



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.

Date of Approval: 19/10/2022

Proposed Date of Review: 19/10/2023

Main Contact: Simon Dawson, Adult & Family Service - Coordinator
OXFORDSHIRE CHILD PROTECTION POLICY

CONTENTS

1 Introduction

- 1.1 Definitions
- 1.2 Principles
- 1.3 Staff Lead
- 1.4 AW Policies

2 Children's Rights

- 2.1 Abuse
- 2.2 Staff behaviour

3 Staff Recruitment, Support & Training

- 3.1 Paid Staff
- 3.2 Unpaid Staff/Volunteers

4 Child Protection Procedures

- 4.1 Awareness of actual or likely occurrence of Abuse
- 4.2 Issues of Disclosure
- 4.3 Procedure for Reporting Suspicions or Allegations of Abuse
- 4.4 Statutory Child Protection Procedures
- 4.5 When service is off site, and another body is responsible for safeguarding (Afghan hotels and Asylum Accommodation)

5 Key Contacts

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)

Definitions in 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 Adult & Family Service Coordinator, Simon Dawson and the deputy is Almas Farzi, (Navid) Front Line Services Manager. In Their absence, speak to Mark Goldring, the Director.

1.4 Asylum Welcome policies

There are three policies available for the public on our website: Safeguarding policies, Data Privacy and Equal Opportunities policy.

There are many policies for internal purpose only. These are available on request. Please email accounts@asylum-welcome.org

These include:

- Grievance Policy and Procedure
- Disciplinary Policy
- Whistleblowing Policy
- Health & Safety
- Fire Safety

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.

- **Criminal exploitation:** Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes (predominately drug related).
- **Radicalisation:** Children may be groomed or coerced to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is a form of harm.

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 sun cream).
- 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.
- There is the possibility of clinical supervision for frontline staff who may be exposed to clients with safeguarding issues and complex cases. For those not already in touch with a supervisor, please contact: rhiannon@asylum-welcome.org

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.
- We are currently working on extended the clinical supervision to frontline volunteers. There is currently capacity to offer ad hoc clinical supervision, please contact: rhannon@asylum-welcome.org

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.
- If there are concerns about a service users' behaviour, then this needs to be raised with the service lead. The service lead will need to work with the frontline service's director to create a plan for working with a challenging service user; perhaps necessitating a behavioural agreement, or refusing to work with the person, should the behaviour be severe enough the warrant such action.

4.1 Awareness of Actual or Likely Occurrence of Abuse

There are several ways in which abuse may come to light:

- 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 the 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 Director, Almas Farzi (Navid), Adult & Family Service Coordinator, Simon Dawson, and Youth Coordinator, Jessica Beagent, meet bi-weekly to monitor and update Vulnerable Clients Lists, discuss any non-urgent concerns raised regarding vulnerable clients or safeguarding issues to make sure that actions are being appropriately followed.

4.5 When safeguarding issues arise off-site (Afghan hotels or asylum accommodation)

- In all these cases another body will be responsible for safeguarding. Therefore, it is Asylum Welcome's responsibility to acquaint ourselves with the escalation procedure.
- However, this does not mean we should not discuss this internally before escalating externally.
- This is important for two reasons: **(1)** because it may not constitute a safeguarding matter and therefore may cause unnecessary distress; **(2)** safeguarding supersedes client confidentiality, therefore if we have escalated internally and it is not a safeguarding issue, then we have betrayed their right to confidentiality and thus compromise trust in Asylum Welcome, which may compromise presentations of future safeguarding and wellbeing disclosures.

Afghan holding hotel(s) procedure

First, discuss with Asylum Welcome safeguarding lead. Almas Farzi (Navid is responsible for safeguarding matters at the hotel(s))

External escalation process

Immediate Safeguarding concerns

If you or your staff have any Immediate safeguarding concerns in daytime hours these need to be reported to the Multi Agency Safeguarding Hub (MASH) on **01865 792422**

The manager of the MASH is Pauline Morris available on Pauline.Morris@oxfordshire.gov.uk

If the concerns are outside office hours that needs to go through to Emergency Duty Team (EDT) on **0800 833408**. The manager of EDT is Penny Young on penny.young@oxfordshire.gov.uk

Non immediate Early help concerns

The Locality and Community Support Service (LCSS) in Oxfordshire offers support and advice where there are **not** immediate safeguarding concerns but there is concern that a child is at risk of not meeting full potential and life chances maybe impaired without additional services.

(Please again see Threshold of need document attached)

LCSS operate a duty service that is part of MASH process where this advice and support for non-immediate safeguarding concerns including a no name consultation service can be accessed. The number for this service is also the same number as for MASH - **01865 792422**.

This number puts you through to customer services and they will ask if you want MASH or LCSS and when you stipulate you will be put through to the correct service.

The team manager for LCSS is Emily Smout but she works part time but can be reached on emily.smout@oxfordshire.gov.uk. if Emily unavailable Caroline Spamer or Jo Foster can be contacted in her absence. See below for details

The Service manager for EDT, MASH and LCSS is Caroline Spamer who can be contacted at caroline.spamer@oxfordshire.gov.uk telephone number **07917 792422**

It must be stressed however that if there is an immediate safeguarding concern this must be dealt with without delay and direct contact made with **police on 999** or **MASH** or out of hours on **EDT**.

If families require support from Children's services

If the MASH assess that the family require ongoing support from children's services, there three routes that this referral can take

1. **The Mash view is that an early help assessment/Team Around the Family completed by universal services is the most appropriate support for the family.**

The MASH will discuss this with the referrer and determine which universal service is best placed to carry out Early Help Team and arrange Team Around the Family Meeting if that is required. The MASH will inform LCSS that they have recommended that an Early Help Assessment is completed and ask LCSS to support that universal practitioner to complete the assessment if that is required

2. **The MASH is of a view that the concerns are such that Children's Services Targeted Early Help support is required.**

These are families where concerns are such that a more targeted response is required, or these children will be at risk of not reaching their full potential and life chances maybe impaired without additional services (pages 11 and 12 in Threshold of needs document.)

The MASH can refer directly to Targeted Early Help Team and a member of that team will then establish or join an already established Team Around the Family process to work directly with the family and facilitate and co-ordinate support for that family.

There are 8 targeted early help teams in the county. They work from the children family centres and details of these teams and mangers are contained within the second attachments FSP teams contact list

3. It is deemed that a statutory assessment S 17 Child in need or s47 Child protection investigation is required.

Statutory assessments are carried out by the family Solutions Plus Service
There are 17 family Solutions plus statutory teams across the county who undertake statutory assessments,
Again, contact details for all the sites and managers for these teams are contained in attachment two

4.6 Safeguarding concerns arising in Asylum Accommodation during outreach

There has been an increase in asylum support accommodation opening across the country and Asylum Welcome has been offering outreach sessions, particular to accommodation with little to no transport links to the office.

According to the Home Office's [Asylum Support Contracts Safeguarding Framework](#):

The Home Office has a statutory duty to accommodate asylum seekers who would otherwise be destitute and provide for their essential living needs whilst their claim for asylum is being considered

Therefore, any safeguarding concerns arising with services users in Asylum Support Accommodation should firstly be discussed with Asylum Welcome's Designated Safeguarding Lead, Simon Dawson; secondly if meeting the thresholds, escalated to: AsylumSafeguarding@homeoffice.gov.uk

The Home Office operates a single integrated and national telephone service for all queries from asylum applicants, and their agents. The Advice, Issue Reporting and Eligibility Assistance services (AIRE) can be contacted through Migrant Help on; **0808 8010 503** and this is where all non-safeguarding queries should be made.

What to do	What not to do
Stay calm Listen, hear, and believe	Don't panic or over-react. This may make it more difficult for the client to disclose. Don't probe for more information. Questioning the participant may affect how the participant's disclosure is received at a later date.

Give time to the person to say what they want	Don't make assumptions, don't paraphrase, and don't offer alternative explanations
Reassure & explain that they have done the right thing in telling. Explain that only those professionals who need to know will be informed	Don't promise confidentiality to keep secrets or that everything will be OK (It might not)
Act immediately in accordance with the procedure in this policy	Don't try to deal with it yourself
Record in writing as near as verbatim as possible what was said as soon as possible	Don't make negative comments about the alleged abuser
Report to the lead member of staff	Don't 'gossip' with colleagues about what has been said to you
Record your report	Don't make a child repeat a story unnecessarily

4.7 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 abuses 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, Simon Dawson, or,

in his absence, Almas (Navid) Farsi or Mark Goldring. 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: Simon Dawson, AFS Coordinator, simon@asylum-welcome.org or **07724 095499** and Front-Line Services Director, Almas Farzi (Navid): 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**
- The [NSPCC](https://www.nspcc.org.uk/) have an advice helpline **0808 800 5000**

Monitoring and review: This policy is publicly available on our website and is reviewed every year.



Safeguarding Vulnerable Adults Policy

Purpose of regulation:

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

Regulation applies to:

All staff and volunteers within Asylum Welcome who work with vulnerable Adults.

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**, the **Mental Capacity Act 2005** and **Human Rights Act 1988**.

Definition of abuse and neglect

Asylum Welcome adopts the definition of abuse and neglect described by [Oxfordshire Multi-Agency Adult Safeguarding Policy, 2022](#):

Financial or Material abuse

Includes; theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators:

- change in living conditions;
- lack of heating, clothing or food;
- inability to pay bills/unexplained shortage of money;
- unexplained withdrawals from an account;
- unexplained loss/misplacement of financial documents;
- the recent addition of authorised signers on a client or donor's signature card; or

- sudden or unexpected changes in a will or other financial documents.

Sexual abuse/exploitation

Includes; 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.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse ([see Allegations against staff and volunteers](#)).

Possible indicators

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
- Sexual exploitation.

Domestic Abuse/Violence

Includes; psychological, physical, sexual, financial, emotional abuse, 'honour' based violence, Female Genital Mutilation, forced marriage, coercive control, harassment and stalking, online abuse.

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening, degrading behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality, towards a person aged 16 or over.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work (that meets the criteria set out in Section 42 of the Care Act 2014) that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Possible indicators:

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

Physical

Includes; assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators:

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

Self-neglect

Includes; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is also defined as the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care, with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.

Possible indicators:

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

Neglect and Acts of Omission

Includes; ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators:

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

Modern Slavery

Includes slavery, human trafficking, forced and compulsory 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.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Possible indicators:

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

Discriminatory

Includes; unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation ([known as 'protected characteristics' under the Equality Act 2010](#)), verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic.

Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible indicators:

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices.
- Appearing withdrawn and isolated.
- Making complaints about a service not meeting their needs.

Organisational

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within a person'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. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Possible indicators:

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

Further Guidance on all these issues is available on the Oxfordshire Safeguarding Adults Board (see the 'Contacts List' below).

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 decide, we always act in his or her best interests.

Except in cases of emergency, the decision to refer should 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 because of abuse or neglect must be proportionate to the individual circumstances and must comply with the requirements of the Data Protection Act 1998.

Please find OSAB's Thresholds of Needs Matrix [here](#) [updated January 2021] for guidance on what circumstances necessitates a particular course of action.

Working with adults at risk of harm to others

Sometimes within our services we will be working with adults who are at risk to themselves or others, for example adults who have recently had a prison sentence for a violent offence, those with severe mental health difficulties or adults who have been referred to Prevent due to extremism concerns. Our risk assessments for the premises cover how to deal with any difficult behaviour and to manage clients within the setting. If there is a safeguarding concern this needs to be passed on.

Where an individual has been violent on our premises we would need to consider if it is appropriate for them to return to the setting based on the need of the client and the level of seriousness of the offence. Any client who has previously been violent within our services would need a risk assessment in place before returning to the service and this would need to be shared with the relevant teams working with them. The priority for the service is the wellbeing and safety of clients and volunteers.

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, Almas Farzi (Navid), Adult & Family Service Coordinator, Simon Dawson, and Youth Coordinator, Jessica Beagent, meet bi-weekly to monitor and update Vulnerable Clients Lists, discuss any non-urgent concerns raised regarding vulnerable clients or safeguarding issues to make sure that actions are being appropriately followed.

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:

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.
- There is the possibility of clinical supervision for frontline staff who may be exposed to clients with safeguarding issues and complex cases. For those not already in touch with a supervisor, please contact: rhiannon@asylum-welcome.org

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.
- We are currently working on extending the clinical supervision to frontline volunteers. There is currently capacity to offer ad hoc clinical supervision, please contact: rhiannon@asylum-welcome.org

Awareness of vulnerable adults at risk will continue to be addressed through ongoing training.

Huntercombe safeguarding

For clients who are current inmates of HMP Huntercombe, safeguarding concerns about these inmates raised during working hours should be discussed with the Huntercombe Project Coordinator as a matter of urgency by calling **07742 249539**. Outside of working hours, or if the coordinator cannot be contacted, please call the **Prison Safeguards line** (24 hours) on **01491 643294**. Please relay to them the full name and prisoner number of the inmate, details of what was said to you, and your concerns.

Safeguarding concerns raised about former inmates who have now left the prison should be escalated through normal procedures, to line managers or the Designated Safeguarding Lead, Simon Dawson.

If an inmate says any of the following to you whilst on a 1-1 visit during working hours (in person or via video call) contact the coordinator as a matter of urgency on **07742 249539**:

They intend to harm themselves, or are thinking about doing so
they intend to kill themselves, or are thinking about doing so
they intend to harm another inmate, or a prison officer, or they tell you that they have done so

An inmate expresses neo-Nazi or extremist views, and you believe that someone is in immediate danger as a result

Outside of working hours, or if you cannot immediately reach the coordinator, call the prison's Safeguards line (24hrs) on **01491 643294**.

If an inmate says these things to you whilst on a triage visit, please let the coordinator know as soon as possible. In her absence, please speak to Trish Dudley, Head of Resettlement, contactable in the prison.

Safeguarding concerns arising in Asylum Accommodation during outreach

There has been an increase in asylum support accommodation opening across the country and Asylum Welcome has been offering outreach sessions, particular to accommodation with little to no transport links to the office.

According to the Home Office's [Asylum Support Contracts Safeguarding Framework](#):

The Home Office has a statutory duty to accommodate asylum seekers who would otherwise be destitute and provide for their essential living needs whilst their claim for asylum is being considered

Therefore, any safeguarding concerns arising with services users in Asylum Support Accommodation should firstly be discussed with Asylum Welcome's Designated Safeguarding Lead, Simon Dawson; secondly if meeting the thresholds, escalated to: AsylumSafeguarding@homeoffice.gov.uk

The Home Office operates a single integrated and national telephone service for all queries from asylum applicants, and their agents. The Advice, Issue Reporting and Eligibility Assistance services (AIRE) can be contacted through Migrant Help on; **0808 8010 503** and this is where all non-safeguarding queries should be made.

Relevant agencies

Most common agencies to whom safeguarding concerns may be reported:

- Oxfordshire Safeguarding Adults Board <https://www.osab.co.uk/>
- 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
- Prevent Channel panel (for those at risk of extremism) **0345 050 7666**

- Age UK offer advice for the elderly. **0800 678 1602**

- For those experiencing domestic abuse: Oxfordshire Domestic Abuse Services (ODAS) offer emotional and practical support to victims suffering or fleeing domestic abuse. **0800 731 0055**

- There is also the national domestic abuse helpline: National Domestic Violence Helpline on: **0808 2000 247**

Contacts

Designated leads in Asylum Welcome: Simon Dawson, Service Coordinator, simon@asylum-welcome.org or 07724 095499 and Almas (Navid) Farzi, Front line services manager: navid@asylum-welcome.org or 074 66389422.

Monitoring and review: This policy is publicly available on our website and is reviewed every year.

Policy updated: October 2022

Review date: October 2023