



**OXFORDSHIRE CHILD PROTECTION POLICY
AT ASYLUM WELCOME**

CHILD PROTECTION POLICY

Purpose of regulation:

To inform Asylum Welcome staff and volunteers of their duties when working with children.

Regulation applies to:

All staff and volunteers within Asylum Welcome who work with children.

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Main Contact: Helena Cullen, Youth Coordinator

OXFORDSHIRE CHILD PROTECTION POLICY

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Asylum Welcome Child Protection Policy

1. Introduction

1.1 Definitions

A Child is defined as a person under the age of 18 (The Children Act 1989/2004)

For the purpose of this policy document:

- The term **child** will be used to describe all children and young people under the age of 18 who are either engaging with the services provided by Asylum Welcome or are a child of a service user.
- The term **staff** will be used to describe all those on a contract of employment at Asylum Welcome or those engaged on a voluntary/unpaid basis.
- The term **the organisation** is used interchangeably with Asylum Welcome

1.2 Principles

Asylum Welcome is committed to encouraging practice which protects children and young people from harm.

Staff and volunteers recognise and accept their responsibilities to develop awareness of issues and situations which may cause children and young people harm.

The organisation endeavours to safeguard children and young people by:

- Adopting child protection guidelines through a Statement of Beliefs for staff and volunteers.
- Sharing information about child protection and good practice with children, parents, staff and volunteers.
- Sharing information on a need to know basis with relevant statutory agencies and involving parents and children appropriately.
- Ensuring that all staff members who work with children and young people are vetted through the Disclosure and Barring system at Enhanced level.
- Providing effective management for staff and volunteers through supervision, support and training.

A range of documents, circulars and guidance for good practice governs Child Protection work at Asylum Welcome. Key documents are:

- The Children Act 1989
- Framework for the assessment of children in need and their families 2000.
- Every Child Matters 2003
- What to do if you are worried a child is being abused, 2003

- The Children Act 2004
- Every Child Matters: next steps 2004
- Working Together to Safeguard Children 2013
- Safeguarding Children who may have been trafficked 2011

1.3 Lead member of Staff for Child Protection

The Lead member of staff at Asylum Welcome for Child Protection is the Youth Coordinator, Helena Cullen and the deputy is Navid Farzi, Front line services manager. In her absence, speak to Kate Smart, the Director.

2. Children's Rights

All children have needs and rights:

- The need for physical care and attention
- The need for intellectual stimulation
- The need for love and security
- The need for social contact and relationships
- The right to have their needs met and safeguarded
- The right to be protected from neglect, abuse and exploitation
- The right to be protected from discrimination
- The right to be treated as an individual

In our provision for children at Asylum Welcome we will ensure that:

- The welfare of the child is paramount
- All children, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse
- Our working practices are anti-discriminatory and that we recognise the additional barriers children might face to having their needs met, such as disability and communication needs
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- All staff and volunteers have a responsibility to report concerns to the safeguarding lead or deputy.

2.1 Abuse

Asylum Welcome recognises that abuse can take many forms and accept that the following behaviour is damaging to children:

- **Neglect:** Leaving a child uncared for, disregarding her/his needs or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of a child's health or development.
- **Physical abuse:** Actual or risk of physical injury to a child, intentional physical abuse of a child, failure to prevent physical suffering or injury to a child
- **Sexual abuse:** Actual or risk of sexual exploitation of a child

- **Emotional abuse:** Actual or risk of severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection.
- **Child sexual exploitation(CSE):** is a type of sexual abuse. Young people in exploitative situations and relationships receive things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activity.
- **Domestic abuse:** Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.
- **FGM:** Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.
- **Child trafficking:** Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. Children can be trafficked into the UK and within the UK.

At Asylum Welcome we recognise that the immigration status of our clients can mean that they are more at risk of exploitation, particularly those who are undocumented or failed asylum seekers. We make sure that our volunteers are alert to these risks through our safeguarding training.

2.2 Staff behaviour

All staff and volunteers should behave in a professional and appropriate manner. Professional integrity will guard against allegations of misconduct and abuse and create a positive climate for children and young people.

The following are examples of good practice:

- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets). There may be occasions when a confidential interview or a one-to-one meeting is necessary and in such circumstances, the interview should be conducted in a room with an open door or visual access. Where this is not possible, the member of staff should ensure that there is another adult nearby. Never make gratuitous physical contact with a participant. (There may be occasions where a distressed participant needs comfort which may include physical comforting and staff should use their discretion to ensure that it is appropriate and not unnecessary or unjustified contact.) Be cautious about physical contact in games. Where physical contact is

inescapable (e.g. to demonstrate equipment) staff should be aware of the limits within which such contact should take place and of the possibility for misinterpretation of such contact.

- Treat all children equally, and with respect and dignity. Asylum Welcome will take positive action to eliminate discrimination against any person or group of people. Staff should ensure that children are protected from discrimination on any grounds, including ability and challenge discriminating comments and behaviour. Activities should be designed to include all children and to promote positive attitudes towards differences.
- Ensure that if children of mixed genders are to be supervised, they are accompanied by a male and female member of staff. However, remember that same gender abuse can also occur.
- Never use physical force against a child.. If it is necessary to restrain a child because they are an immediate danger to themselves or others then the minimum amount of restraint should be used for the shortest amount of time. Remain calm and get the attention and support of other staff. The incident should be recorded in writing, with a witness statement (where possible), immediately afterwards.
- Never use physical punishment.
- Secure parental or guardian consent if the need arises to administer emergency first aid and/or other medical treatment where the participant is under the age of 16. First aid given should be recorded in writing and reported to the lead member of staff and a written record of any injury should be kept along with the details of any treatment given.

Practices never to be sanctioned:

- Engaging in rough, physical or sexually provocative games, including horseplay.
- Engaging in any form of inappropriate touching.
- Children's inappropriate use of language and/or behaviour. This should always be challenged.
- Sexually suggestive comments to a child, even in fun.
- Reducing a child to tears as a form of control.
- Failing to challenge, record and act on allegations made by a child.
- Undertaking task of a personal nature for children that they can do for themselves (e.g. apply suncream).
- Inviting or allowing children to stay with you at your home or arranging meetings outside of Asylum Welcome business.

3 Staff Recruitment, Support and Training

For staff working with children at Asylum Welcome safe recruitment will be ensured by checking their suitability to work with children:

3.1 Paid staff:

- Applicants will complete an application form and be asked to declare any criminal record.
- On successful application for employment all employees who will be working with children and/or vulnerable adults will be required to undergo DBS checking to enhanced level.

- A telephone call and/or letter will follow up all references to the referee.

3.2 Unpaid staff/volunteers:

- Applicants for voluntary work with Asylum Welcome will be asked to supply two referees and attend a safeguarding training course.
- On successful application for volunteering all volunteers who will be working with children and/or vulnerable adults will be required to undergo DBS checking to the appropriate level before their work commences.

Awareness of child protection issues will continue to be addressed through ongoing training.

4 Child Protection procedures

Asylum Welcome will follow the following procedures to:

- Ensure we have a lead member of staff for child protection who has received appropriate training for this role.
- Ensure every member of staff knows the name of the lead staff member responsible for child protection and their role.
- Ensure all staff understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the lead staff member. However, staff should remember that they are not trained to deal with situations of abuse or to decide if abuse has occurred.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately. Ensure all records are kept securely.
- Follow procedures where an allegation is made against a member of staff or volunteer.
- Follow procedure for dealing with concerns about possible abuse.

4.1 Awareness of Actual or Likely Occurrence of Abuse

There are a number of ways in which abuse may become apparent:

- A child discloses abuse.
- Someone else discloses that a child has told him/her or that he/she strongly believes a child has been or is being abused.
- A child may show signs of physical injury for which there appears to be no satisfactory explanation.
- A child's behaviour may indicate that it is likely that he/she is being abused.
- A member of staff's behaviour or in the way in which he/she relates to a child causes concern.

4.2 Issues of Disclosure

Becoming aware of abuse can cause a multitude of emotional reactions, which are personal to each individual. Whatever the reaction and however the abuse has become apparent, actual or suspected, it must

be responded to in the correct manner according to the procedure outlined here. A response in accordance with the procedure outlined here will be supported by the director and ultimately Asylum Welcome. We recognise that the identification of child abuse and dealing appropriately with abused children requires skill and sensitivity. Diagnosis of abuse is left to qualified professionals and staff or volunteers do **not** have an investigative role. Asylum Welcome will therefore ensure that all staff and volunteers are given the necessary information, training and support needed to ensure they will be able to fulfil their duty to protect the children they work with.

4.3 Procedure for Reporting Suspicions or Allegations of Abuse

In any case where an allegation or disclosure is made or someone in the organisation has concerns, a record must be made on a cause for concern form and given to the designated officer to pass on to social services. The following details should be collected as far as reasonably practical:

- Name and age
- Home address
- Date of birth
- Name and address of parent(s) or those with parental responsibility
- Telephone number of the child
- State clearly who has concerns and their details
- What has caused concerns including dates and times
- Whether the child has been spoken to and if so, what has she/he alleged.
- Asylum Welcome staff and volunteers will also ensure that our database records are up to date and that it is recorded that a concern has been raised.

4.4 Roles and responsibilities within Asylum Welcome

- All staff and volunteers are responsible for following procedure for reporting safeguarding concerns at Asylum Welcome and keeping up to date with the policy and training.
- Urgent concerns or disclosures need to go to the designated lead immediately or another staff manager in their absence.
- Staff who work in our front line services: Front line services manager, Navid Farsi, Advice and Integration Officer, Ildephonse Rugema and Youth Service coordinator, Helena Cullen, meet weekly to discuss any non-urgent concerns raised regarding vulnerable clients or safeguarding issues to make sure that actions are being appropriately followed.

What to do	What not to do
<p>Stay calm</p> <p>Listen, hear and believe</p> <p>Give time to the person to say what they want</p> <p>Reassure & explain that they have done the right thing in telling. Explain that only those professionals who need to know will be informed</p> <p>Act immediately in accordance with the procedure in this policy</p> <p>Record in writing as near as verbatim as possible what was said as soon as possible</p> <p>Report to the lead member of staff</p> <p>Record your report</p>	<p>Don't panic. Don't over-react. It is extremely unlikely that the participant is in immediate danger.</p> <p>Don't probe for more information. Questioning the participant may affect how the participant's disclosure is received at a later date.</p> <p>Don't make assumptions, don't paraphrase and don't offer alternative explanations</p> <p>Don't promise confidentiality to keep secrets or that everything will be OK (it might not)</p> <p>Don't try to deal with it yourself</p> <p>Don't make negative comments about the alleged abuser</p> <p>Don't 'gossip' with colleagues about what has been said to you</p> <p>Don't make a child repeat a story unnecessarily</p>

4.4 Statutory Child Protection Procedures

- What happens next is entirely up to the relevant statutory agency, usually Social Services, who the designated lead will coordinate with.
- Enough information passed onto the agency may lead to the suspicion, allegation or actual incident, being dealt with quickly with few complications, or it may lead to thorough checks with several other organisations and possibly a child protection conference.
- Quite often, the person who has made the initial report may not be contacted again unless further information is required and it is not usual practice for the relevant statutory agency to feedback developments. However, if you feel that not enough action has been taken, and the child is still at risk, concerns should be reported again or the NSPCC Child Protection Helpline contacted for advice.

5 Alleged abuse by staff, volunteers or trustees

- When an allegation is made against a member of staff or volunteer, then the allegation must be passed to the designated lead, Helena Cullen, or, in her absence, Navid Farsi or Kate Smart. If the allegation concerns them both, direct to the Local Authority Designated Officer, 01865 815843.
- The designated lead should contact one of the Local Authority designated officers for consultation or if unavailable Head of Safeguarding. The designated officer contacted will record a note of the consultation and will advise on the appropriate action that needs to be taken.

6. Contacts

Designated leads in Asylum Welcome: Helena Cullen, Youth Service Coordinator, helena@asylum-welcome.org or 07786 074565 and Navid Farzi, Front line services manager: navid@asylum-welcome.org or 074 66389422.

Oxfordshire Safeguarding Children's board

Tel: 01865 815843
<https://www.oscb.org.uk/>

Social Services Multi agency safeguarding hub: 0345 050 7666

Tel: **01865 323222**
Knight's Court 21 Between Towns Road Oxford OX4 3LX

Police

Tel: **101**
Emergency No: **999**

Monitoring and review: This policy is publically available on our website and is reviewed every year.**Asylum Welcome**

Safeguarding Vulnerable Adults Policy

Purpose

The purpose of this policy is to help ensure the safety and wellbeing of 'vulnerable adults' i.e. adults whose care and support needs mean that they are unable to protect themselves. The condition of being an asylum seeker or refugee is not sufficient to be considered a vulnerable adult, there must be additional reasons why a person is unable to care for themselves.

Safeguarding duties apply when vulnerable adults are experiencing or at risk of abuse and neglect from which they cannot protect themselves and also apply where others may be at risk if action is not taken.

Asylum Welcome has a duty to ensure that incidents of suspected abuse or neglect are dealt with promptly and if appropriate reported to statutory authorities in accordance with the Care Act 2014.

Definition of abuse and neglect

Asylum Welcome adopts the definition of abuse and neglect described by Oxfordshire County Council in its Revised Adult Safeguarding Policy, July 2016:

- a. Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- b. Domestic violence – 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 partners or family members regardless of gender or sexuality. This includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- c. Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- d. Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- e. Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- f. Modern slavery – encompasses slavery, human trafficking, forced labour, and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- g. Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- h. Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- i. Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- j. Self-neglect – this covers a wide range of behaviour including the neglect of one’s personal hygiene, health or surroundings and behaviours such as hoarding. Self-neglect may not always prompt a Section 42 enquiry as it will depend on the adult's ability to protect themselves by controlling their own behaviour.

Raising concerns

Asylum Welcome will ensure that any staff/volunteers with unsupervised access to vulnerable adults will be DBS checked, and will ensure that all staff and volunteers are aware of the definition of abuse and neglect and how to respond if they have concerns.

Asylum Welcome clients, volunteers and staff should feel confident and supported in raising concerns about safeguarding vulnerable adults, without fear of repercussions.

Asylum Welcome recognises the importance of vulnerable adults retaining a level of control and choice about how risks are dealt with. Asylum Welcome commits to explain options and listen to their views. Asylum Welcome commits to supporting vulnerable adults to take independent action to reduce risks, for example by explaining to them how to make complaints to the relevant authorities. Asylum Welcome recognises that a person can refuse intervention to support them with a safeguarding concern and ask that information is not shared with other agencies: their views should be respected.

There are circumstances where this request can be over-ridden:

- Where the person lacks the mental capacity to make the decision
- Where other people are at risk
- Where sharing information could prevent a crime

Where someone lacks capacity to make a decision, we always act in his or her best interests.

Except in cases of emergency, the decision to refer should be not be taken by one individual but should be discussed with relevant Asylum Welcome staff.

Sharing of information between agencies for the purposes of safeguarding adults at risk of harm as a result of abuse or neglect must be proportionate to the individual circumstances and must comply with the requirements of the Data Protection Act 1998.

Relevant agencies

Most common agencies to whom safeguarding concerns may be reported:

- Oxfordshire Social Services Adult Safeguarding Team or Emergency Team - call **01865 328232 for the triaging team or report online:**
<https://www.osab.co.uk/public/reporting-concerns/>
- Community Mental Health Teams: 01865 902200 for the City team, all new cases referred through GP.
- Police and/or other emergency services (e.g. A&E departments): 999

Contacts

Designated leads in Asylum Welcome: Helena Cullen, Youth Service Coordinator, helena@asylum-welcome.org or 07786 074565 and Navid Farzi, Front line services manager: navid@asylum-welcome.org or 074 66389422.

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Policy updated April 2019