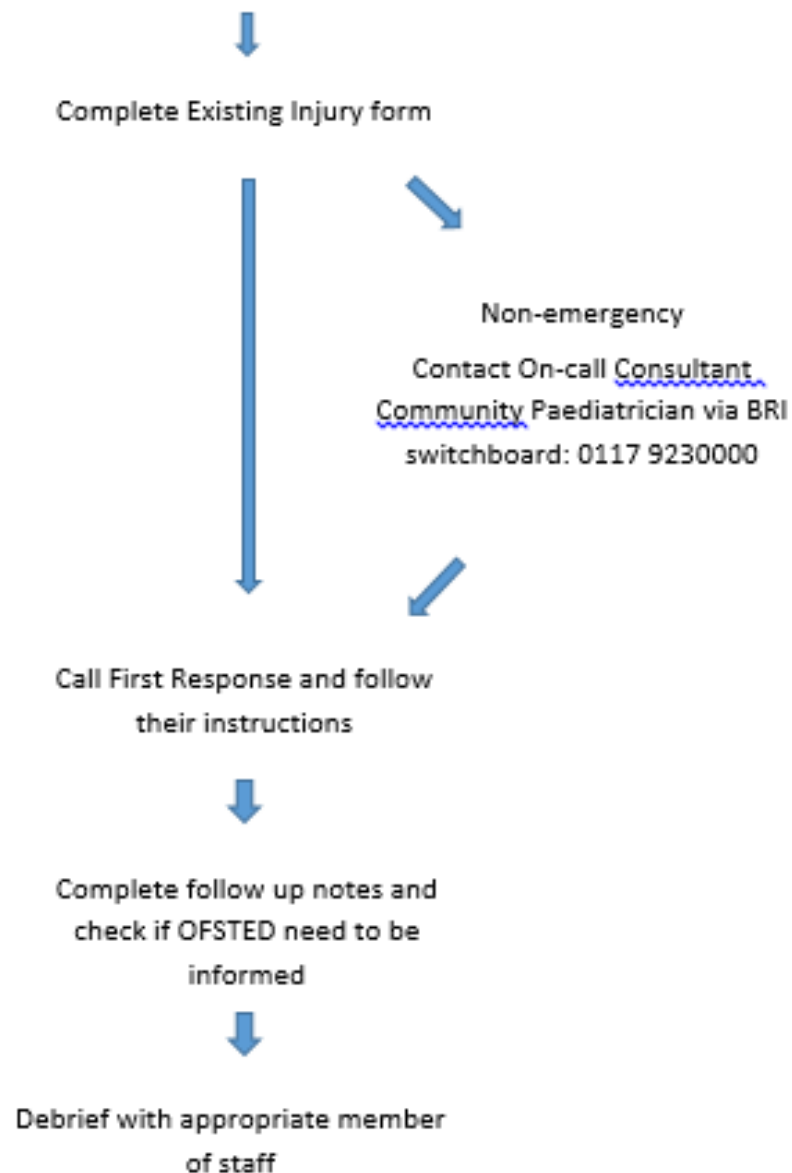


NON-MOBILE BABY INJURY

Follow this procedure for any non-mobile baby with ANY injury

IF CHILD IS IN IMMEDIATE DANGER CALL 999

(Bleeding from eyes, nose, mouth or obviously anything more than a mark or bruise)



Appendix H: Ofsted Declaration of Suitability/Disqualification



Bristol Refugee Rights

Declaration of Suitability/Disqualification

I have read the DfE document **Keeping children safe in education: childcare disqualification requirements - supplementary advice** and confirm that I am not disqualified.

I understand and accept that I must inform my line manager/BRR CEO immediately if I become disqualified.

Signature _____

Print name _____

Job Title _____

Date _____

APPENDIX I –

Children/Young People Procedures

Contents

- **PART 1 Who can be a member/ attend BRR services?**
- **PART 2 what to do when a SEPARATED CHILD ASYLUM SEEKER or age disputed young person comes for the first time**
- **PART 3 Process in other projects e.g. for classes/ advice/ interpreters**
- **PART 4 Arrangements for DBS checks**
- **PART 5 Key information to make an Emergency Referral to Social Services**
- **PART 6 Child Trafficking Indicators**

PART 1 Who can be a member/ attend BRR services?

Pre-school children (aged 0-5) – may attend with parent/carer but 4 months + should be in crèche (EYP) when it is open and otherwise remain with parent/carer at all times. Young children should not be in classes unless they are: babes in arms, it is not disrupting the class and it is agreed with Learning and Groups Coordinator and the teacher.

Accompanied school age children (4 to 18th birthday) – children who are part of a family, i.e. whose parents are members of BRR, should not attend BRR unless:

- specifically invited to attend an event/trip which is open to families.
- It is the first time a family attends the Welcome Centre where children are brought with them
- The children do not have a place in school and the family has a need for support. In these circumstances the DSL for Child Protection must be informed and a risk assessment completed in order to make a decision on allowing the family to attend.

Where such children do attend, they must remain with parent/carer at all times.

Unaccompanied Asylum Seeking Children UASC (up to 18th birthday) – children who are not part of a family i.e. they do not have a parent/carer who is a member of BRR, may attend /BRR only in limited circumstances:

- a) Any young person aged 18 or under who presents at BRR for the first time and is unknown to Social Services (**See Part 2**)
- b) Unaccompanied minors **aged 15 or under (i.e. up until 16th birthday) known to Social Services** will not be allowed to attend. The only exception to this is where
 - a. they attend for the first time with their foster carer or
 - b. they have an urgent need for support but do not attend with their foster carer/another adult who is responsible for them
 - c. they are age disputed and being treated as an adult by statutory services

In the case of a young person attending with a foster carer, they may be made allowed to stay on that occasion but their foster carer must remain with them at all times. They must be informed that they cannot become a member and attend again due to their age.

In the case of a young person attending without a foster carer/adult responsible for them, they may be made allowed to stay on that occasion if there is an urgent need for support. They must be informed that they cannot become a member and attend again due to their age.

Age disputed children being treated as an adult by statutory services may be allowed to become a member and use member services – see part 2

- c) Unaccompanied minors **aged 16 or above** may attend (as members) – see Part 2
- d) **Age Disputed Children** – BRR’s policy is to treat children as the youngest possible age, pending determination of their age, if disputed. However, we do not want this to act as a barrier to them using services – see above.

PART 2 what to do when a separated child asylum seeker or age disputed young person comes for the first time

On their first visit to BRR, they should immediately be referred to a member of staff who is on site and available to deal with them throughout the process, ideally this will be the Specialist Services Manager or someone else from the Young People’s Immigration Project (YPIP) or Safeguarding Team who are both more experienced in dealing with these cases. However, it is a requirement for all BRR staff to be DBS Checked and Child Protection Trained and therefore any member of staff should feel able to deal with the situation if no member of the safeguarding team/YPIP is available.

1. Offer food and hot drink
2. Arrange warm clothes/blanket if needed
3. Inform DSL for Unaccompanied Children, (Clare Peacock / Alice Freedman) or Head of Services if they are not available.
4. Using a telephone interpreter in a private space, complete separated child asylum seeker new arrival pro forma, taking their details and those of any other relevant people
5. Make a profile on Lamplight. Share profile across projects.
6. Note under ‘Red Flags’ this this is a separated child or young person
7. If an adult has bought the young person to the office, we should ask questions without the adult in the room.
8. If they have any other person with them, request their name, address and telephone number to pass as contact information to Social Services if requested.
9. Copy any paper work. People with access to this folder, (safeguarding team and YPIP) should save to a new member file in separated child asylum seeker area of Shared

Drive. ng If you are staff member without access please email to a member of the safeguarding team.

10. Write case note on Advocacy that this a YP. Make a work record on Advocacy 'Emergency referral to The Local Authority children's services'. Complete Red Flag as a separated child asylum seekerso this shows up to other users of this profile that this is an age disputed young person.
11. If Bristol based call First Response on 0117 903 6444 to make an urgent referral. Follow instructions from First Response. If South Glos call **01454 866000**
 - **Use professional judgement:** you may need to insist that a question or action is not appropriate to work in a trauma informed way.

12. If Bristol, child will probably need to go to Children's Services East Central Office (Welsman building). If so order a taxi and a member of staff should accompany to Welsman. If there is no clarity from First response try contacting Anne Farmer or Adam Ashgar

adam.asghar@bristol.gov.uk,

anne.farmer@bristol.gov.uk,

Andrew.back@bristol.gov.uk

Do not wait to be invited to attend as this only delays the matter. If there is a need for accommodation this is particularly important.

13. If they are South Glos based, then the address to take them to is less clear.

Kingswood Locality Hub, is one option but plan should be agreed with ART as there is no equivalent office. The name of the person responsible at SGlos is Katie Middleton and her email is Katie.Middleton@southglos.gov.uk, *Consultant Social Worker* – South Gloucestershire Council, Ex: 8269, Mob: 07919 413550

notify Child Protection leads and make sure they are aware.

14. Any referrals to Social Service must be notified to Child Protection leads: Alice Freedman and Clare Peacock

alicef@bristolrefugeerights.org 07874604894

clare@bristolrefugeerights.org 07566 848234

If you are in the safeguarding team please add the person's name to the Safeguarding list active cases sheet.

15. If ongoing work with the young person, please gather key information for Lamplight profile and complete an authorisation form. (save in separated child asylum seeker folder)

Ongoing referrals:

16. With consent refer to The Haven- alert staff that someone is age disputed/UASC
the.haven@nhs.net

17. With consent, refer to Welcome Wednesdays. They can support age disputed young people and will provide taxi or bus fare to get to sessions on Wednesday and Thursday evenings.

18. Refer to Refugee Council (with consent) if the person is accepted as a child. The Children's Desk from Refugee Council are contractually unable to work with age disputed people or refer to social services or solicitors.
miriam.sottile@refugeecouncil.org.uk

19. **If age disputed** Referrals to solicitor to challenge Age Assessment.

YPIP/ should do solicitor referrals if possible. They will be able to do ongoing work through age assessment process.

Normally we use Scott Laing at Bhatia Best. Scott.Laing@bhatiabest.co.uk

Maddie Harris, Maddie@humansforrightsnetwork.com

+44(0)7506663089

These may also be able to help with referrals to solicitors and are trying to do strategic work on this issue.

20. If an age disputed Young person is accommodated in a hotel notify safeguarding teams and advocate that they are moved to a single occupancy room

Refer to Home Office Safeguarding ashsw@homeoffice.gov.uk

Ready Homes Safeguarding WSW.Safeguarding@ready-homes.com

Trafficking concerns

If you have any concerns that a child has been a victim of trafficking please raise this in the First Response referral and again with the allocated social worker if you accompany the young person to the Council. Social services should either refer directly into the NRM or will contact Barnado's Independent Child Trafficking Guardianship Service (ICTG). They are NRM First Responders and support child victims and survivors of trafficking who have been referred into the NRM.

ICTG Key Contacts

For Bristol and Gloucestershire: Kelly Hounslow kelly.hounslow@barnardos.org.uk Kelly can follow up any concerns raised with Bristol City Council.

To talk through any concerns about a child: National Guardianship Assessment team **0800 043 4303** offers advice, guidance and information about the service and are happy to talk through any concerns regarding possible referrals

See Part 6 for further guidance on trafficking indicators.

PART 3 Process in other projects e.g. for classes/ advice/ interpreters

Ongoing work

Age disputed young people are legally adults and so will not be accommodated by social services in some cases. Ongoing support in BRR e.g. destitution support, Advice, other services should still be available. This includes for age disputed young people who claim to be under the age of 16. However, Child Protection leads and YPIP staff will need to hold these cases and member documents will be kept in UASC area of Shared Files so not accessible by Advice volunteers.

Project Specific Procedures

English classes:

1. English classes are generally intended for adults only.
2. All English teachers will be DBS checked for working with children so young people can attend a class if they are waiting for a college place.
3. All English teachers should receive Child Protection training and training on their specific responsibilities whilst a young person is in their care.
4. Young people are supported by the Learning and Groups Coordinator into college places as soon as possible.

The following procedures are put in place where a young person does want/need to attend classes:

1. Coordinator completing NMI should refer directly to Learning and Groups Coordinator for Education assessment informing them it is for a young person. The Learning and Groups Coordinator should complete the Education assessment himself if possible and if not it is completed by a DBS Checked volunteer
2. After the Education assessment, if volunteer has completed it, she will hand over to Learning and Groups Coordinator .
3. Learning and Groups Coordinator will be responsible for allocation of the young person to a class, introducing the young person to their teacher and letting teacher know the individual is a young person.
4. The Learning and Groups Coordinator will keep cover sheets updated so it is clear in which class there could be a young person and which teachers are DBS checked. He also maintains a list on lamplight of Education students who are under 18.

Advice:

1. Unaccompanied minors may receive support from Advice.
2. In respect of a person under the age of 18, this must always be from a member of staff. For 16-17 year olds, this may be a volunteer once DBS checks/proper training has been completed
3. All Advice volunteers should be DBS checked for working with children.
4. All Advice volunteers should receive Child Protection training and training on their specific responsibilities whilst a young person is in their care.
5. All Advice volunteers should also receive specific training on advising young people.

Interpreters:

- Interpreters may only be used for appointments and consultations with under 18s if DBS checked for working with children.

PART 4 Arrangements for DBS checks

1. All staff and Trustees are DBS checked. Most are enhanced check for working with adults and children + barred lists, expect for some non-member facing roles (see DBS policy)
2. EYP non-member volunteers are DBS checked - enhanced check for working with children + children's barred list.
3. Advice & Welcome volunteers are DBS checked in line with DBS policy– enhanced check for working with adults and children

PART 5

Key information to make an Emergency Referral to Social Services.

In Bristol: call First Response on **01179036444**, press option 2 to make a Professional Referral. Call as quickly as possible to alert social services, especially if accommodation is required. Also notify Children's Services (Welsman Centre) as soon as possible.

In South Gloucestershire: call Access and Response on **01454 866000**

1. Details of young person:

Full name:			
DOB stated: <i>*use 1/1/... if not sure</i>		DOB allocated by Home Office	
Have we seen any documents? <i>e.g. bail 201, any mention of age assessment?</i>			
Country of origin:		First language: <i>Interpreter needed?</i>	
Date arrival in UK:		Date arrival in Bristol:	
Phone number: <i>If no phone, try to arrange before they leave</i>			
Where did they sleep last night? Did they have a bed? Do they have a plan where to sleep tonight?			
If they came with adult - how do they know this person? How did they meet			
How did they travel to Bristol?			
Any previous accommodation? <i>e.g IA hotel, foster placement, children's home</i>			
Age assessment?			

<i>Has another local authority carried out an age assessment?</i>	
Any family in UK?	
Ask this question away from the adult that brought them – How are they feeling? Do they feel safe?	
When did they last eat? Where they are staying did they get fed?	

2. Details of adult

If the young person arrived with an adult, or stayed with an adult (friend/relative/stranger) before coming here, try to collect their details

Full name:			
Address:			
Country of origin:		First language:	
Phone number:			
How did they meet young person? Any existing relationship?			
Notes on accommodation: <i>Is the place suitable for a child? Who else lives there? Are extra people permitted?</i>			
Permission to share details with social services?			

3. Notes

Any extra information? <i>E.g. do you recognise the address / adults involved? Any indicators or even 'gut feelings' that make you concerned?</i>	
Appearance notes? Tired, sleepy, scared, adequate clothes	

BRR to offer appropriate food/clothing/etc

PART 6 - Child Trafficking Indicators

Coram guide to child trafficking:

<https://www.childrenslegalcentre.com/resources/child-trafficking/>

Detailed processes for child safeguarding including trafficking

<https://www.londonsafeguardingchildrenprocedures.co.uk/>

Indicators of trafficking:

1. Signs of undernourishment
2. Unexplained phone calls while in a placement
3. Money or possessions which are unaccounted for
4. Signs of physical or sexual abuse
5. Going missing from local authority care
6. Fear of authority figures
7. A prepared story, possibly very similar to that of other children (my edit - we could list the patterns identified by Barnardos here - e.g. Afghan yp arrives in Bristol after an "uncle" or someone from their village invites them. They end up sleeping in a park, some time is unaccounted for and then they present at BRR.
8. A history with missing links and unexplained moves
9. Showing fear for their family in the country of origin
10. Lack of knowledge of where they are
11. Strong desire to live in a particular city without adequate explanation wh