HIAS + JCORE
The UK Jewish Voice on Refugees and Racial Justice

Safeguarding Adults & Young People

HIAS+JCORE - Policy & Procedures

The most important aspects of this policy to remember are:

1. **If you are concerned about the safety of a service user, or staff: act on you concerns.**
2. **Do not wait for certainty, check it out ASAP. If you have any concerns, however trivial they may seem, don't hesitate to just give us a call or send us an email.**
3. **Discuss your concerns with the Designated Safeguarding Lead, or other relevant HIAS+JCORE staff. They will be able to advise you or progress these as appropriate.**
   - If your concern pertains to a young person or volunteer involved in JUMP, contact your JUMP Project Coordinator. In the case that they are unavailable contact Eliza Ward, JUMP Project Manager, at eliza.ward@hiasjcore.org
   - If a young person or volunteer is in imminent danger, call the ambulance service or police on 999. Please then contact Eliza Ward immediately.
   - If your concern about abuse related to any HIAS+JCORE member of staff, please contact Jessie Rosenberg, HIAS+JCORE Safeguarding Trustee, at jessie.rosenberg@hiasjcore.org

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1. Key Definitions and Concepts:

- The HIAS+JCORE Unaccompanied Minors Project, is referred to as JUMP throughout this document. JUMP operates under the auspices of HIAS+JCORE.

- This HIAS+JCORE policy and the following procedures are designed to ensure the safety and wellbeing of HIAS+JCORE staff, and all those who take part in JUMP (both befrienders and young people) and any future HIAS+JCORE projects.

- HIAS+JCORE believe a child, young person/vulnerable adult should never experience abuse and that we have the responsibility to promote their welfare and be committed to their safeguarding and protection.

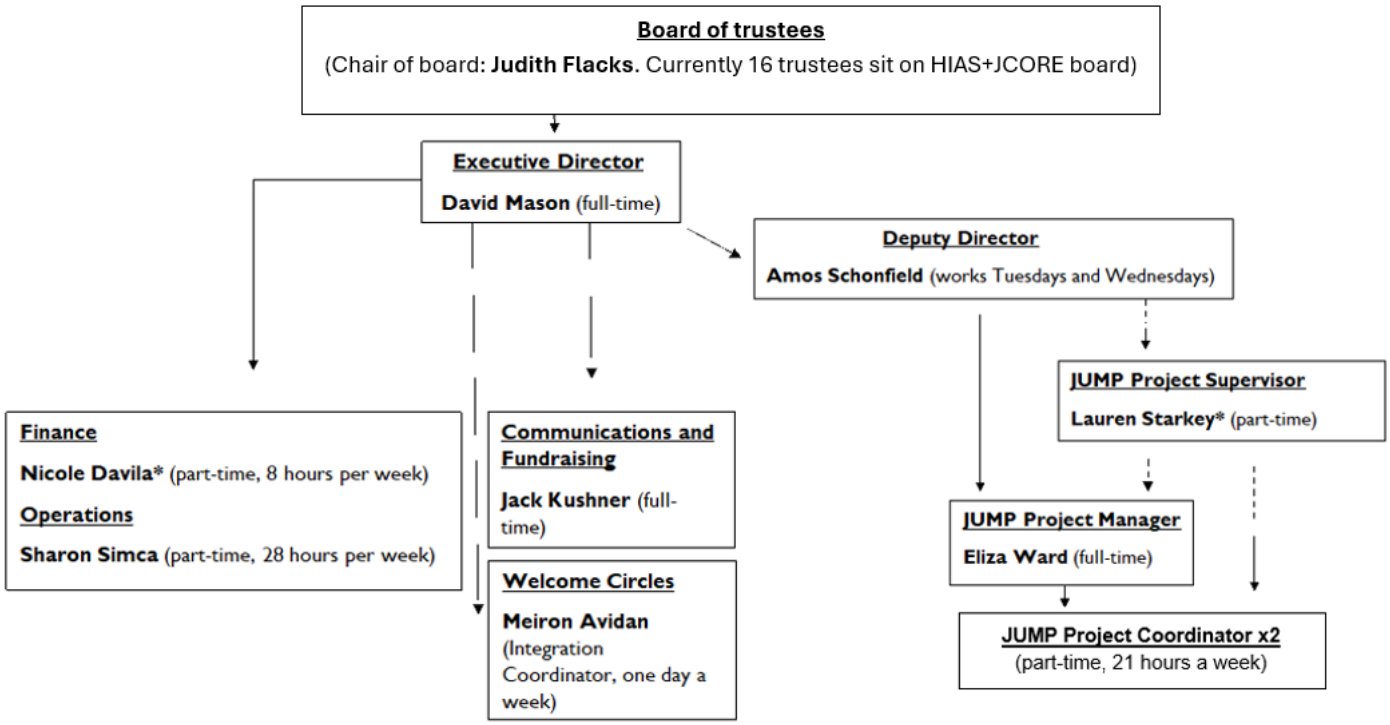
- The young people who take part in JUMP are aged between 16 to 25. As volunteer befrienders may be paired with a child (anyone under the age of 18), this policy and these procedures refer to both adult and child safeguarding.

1:2 Key Definitions

Safeguarding	Safeguarding is a wide term which refers to the procedures for keeping people safe from both abuse as well as promoting their wellbeing i.e. where a child or adult is **unable to protect themselves from abuse or suffers harm.** Child safeguarding usually refers to all children (up to 18yrs old) and adult safeguarding to adults at risk. **However there are some differences between adult and child safeguarding and protection.**
Adults	In England, Wales and Northern Ireland the term 'adult' is applied to individuals aged 18 and older.
Children	Are all those believed to be or claiming to be under the age of 18.

Young Person	As referred to in this document means, a person between the ages of 16-25 who is taking part in the JUMP project.
The JUMP team	Refers to the JUMP Project Manager and JUMP Project Coordinators.
Designated Safeguarding Lead (DSL)	Trained welfare officer responsible for ensuring that HIAS+JCORE staff and volunteers are aware of the safeguarding policy, and of how to respond to safeguarding concerns. The safeguarding lead for an event may be a different person, but still referred to there as the DSL.
Line Manager	Level of management staff above the staff member being described (see page 3)

2. HIAS+JCORE MANAGEMENT STRUCTURE



3. KEY CONTACTS FOR REPORTING

	Designated Safeguarding Officer (DSO)		
Name	JUMP Project Coordinators x2	**Mobile**	
		Email	jump@hiasjcore.org
	Deputy Designated Safeguarding Lead (DDSL)		
Name	Eliza Ward	**Mobile**	
Job title	JUMP Project Manager	**Email**	eliza.ward@hiasjcore.org
	Designated Safeguarding Lead (DSL)		
Name	Amos Schonfield	**Mobile**	
Job title	Deputy Director	**Email**	amos.schonfield@hiasjcore.org
	Lead Trustee for Safeguarding		
Name	Jessie Rosenberg	**Mobile**	
Title	Trustee	**Email**	jessie.rosenberg@hiasjcore.org (jzrose88@gmail.com)
	Local Authority Contact		
Name	Staff should contact the Local Authority Designated Officer (LADO) at the local authority in which the young person is currently living. For any staff, volunteer, or work related concerns please contact the Camden LADO.	**Mobile**	020 7974 4556
		Email	LADO@camden.gov.uk

4. HIAS+JCORE Key Principles:

4.1. Policy

- JUMP is committed to, and has a duty to, safeguard and promote the welfare of the children, young people, and adults at risk who use its services.

- Alongside staff, JUMP volunteers have a responsibility to safeguard and promote the well-being of children, young people, and adults at risk.

- JUMP befrienders must be aware of their responsibilities and duties outlined, and undertake them with care and effectiveness. This document must be read and understood by all volunteers.

- JUMP befrienders must comply with all legal, contractual, and professional standards and responsibilities, including those outlined in:
  - JUMP training
  - The JUMP Volunteer (Annual) Agreement
  - The JUMP Befriending Agreement
  - The JUMP Volunteer Handbook
  - The HIAS+JCORE/JUMP Safeguarding Policy

- This includes, but is not limited to, befriender expectations, duties and boundaries.

- JUMP volunteers and staff must never be involved in child abuse or neglect. They must not:
  - hit or otherwise physically assault or physically abuse children or young people
  - verbally abuse children or young people in any way
  - develop sexual relationships with children or young people or vulnerable adults
  - develop exploitative and abusive relationships with children or young people
  - act in ways that may place or leave a child or young people at risk of abuse
  - JUMP volunteers should adhere to the principles of confidentiality. Consent should be sought from a child, young person or vulnerable adult to disclose information about them to any third party including staff.

- Confidentiality may, and should, be breached in the following circumstances: When there is a risk of harm to any individual, including where a young person is judged to be at risk of any form of abuse or exploitation.

4.2 Equality & Diversity

The welfare of all of our service users (both volunteers and young people) is paramount. All children and adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, identity, or any other difference, have a right to equal protection from all types of harm or abuse. We recognise that some of our beneficiaries may be additionally vulnerable due to their unique personal circumstances. We will ensure that in all our work, we are respectful of our services users' unique identity and background and seek to work in partnership with them.

4.3 Scope

This policy applies to everyone working for or with JUMP, whether in a paid or voluntary capacity. It includes Trustees, paid staff, volunteers, and anyone working on behalf of HIAS+JCORE. Hereafter for ease, all will be called 'staff' in this policy and procedure. It is expected that this policy and procedure will be read, understood and applied by all staff. It

will be made available at training and be available on our shared drive, or in paper format (volunteers).

Our beneficiaries and the public will be made aware of the existence of this policy and procedure, and we will make it available to them. It will be available on our HIAS+JCORE website.

5. Child Protection

5.1. Definition of 'child'

A 'child' is anyone who has not yet reached their 18th birthday. JUMP works with young people up until the age of 25. Where a young person has been age assessed, we will assume the young person is the age they believe themselves to be, until the appeals process is exhausted.

5.2. Vulnerability and Child Protection

When referring to 'safeguarding adults at risk of abuse' we are specifically referring to adults with an additional need or vulnerability. JUMP recognise that anyone of any age can become vulnerable at any time depending on his or her individual circumstances. Children by definition are vulnerable.

Child Protection is a part of child safeguarding. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. Child protection aims to protect children from intentional and unintentional harm by an individual or within organisations. It includes child protection procedures which detail how to respond to concerns about a child. These will take into account a child's wishes and feelings appropriate to their age and understanding but in accordance with their best interests.

5.3. Paramountcy Principle

A key principle of the Children Act 1989 is that the welfare of the child is paramount. This refers to a child centred approach which is fundamental to safeguarding every child. It means keeping the child's best interests in focus and at the heart of all decisions.

5.4. Defining 'abuse' and 'neglect'

According to the World Health Organisation, "'Child abuse' constitutes 'all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health,

survival, development or dignity in the context of a relationship of responsibility, trust or power."

Child abuse can be committed by a family member or stranger, an institution, community organisation or state. It can be committed by other children.

5.5 Four categories and indicators of abuse and neglect

Working Together 2018 (2020 update) sets out four categories of abuse and neglect that children may experience. This is not an exhaustive list and abuse, and neglect can take place in many forms and in many circumstances. It is important that when observing or talking with people, we are alert to any concerns about their wellbeing and safety.

The four categories are defined below with some signs and indicators also listed. The signs are not exhaustive and there may be no or few signs for some children. Often, we are looking for clusters of signs or signs that something for the child has changed.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
• May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. • Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.	• bruising, cuts, burns, marks, fractures • inconsistent explanations or unexplained injuries • subdued, aggressive or noticeable change in behaviour • flinching, fear • covering up injuries • frequent medical visits
Sexual Abuse	
• Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. • The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. • They may also include non-contact activities, such as involving children in	• injuries to thighs, buttocks, genital area • torn, stained or bloody underclothes • sexually transmitted infections • age-inappropriate sexual behaviour or knowledge • Self-harming • poor concentration or sleep • excessive fear of certain relationships • running away • access to money/items without explanation

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.	
Neglect	
• Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent/carer failing to: ○ provide adequate food, clothing and shelter (including exclusion from home or abandonment) ○ protect a child from physical/emotional harm or danger ○ ensure adequate supervision (including the use of inadequate caregivers) ○ ensure access to appropriate medical care or treatment • It may also include neglect of, or • unresponsiveness to, a child's basic emotional needs.	• unkempt appearance • poor hygiene • hungry, stealing food, cramming food • malnutrition and dehydration • infections, illness • poor school attendance • obesity or underweight • not meeting developmental milestones • frequent accidents • poor attendance for medical or health needs
Emotional Abuse	

Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.	withdrawal, sullen, quiet uncooperative and aggressive behaviour. distress: tearfulness, anger low self-esteem insomnia change of appetite, weight loss or gain self-harm isolation

5.6 Children's Services

It is important to remember that Children's Services are the lead agencies on issues relating to child protection. It is our responsibility to inform the relevant authorities of any concerns relating to a 'looked after' child. The JUMP team may also support a young person, but their social worker should be the main point of contact and be updated throughout.

5.7 Referring On

In the event that you have any concern whatsoever that a young person might be at risk from physical, emotional, sexual abuse or neglect, you must inform the DDSL.

5.8 Additional signs to watch out for

The following are all considered to be potential issues relating to safeguarding of young people and should be referred to the designated safeguarding lead or their nominated deputies:

- Female genital mutilation
- Gangs and youth violence
- Domestic violence
- Trafficking
- Teenage relationship abuse
- Extremism/radicalisation
- Fabricated or induced illness
- Bullying including cyberbullying
- Sexting
- Private fostering
- Forced marriage
- Drugs
- Child sexual exploitation

6. Adults at Risk

6.1 Adult Safeguarding

Defined as protecting an adult's right to live in safety, free from abuse and neglect. It requires people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. It's important to recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (Care Act Statutory Guidance 14.7).

6.2 Defining an 'adult at risk'

Safeguarding adults applies to people who are 'adults at risk' of harm and abuse, defined as someone who is aged 18 years and over and who:

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

An adult may be in need of care and support and unable to protect themselves from harm for a variety of reasons such as physical or learning disability, mental health difficulties, addiction, age and infirmity.

JUMP works with young people until they are 25 years of age, and therefore we commit to safeguarding any adults we work with.

6.3 The Care Act 2014 – Six Principles in Adult Safeguarding

The Care Act (2014) sets out the legal framework for how we should work to protect adults who may be at risk of abuse and neglect. The principles set out in the Act are:

1. Empowerment – We empower adults to make their own decisions by providing them with support, advice and guidance to make informed choices.
2. Prevention – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to take action before harm occurs.
3. Proportionality – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.
4. Protection – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.
5. Partnership - We work together with other agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.
6. Accountability – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

6.4 Who abuses and neglects adults?

Anyone can perpetrate abuse or neglect, including:

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

It is far more likely that the person responsible for abuse is known to the adult and may even be in a position of trust and power, than for the abuser to be a stranger.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in a care setting, a community setting or on the streets. It can take place when an adult lives alone or with others.

6.5 Ten categories and indicators of abuse and neglect

The Care and Support Statutory Guidance 2020 sets out ten categories of abuse and neglect that adults may experience. This is not an exhaustive list and abuse, and neglect can take place in many forms and in many circumstances. It is important that when working with people, we are alert to any concerns about their wellbeing and safety.

The ten categories are defined in the following ways and particular signs and indicators that may alert to the type of harm are also noted. Please note the signs and indicators listed are not exhaustive either and there may be no or few signs for some people.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
• assaults: e.g., hitting, slapping, pushing, • misuse of medication • inappropriate restraint • inappropriate physical sanctions	• bruising, cuts, burns and/or marks on the body, clumps of hair loss • frequent injuries, unexplained falls • inconsistent or no explanation for injury • subdued or noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment
Sexual Abuse	
• rape • indecent exposure • sexual harassment • sexual teasing or innuendo • sexual photography • subjection to pornography or witnessing sexual acts • sexual assault • sexual acts to which the adult has not consented or was pressured to consen to	• bruising or injuries, particularly to areas such as thighs, buttocks, genital area • torn, stained or bloody underclothing • difficulty walking or sitting • infections or sexually transmitted diseases • changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal from others, sleep disturbance • excessive fear of certain relationships
Neglect	

• ignoring emotional or physical needs such as food, water, shelter, guidance • failure to provide access to appropriate medical, health, care and support or educational services • withholding life's necessities, such as medication, adequate nutrition and heating	• unkempt appearance • poor personal hygiene • malnutrition and dehydration • infections • illness
Psychological Abuse	
• emotional abuse • threats of harm or abandonment • deprivation of contact, isolation • humiliation, blaming, controlling • coercion, harassment, intimidation • cyber bullying • unreasonable withdrawal of services or support networks	• air of silence when an individual is present • withdrawal or change in the behaviour and temperament of the person • uncooperative and aggressive behaviour • signs of distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain
Domestic Abuse	
• Domestic abuse covers the following: physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; so, called 'honour' based violence. *'Honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community."* (CPS and Home Office definition). • Coercion and control often underpin domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.	• low self-esteem • self-blame for events outside of their control • injuries • hearing derogatory or intimidating comments about self • fear of an individual • isolation – not seeing friends and family, partaking in activities • limited access to money, without reason
Financial Abuse	
• theft, fraud, internet scamming • coercion about finances including about wills, property, inheritance or financial transactions	• fear of particular people • unable to make reasonable purchases • in debt (without reason) • unable to pay bills • unkempt looking

• misuse or theft of property, possessions or benefits • move into a person's home without consent	• hungry
Modern Slavery	
• slavery • human trafficking • forced labour and domestic servitude, sexual exploitation, debt bondage	• physical, emotional abuse or sexual abuse signs as above • malnourishment • withdrawn and / or fearful of others • poor living or work conditions • lack of identification documents • fear of police or authorities
Discriminatory Abuse	

• harassment
• slurs or similar treatment because of:
  ○ race
  ○ gender and gender identity
  ○ age
  ○ disability
  ○ sexual orientation
  ○ religion
	• withdrawn and isolated
	• anger, frustration, fear or anxiety

Organisational	
• neglect and poor practices in organisations and care settings, including care provided in own home. • ranging from one off incidents to ongoing ill-treatment. • arising from neglect or poor professional practices	• lack of policy, procedure, supervision and management • low numbers of staff or poorly trained staff • denial of basic needs, e.g., food, water • disrespectful or abusive attitudes to beneficiaries and families
Self-neglect	
• Covers a wide range of behaviour in which a person neglects to care for their own hygiene, health or surroundings and includes behaviour such as hoarding.	• unsanitary conditions that pose risk • hoarding • non-attendance at health appointments • not taking prescribed and recommended medication.

6.6 Adult Services

It is important to remember that Local Authorities are the lead agencies on issues relating to adult social care. The JUMP team may also support an adult, but their personal advisor or the LADO (if not 'looked after') should be the main point of contact and be updated throughout.

6.7 Referring

In the event that you have any concern whatsoever that an adult in our care might be at displaying indicators from any of the 10 categories of abuse, you must inform the DDSL.

7. Additional Vulnerabilities

Some adults and children may be more likely to be targeted to be exploited, abused or neglected due to characteristics that make them more vulnerable. Listed here are some such circumstances but it should be noted that not all vulnerabilities translate into harm.

7.1 Disability

People with disabilities are additionally vulnerable because they:

- may have signs of abuse/neglect which are misinterpreted as being due to the disability
- may have impaired capacity to resist or avoid abuse
- may have difficulties communicating to others what is happening
- may have fewer outside contacts than other people
- may receive care from several carers which increases potential exposure to abusive behaviour
- may receive personal care which makes it more difficult to maintain physical boundaries
- may fear making a complaint in case they lose services or aggravate their carers

7.2 Looked After Children, Care Leavers & UASCs

People who have experienced abuse, neglect and family breakdown such that they have spent parts of their childhood in foster care or residential care may be particularly vulnerable. Many people who have experienced being in care may have poorer outcomes in terms of education, employment or health care needs – both physical and psychological - being met. This particularly applies to Unaccompanied Asylum-Seeking Children who are here in the UK without the protection of their families.

7.3 Race and Racism

People from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. Experiences such as these are likely to have a cumulative impact on their sense of identity and self-worth, limit their opportunities or serve to isolate them from communities and sources of support. There is also a potential dynamic whereby professionals may not intervene soon enough in safeguarding matters (e.g., for fear of being seen as racist or in the mistaken belief that certain behaviours are acceptable in Black, Asian and Minority Ethnic groups) and in so doing, offer fewer safeguards.

7.4 Young carers

Young carers are those under age 18 who provide care for someone else (often a parent). Doing so may limit opportunities for young carers, including academic and social experiences and the burden of caregiving may be excessive or long term. Some young carers may be in need of protection, for example if the person they care for is abusive.

7.5 Contextual Safeguarding

This refers to harm that people can experience from outside of their families. The environment and relationships that people form in their neighbourhoods, schools and online can feature violence and abuse and so there may be vulnerability to harm in social contexts.

Adolescents particularly may be affected as they begin to spend more time, independently of their families, outside the home, and this particularly applies to unaccompanied asylum-seeking children (UASC). Their social environment may lead them to encounter either forms of protection or forms of abuse and exploitation. Examples such as street robbery; sexual violence in parks; gang-related violence; online bullying; harassment from peers and abuse in their intimate relationships, show that young people can be exposed to significant harm in settings outside their families. Parents/carers may not be present in the UK and so may not be able to promote their safety and well-being. Equally, young people who are exposed to harm in the place they live may avoid going home and therefore be exposed to crime or exploitation outside the home, or they may adopt the harmful behaviour they are exposed to, as a behaviour toward others.

8. Confidentiality, Response, and Referral

The welfare of young people in our care always takes overriding priority. Therefore, we cannot promise absolute confidentiality to young people in our care.

- All those working with/for HIAS+JCORE to support young people should make all young people aware that you cannot promise confidentiality, and that you will refer information in order to protect any young person's safety or welfare.

- Any situation involving suspected child abuse, self-inflicted injury or drug use, should be referred directly to the Deputy Designated Safeguarding Lead (DDSL) or the DSL.

- Any situation or incident which you believe is serious enough to require further action must be referred directly to your line manager, or your JUMP Project Coordinator if you are a volunteer. Such situations include: depression, eating disorders, anti-social behaviour, violence, bullying, severe homesickness, abnormal behaviour, or any other scenario which causes concern.

- Situations should not be referred without the knowledge of the young person involved. If a referral is necessary, you must try to get the young person's permission, but if they do not agree, inform them that you are obligated to make the referral.

- Incidents must only be referred to your direct line manager, or your JUMP Project Coordinator if you are a volunteer. Sensitive information must never be shared with other staff. You may choose to share information with the JUMP Project Supervisor during supervisions. In this case, no personal details regarding a young person should be shared and initials should be used for reference where appropriate.

- If you are unsure whether there is a need for further referral, you should always seek advice from your line manager.

8.1 How Safeguarding Concerns May Arise

To help us identify safeguarding concerns, below are examples of the different ways in which safeguarding concerns may arise at JUMP. These are not an exhaustive list, and it is important we remain vigilant to safeguarding matters.

- When meeting up with their befriender a young person discloses that they have been abused.
- A third party, predominantly referral partners or befrienders, tells a JUMP Coordinator that an adult or child you are working with has experienced abuse.
- An adult tells you about childhood experiences of abuse and you find out that the perpetrator currently has access to children.

- You are working with an adult who is struggling to cope (e.g., mental health difficulties, addiction, homelessness).
- A child or adult tells you that they have witnessed the support worker in their accommodation having inappropriate relationships with other children or adults in the setting.
- A child or adult tells you that a person in a position of authority (including HIAS+JCORE staff) is trying to connect with them on social media.
- You observe a child or adult bullying or acting inappropriately with another service user in an activity.
- You see physical signs of what could be abuse or neglect.
- You are working with someone in a position of authority (e.g., a social worker) and you note their behaviour or attitude towards a child which leaves you with concerns.
- A young person tells you they want to accept an offer of work and lodging sent to them in a text message from someone they do not know.

8.2 Barriers to Speaking Out for those we work with

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

- do not have anyone that they can turn to or that they can trust
- may have sought help before but felt let down
- fear not being believed or being taken seriously
- feel shame, guilt or responsibility for the abuse
- feel embarrassed about talking to someone about what happened
- fear the consequences of telling and that the situation could become worse if they do tell
- believe they are protecting others (e.g., the abuser, family members)
- have been groomed
- have experienced abuse and/or neglect for so long that it seems to be a 'normal' part of their life experience
- lack language skills, e.g., because they are pre-verbal, have communication impairment, don't speak English fluently

8.3 Barriers for JUMP in listening

As professionals, staff and volunteers, we may feel reluctance to listen fully to accounts of abuse and neglect and to act swiftly. This may be due to:

- not understanding or not recognising the signs and indicators
- not knowing how to react
- feeling overwhelmed
- not knowing who to tell
- loyalty to family or colleagues
- fear of getting it wrong or making things worse
- worried that there isn't any hard evidence
- being worried about breaching the person's confidentiality
- lack of knowledge or trust in the multi-agency safeguarding system
- believing it is not our role
- thinking someone else is dealing with the issue

These concerns may be normal but serve to limit our responses to people who need our help. JUMP has several systems and processes to ensure that staff are supported to have supportive discussions with supervisors and colleagues and a reflective space to make sure that we are open to listening and acting on our safeguarding concerns, however small or vague they may at first appear.

8.4 Responding to a child or adult at risk

There are many good practice responses for responding to a situation when you think someone may be trying to tell you about actual or fear of possible abuse.

This guidance is helpful in terms of responding to a child or adult at risk.

- Make time and provide a comfortable and uninterrupted space to listen and understand what is being said.
- Respond naturally, with compassion and empathy.
- Reassure the person that they are right to tell you/someone.
- Take the matter seriously.
- Actively listen - allow the person to speak freely and recall significant events. Do not interrupt or push the person to tell you more than they wish or directly question them about the details of the incident.
- Remain 'neutral' and do not show strong reactions or feelings such as shock, denial.
- Do not ask leading questions. Where you need to ask questions, use open questions, such as those starting 'who', 'when', 'where', 'how'. Avoid asking 'why' questions.
- Do not speculate or blame anyone.

- Never ask to look at injuries, especially if it entails them lifting/removing clothing.
- Never promise confidentiality or make other promises such as 'it will all be okay now'.
- Explain what will happen next, who you will tell, that you have guidelines to follow.
- If you are a volunteer, consult immediately with your JUMP Project Coordinator. If you are a JUMP Coordinator, consult your line manager and the DDSL (if not same person).
- If you are a JUMP Project Coordinator record the conversation immediately on the CMS, and a Safeguarding Incident Report Form where appropriate.

8.5 Is the person in immediate danger?

You will know if the individual is in immediate danger. This is when common sense tells you the emergency services must be called e.g. police, ambulance or fire brigade. After calling the emergency services you must then inform your JUMP Project Coordinator (if a volunteer) or the JUMP Project Manager and DDSL (if a JUMP Coordinator).

8.6 Reporting a non-urgent concern

A non-urgent concern refers to a disclosure in which the emergency services do not need to be called, but there is still an evident safeguarding concern.
JUMP volunteers in non-emergency situations must discuss any concerns with their JUMP Project Coordinator within 24 hours of a disclosure.

8.7 Cases of Trafficking

If there is the suspicion or confirmation that an individual has been trafficked, the JUMP Project Coordinator and DDSL should be informed. A referral will then be made to an organization or public body that can refer on to the National Referral Mechanism (NRM). The NRM was introduced to provide a framework in which organizations could work together to identify victims of trafficking. Only first responder organisations can make referrals to the NRM. These include: police forces, certain parts of the Home Office: UK Visas and Immigration; Border Force; Immigration Enforcement; and the National Crime Agency, local authorities, Gangmasters and Labour Abuse Authority (GLAA), Salvation Army, Migrant Help, Medaille Trust, Kalayaan, Barnardo's, Unseen, NSPCC (CTAC), BAWSO, New Pathways, Refugee Council.

8.8 Information Sharing and Confidentiality

8.8.1 Sharing internally

It is expected that information about service users will be shared internally within the JUMP Team on a 'need to know' basis. This will be, for example, for reasons such as registering them as clients on our database, supervising the work undertaken with them or managing safeguarding concerns. All such information will be securely managed.

8.8.2 Sharing externally with other agencies

When sharing information about service users with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that clients have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. This principle helps to develop trusting relationships with our service users and supports them to engage with us.

There are important exceptions to this general principle. Confidentiality is not offered absolutely, and we have a duty to make reports and share information in certain circumstances when it is in the public interest and may override their consent to share information in these circumstances:

- a person aged 16 years and over lacks the mental capacity to make that decision
- there are emergency or life-threatening situations
- other people are, or may be, at risk, including children or other adults at risk
- seeking consent could place the individual or others at risk
- sharing the information could prevent a serious crime
- a serious crime has been committed
- the risk is unreasonably high
- staff and/or other professionals are implicated

8.8.3 Information sharing about adults at risk

For adult safeguarding, it is important to make decisions with adults about their circumstances, to share information with their informed consent or empower them to make their own decisions about information sharing. However, the law does not prevent the sharing of information without consent in certain circumstances such as those set out above.

If an adult at risk does not give their consent to sharing safeguarding information, the reasons for this should be explored. Reassurance and support may help to change their

view on whether it is best to share information. If they remain firm in their view and do not consent to information being shared, in general, their wishes should be respected, and they should be offered support to build confidence and regular reviews provided to continue supporting them. If there is uncertainty about how to proceed, seek advice.

If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and the reasons why.

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

8.8.4 Information sharing principles

For both adults at risk and children, consent to share information should not be sought if this will place the person at further risk. This might include situations where, for example, there has been an allegation of familial sexual abuse or fabricated/induced illness where the detection of the crime may be jeopardised. If there is any doubt, seek advice before asking for consent or informing the individual.

In any situation where information is not shared because consent has not been given and it is judged that it cannot be shared, advice, signposting and guidance can be offered to support the client. Further opportunities to discuss matters, including concerns about safeguarding and to share information in the future should be given.

8.8.5 Mental Capacity

Mental capacity is the ability that a person has to make a decision for themselves. The Mental Capacity Act 2005 provides the legal framework for making decisions on behalf of people aged over 16 years who lack the mental capacity to make decisions themselves. A person may not be able to make a decision at a certain point in time if they have an impairment in their functioning e.g., a learning disability, and the impairment means that they cannot make a certain decision because they are unable to understand information about the decision, retain, use or communicate their decision and understand the consequences.

The Mental Capacity Act 2005 sets out five principles where a person:

1. is assumed to have capacity unless it is established that they lack capacity

2. should not be treated as unable to make a decision unless all steps to help them to do so have been taken without success
3. should not be seen as unable to make a decision because they make an unwise decision
4. who lacks capacity must have decisions made in their best interests
5. must have decisions made which are least restrictive of their rights and freedoms.

8.9 Recording Information

Whenever a safeguarding concern is raised the details must be recorded in writing. Once the child/ young person has left you please do the following:

- Record in writing as many details as possible what the person has told you (using their words as closely as you can), when and where the alleged abuse took place, who was involved, when and where the person told you about it.
- Information should be recorded in a factual manner. Distinguish between facts and opinions.
- Be as accurate as possible in relation to dates, times, locations and full names and roles.
- Record information as soon as possible to ensure you do not forget details

9. Roles and Responsibilities

9.1 Everyone

This policy and procedure apply to everyone working on the JUMP Project and everyone is responsible for safeguarding. Volunteer befrienders who interact regularly with young people are likely to encounter safeguarding concerns so should be aware of how to recognise and respond. Everyone should:

- read and apply this safeguarding policy and procedure
- be mindful of their own actions and behaviour, ensuring that we are promoting safeguarding, being aware of our position of trust and our duty to young people taking part in JUMP
- be alert to potential indicators of abuse or neglect; aware of the risks which abusers, or potential abusers, may pose
- If JUMP staff, respond to any safeguarding concerns, however small they may appear. Speaking with colleagues and the DDSO to clarify any queries or concerns and sharing information so that a full assessment can be made.

Some staff at HIAS+JCORE have specific responsibilities for safeguarding and these are detailed below.

9.2 Designated Safeguarding Officer (DSO)

The DSOs are the JUMP Project Coordinators. They have operational responsibilities for safeguarding across JUMP. Their responsibilities include:

- managing individual safeguarding cases including making decisions about them, seeking specialist advice, referring to the police or social care when necessary, working with external agencies, escalating concerns if required, managing record keeping.
- alerting the Deputy DSL to any safeguarding concerns relating to allegations against staff; poor practice concerns, staff training needs or any other matters relating to the management of safeguarding.
- assisting the Deputy DSL or DSL including contributing to the broader safeguarding work e.g., policy development, data collection, safer recruitment, induction and training of staff and volunteers.
- ensuring adults or children we work with will be kept up to date with the actions we take in response to safeguarding concerns, as far as this is possible, appropriate and safe.

9.3. Deputy Designated Safeguarding Lead (DDSL)

At HIAS+JCORE, although the Deputy Director holds overall responsibility for Safeguarding as the DSL, elements of this are delegated to the Deputy DSL, who is the JUMP Project Manager. The responsibilities of the DDSL are therefore:

- promotes a safeguarding and listening culture across JUMP and the JUMP team.
- Provides the JUMP Project coordinators with weekly 1:1's to offer safeguarding advice and monitor follow up on concerns.
- keeps updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- With the DSL, sets the safeguarding policy and procedure direction in line with statutory guidance, ensures annual reviews are undertaken and is responsible for its implementation.
- ensures that they have reviewed all safeguarding responsibilities as listed under their job descriptions and acts accordingly. Including, but not limited to:
    - ensuring effective safeguarding systems and processes are in place.
    - ensuring DSOs are appointed and that safeguarding responsibilities are stated in all staff job descriptions.

- sets out required safeguarding training, including induction, and provides training and updates as per staff members roles and responsibilities. Maintains a record of staff attendance at safeguarding training.
- assists and oversees the work of the DSOs and quality assures management of safeguarding cases, including decisions made.
- briefs trustees on a regular basis about safeguarding activity and issues, maintains a risk register and provides a twice-yearly report on safeguarding.

9.4 Designated Safeguarding Lead (DSL)

The DSL is the Deputy Director who has strategic responsibilities for safeguarding across HIAS_JCORE. The Deputy Director may delegate parts of the role but remains responsible overall. The DSL:

- promotes a safeguarding and listening culture across HIAS+JCORE.
- keeps updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- sets the safeguarding policy and procedure direction in line with statutory guidance, ensures annual reviews are undertaken and is responsible for its implementation.
- ensures that they have reviewed all safeguarding responsibilities as listed under their job descriptions and acts accordingly. Including, but not limited to:
    - ensuring effective safeguarding systems and processes are in place.
    - ensuring DSOs are appointed and that safeguarding responsibilities are stated in all staff job descriptions.
- sets out required safeguarding training, including induction, and provides training and updates as per staff members roles and responsibilities. Maintains a record of staff attendance at safeguarding training.
- assists and oversees the work of the DSOs and quality assures management of safeguarding cases, including decisions made.
- appoints the person responsible for safeguarding for any residential or activity.
- oversees the management of safeguarding allegations against staff.
- briefs trustees on a regular basis about safeguarding activity and issues, maintains a risk register and provides an annual report on safeguarding.

9.5 Trustees

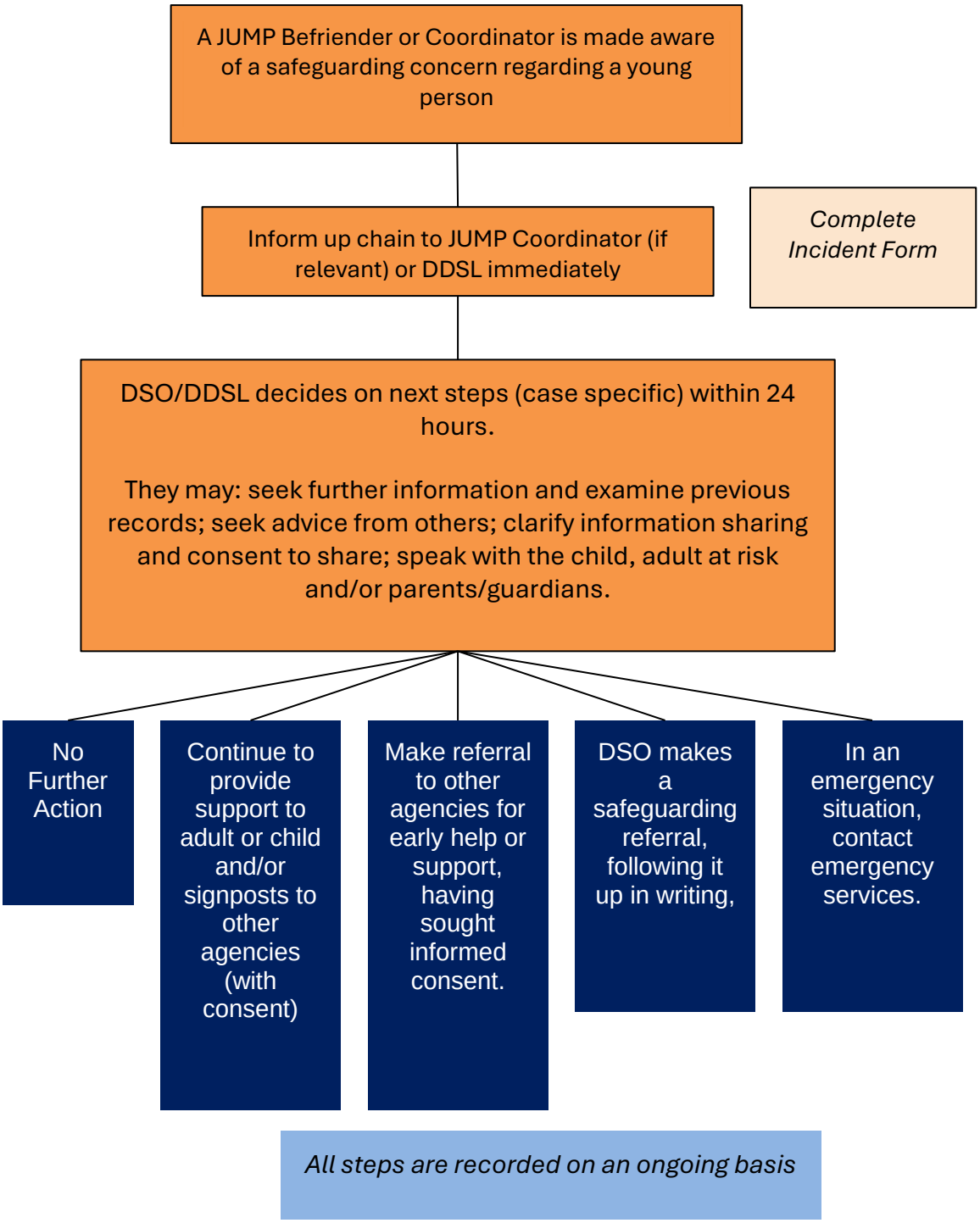
The Trustees are ultimately responsible for the governance of safeguarding at HIAS+JCORE, ensuring that the organisation is legally compliant and delivering services safely. Their responsibilities include ensuring:

- a culture of safeguarding is promoted whereby staff and beneficiaries can raise concerns and feel supported.
- there is a staff code of conduct and policies such as Whistleblowing and safer recruitment (which includes information about statutory checks on the suitability of staff).
- a safeguarding policy and procedure is in place which is reviewed at least annually, and which is available to and understood/applied by staff.
- safeguarding concerns are managed effectively; there are systems in place for its management; safeguarding is resourced including for training; a DSL is appointed whose role is stated in their job description.
- they receive and review regular feedback on safeguarding activity (such as gaps, threats, risks), oversee a risk register and understand remedial actions required from the Deputy Director and track progress.
- compliance with the Charity Commission serious incident notification requirements, and other bodies such as regulators, commissioners, grant-makers, insurance companies.

A Lead Safeguarding Trustee is nominated who liaises at least quarterly with the DSL and Deputy DSL and ensures they are effectively resourced/supported to do their role, helping the DSL to oversee safeguarding arrangements and prepare reports to Board. The Lead Safeguarding Trustee will help the Board of Trustees to ensure:

- that safeguarding is well-managed across the organisation
- that the work is compliant, e.g., policies, safer recruitment, recording
- safeguarding is championed at the highest level and learning is promoted
- strengths and weaknesses are understood, risk assessments are done and there is a development plan which is monitored
- reports are made twice a year to the Board thereby linking the Board with the operational part of the organisation
- serious incidents are reported to the Charity Commission.

10. Responding to a Safeguarding Disclosure Flowchart



11. Taking care of your own mental health:

Working with refugee and asylum-seeking children, young people and adults is emotional work. Having deep feelings and reactions to the work is normal. Regular contact and supervision with the Project Coordinator and Manager is one way to make sure that everyone including befrienders identify, talk through and deal with these emotions.

If you feel upset, disturbed or troubled at any time in relation to your work on JUMP, please let us know. We are here to help:

- If you are a volunteer and need support due to issues arising from JUMP, talk to your Project Coordinator.
- Attend JUMP befriender refresher trainings
- You can talk to other befrienders and your friends (but without using identifying details of young people, carers or professionals).
- Keep a diary and think things through by writing them down.
- NSPCC Adult Helpline – 0808 800 5000.
- Professional services can support you. We can signpost you to these.
- If you are a staff member please speak with your line manager and/or JUMP Project Supervisor.