



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:

Proposed Date of Review: 31/10/2026

Main Contacts:

Bethan Nichol, Women's Rights and Inclusion -
Coordinator

Martha Hamilton, Adult & Family Service - Coordinator

OXFORDSHIRE CHILD PROTECTION POLICY

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Asylum Welcome Child Protection Policy

1. Introduction

According to the Charity Commission guidelines¹, The Board of Trustees retains ultimate responsibility for safeguarding at Asylum Welcome. The Trustee responsible for Safeguarding at Asylum Welcome is Val Johnson. However, some of this responsibility is delegated to Asylum Welcome's Safeguarding Team (AWST), which is made up of senior members of staff from different sections of the staff body.

That said, safeguarding those accessing our services is the responsibility of all of those representing Asylum Welcome, whether they happen to be staff, volunteers or the board of trustees.

The Board of Trustees fulfils this responsibility by:

- ensuring that this policy consistently complies with legal requirements and aligns with best safeguarding practices,
- prioritising safeguarding as a key aspect of governance and risk management within the organisation,
- delegating the operational responsibility for implementing and annually reviewing this policy to the charity's AWST,

¹ [Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-for-charities-and-trustees)

- mandating regular reports from the AWST to the Board on all significant safeguarding risks.

Harm and abuse have a devastating impact. We are all responsible for building a strong safeguarding culture, which means:

- protecting people
- minimise the risks of any harm or abuse
- ensuring everyone has confidence their concerns will be dealt with appropriately
- everyone at the charity understands their role²
- foster a culture of continual learning

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.

² [Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-for-charities-and-trustees)

- 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
- The Children Act 2004
- Every Child Matters: next steps 2004
- Working Together to Safeguard Children 2023
- The “Care of Unaccompanied Migrant Children and Child Victims of Modern Slavery” guidance 2017
- Safeguarding Vulnerable Groups Act 2006

1.3 Lead member of Staff for Child Protection

The Lead member of staff at Asylum Welcome for Child Protection, and leads of AWST are Martha Hamilton - Service Coordinator of Adult and Family and Service Manager of Youth and Bethan Nichol – Women's Rights and Inclusion Coordinator

Other members of the AWST are:

- Martha Hamilton. Adult & Family Coordinator
- Bethan Nichol. Women's Rights and Inclusion Coordinator
- Ghani Alchamat. Operations Manager
- Tania Baldwin-Pask. Sanctuary Hosting Service Manager
- Jan Dogar-Hurd. Schools Advocacy Coordinator
- Fareed Fakhoury. Youth Coordinator

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.
- **Online / digital abuse / cyber exploitation:** Abuse or exploitation via social media, messaging apps, or other digital platforms. Includes grooming, sexual exploitation, harassment, or coercion online.

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: safeguarding@asylum-welcome.org

- Training will be offered at least three times a year. Information will be shared about online training accreditation through [OCSB](#)
- The Safeguarding Team will continue to identify gaps in knowledge among the teams and organise training accordingly
- Safeguarding training will include an element of scenarios AW personnel are likely to encounter

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: safeguarding@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 names of the lead staff members responsible for child protection and their role (in this document).
- 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 safeguarding team will need to work with coordinators to create a plan for working with challenging service users; perhaps necessitating risk assessments, behavioural agreements, or banning.

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, staff and 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 through this [electronic form](#) and a telephone call or meeting with a member of the AWST. 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 the procedure for reporting safeguarding concerns at Asylum Welcome and keeping updated with the policy and to attend regular trainings. Urgent concerns or disclosures need to go to the AWST immediately:

- Martha Hamilton. Adult & Family Coordinator
- Beth Nichol. Women's Rights and Inclusion Officer
- Ghani Alchamat. Operations Manager
- Tania Baldwin-Pask. Sanctuary Hosting Service Manager
- Jan Dogar-Hurd. Schools Advocacy Coordinator
- Fareed Fakhoury. Youth Coordinator

The AWST meets every two weeks to review and update the Sensitive Clients Lists, discuss non-urgent concerns regarding vulnerable clients or safeguarding issues, ensuring that appropriate steps are being taken, external referrals to statutory bodies when necessary and following up are being done in a timely manner.

4.5 When safeguarding issues arise off-site (asylum accommodation, school visits etc.)

- In these situations, another organisation will hold some or all safeguarding responsibilities, such as in Asylum Support Hotels, HMP Huntercombe, and schools. Therefore, Asylum Welcome must familiarize itself with the escalation procedures of these bodies. External referrals may still be necessary when appropriate.
- However, internal discussions should take place before escalating concerns externally.
- This approach is crucial for two reasons: (1) the issue may not amount to constitute a safeguarding matter and could cause unnecessary distress if mishandled; (2) safeguarding takes precedence over client confidentiality, but if we escalate internally and determine it is not a safeguarding issue, we risk breaching confidentiality. This could undermine trust in Asylum Welcome, potentially discouraging future safeguarding or wellbeing disclosures.

External escalation process

³ [threshold-need.pdf \(trixonline.co.uk\)](https://trixonline.co.uk/threshold-need.pdf)



Statutory assessments under the Children Act 1989 include:

Section 17 – children in need (Level 3)

A child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Section 17 – Young Carers (Level 3)

When children's caring responsibilities become 'excessive or inappropriate' and when caring affects their emotional or physical wellbeing, education and life chances then this enhances children's vulnerability, and they should be considered children in need.

Section 47 – children in need of protection (Level 4)

A child needs protection where there is reasonable cause to suspect that a child may be suffering significant harm or is at risk of significant harm. Concerns about maltreatment may be the reasons for the referral of a family to the local authority or concerns may arise whilst providing services to a family. In such circumstances, the local authority is obliged to consider initiating enquiries, with partners, to find out what is happening to/for a child, under section 47 and decide whether they should take any action to safeguard and promote the child's welfare.

Section 20 – duty to accommodate (Level 4)

Some children may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care.

The local authority has a duty under section 20 to accommodate such children in their area.

Section 31 – care orders (Level 4)

Where a child is cared for by the local authority, the local authority as ‘corporate parent’, must assess the child’s needs and draw up a care plan, which sets out the services which will be provided to meet the child’s identified needs.⁴

For further information please see Working Together (2018):
http://www.workingtogetheronline.co.uk/chapters/chapter_one.html#early

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 **0345 050 7666** and/or complete an online referral [here](#)

If the concerns are outside office hours that needs to go through to Emergency Duty Team (EDT) on **0800 833408**.

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 [here](#))

LCSS operate a duty service that is part of MASH process where this advice and support for non-immediate safeguarding concerns (please note that a no names consultation no longer exists). The number for this service is **0345 2412705** | LCSS@oxfordshire.gov.uk

This number puts you through to customer services and they will ask if you want MASH or LCSS and then be transferred to the correct team.

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 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 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.

⁴ [threshold-need.pdf \(trixonline.co.uk\)](#)

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.)

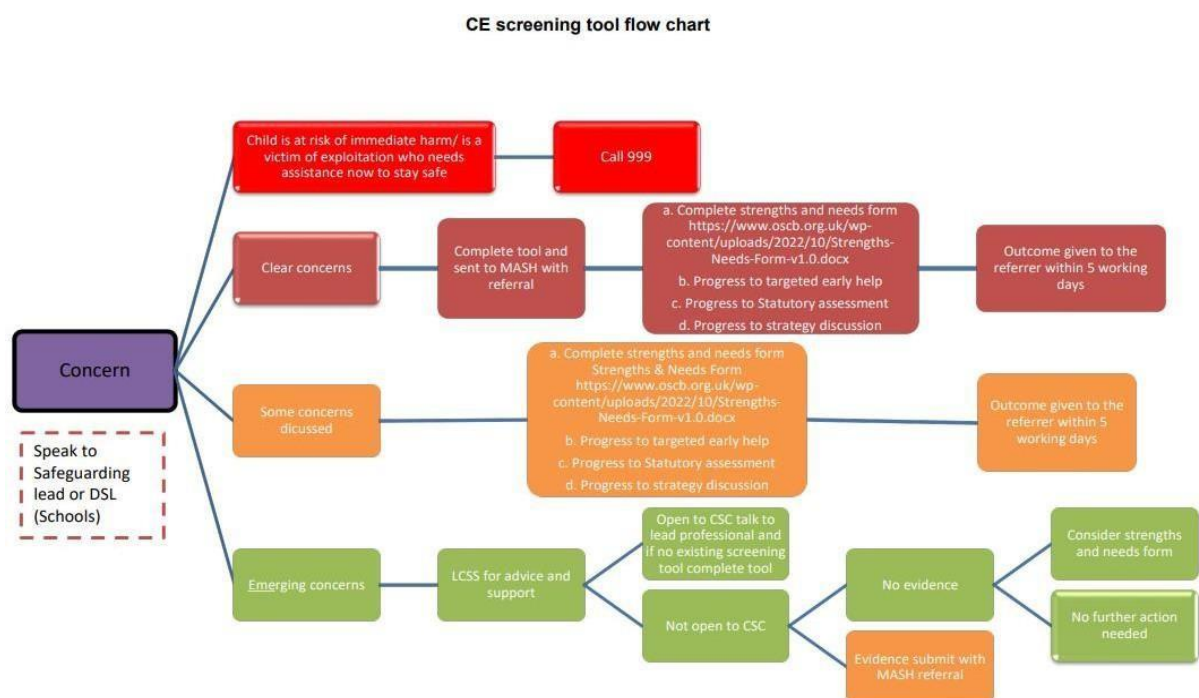
The MASH can refer directly to Targeted Early Help Team and a member of that team will then establish or join an already established Team Around the Family process to work directly with the family and facilitate and co-ordinate support for that family.

There are 8 targeted early help teams in the county. They work from the children family centres and details of these teams and managers 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

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4.6 Safeguarding concerns arising in Asylum Accommodation during outreach.

⁵ [CE-screening-tool-flowchart-FINAL-July-2023.pdf \(oscb.org.uk\)](#)

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; 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	Don't panic or over-react. This may make it more difficult for the client to disclose.
Listen, hear, and believe	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 AWST or Hari Reed or Sarah Totterdell. If the allegation concerns them both, direct to the Local Authority Designated Officer (LADO). To contact the team, email: **lado.safeguardingchildren@oxfordshire.gov.uk** or call **01865 810603**.
- The AWST 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

Our AWST:

- Martha Hamilton. Adult & Family Coordinator
- Beth Nichol. Women's Rights and Inclusion Coordinator
- Ghani Alchamat. Operations Manager
- Tania Baldwin-Pask. Sanctuary Hosting Service Manager
- Jan Dogar-Hurd. Schools Advocacy Coordinator
- Fareed Fakhoury. Youth Coordinator

- 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**, Union St, Oxford OX4 1JP
- Police Tel: **101** Emergency No: **999**
- The [NSPCC](#) have an advice helpline **0808 800 5000**

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



Safeguarding Adults Policy

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- 3) Raising and reporting concerns
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 - 6.4 Sanctuary Hosting
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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 adults, some of whom are vulnerable.

1. Introduction

According to the Charity Commission guidelines⁶, The Board of Trustees retains ultimate responsibility for safeguarding at Asylum Welcome. The Trustee responsible for Safeguarding at Asylum Welcome is Val Johnson. However, some of this responsibility is delegated to Asylum Welcome's Safeguarding Team (AWST), which is made up of senior members of staff from different sections of the staff body.

The Board of Trustees fulfils this responsibility by:

- ensuring that this policy consistently complies with legal requirements and aligns with best safeguarding practices,

⁶ [Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-for-charities-and-trustees)

- prioritising safeguarding as a key aspect of governance and risk management within the organisation,
- delegating the operational responsibility for implementing and annually reviewing this policy to the charity's AWST,
- mandating regular reports from the AWST to the Board on all significant safeguarding risks.

That said, safeguarding those accessing our services is the responsibility of all of those representing Asylum Welcome, whether they happen to be staff, volunteers or on the board of trustees.

Harm and abuse have a devastating impact. We are responsible for building a strong safeguarding culture, which means:

- protecting people
- minimise the risks of any harm or abuse
- everyone has confidence their concerns will be dealt with appropriately
- everyone at the charity understands their role⁷

1.1 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**.

2. Definition of abuse and neglect

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

2.1 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:

⁷ [Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-for-charities-and-trustees)

- 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.

2.2 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.

2.3 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 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

2.4 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

2.5 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 many animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

2.6 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

2.7 Modern Slavery

Includes slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Many 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

2.8 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.

2.9 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

3. Raising and reporting concerns

In any case where an allegation or disclosure is made or someone in the organisation has concerns regarding a service user, a record must be made through this [electronic form](#) and a telephone call or meeting with a member of the Asylum Welcome Safeguarding Team (AWST).

Asylum Welcome will ensure that any staff/volunteers with unsupervised access to vulnerable adults will be DBS checked and that all staff and volunteers are aware of the definitions 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 as much agency and choice about how risks are dealt with. Asylum Welcome commits to listen to their views and support in taking the next steps. 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.

However, there are circumstances where this request must be over-ridden:

- Where the person lacks the mental capacity to make decisions
- Where they are themselves at risk or other 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 refer to [OSAB Safeguarding Adults Consideration \(SAC\) Framework – 2024](#) (formerly *matrix of needs*) for guidance on what circumstances necessitates a particular course of action.

4. 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.

5. 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.
- Our AWST:
 - Martha Hamilton. Adult & Family Coordinator
 - Bethan Nichol. Women's Rights and Inclusion Officer
 - Ghani Alchamat. Operations Manager
 - Tania Baldwin-Pask. Sanctuary Hosting Service Manager
 - Jan Dogar-Hurd. Schools Advocacy Coordinator
 - Fareed Fakhoury. Youth Coordinator

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: sarah.totterdell@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: sarah.totterdell@asylum-welcome.org and tracey.lott@asylum-welcome.org

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

6. Safeguarding off-site

6.1 HMP Huntercombe

For clients who are current inmates of HMP Huntercombe, safeguarding concerns about these inmates should be raised through 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 AWST.

If an inmate says any of the following to you whilst on a 1-1 visit (in person or via video call) please inform the prison staff immediately and contact the Prison Safeguards line as a matter of urgency:

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 extremist views, and you believe that someone is in immediate danger as a result.

Please note the prison's Safeguards line is 24 hours.

6.2 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 considered⁸

⁸ [Asylum support contracts safeguarding framework - GOV.UK \(www.gov.uk\)](#)

Therefore, any safeguarding concerns arising with services users in Asylum Support Accommodation should firstly be discussed with Asylum Welcome's Designated Safeguarding Leads; 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.

6.3 Domestic abuse in asylum accommodation

The Home Office have issued guidance on how issues of domestic abuse in Asylum Accommodation ought to be treated [here](#)

There are key principles and actions that all caseworkers, Home Office accommodation providers (including any sub-contractors) and Migrant Help UK, must take if a report of domestic abuse is disclosed to them.

Where a report of domestic abuse is received from a person accommodated by the

Home Office under the provisions of the Immigration and Asylum Act 1999 the following key points apply in all cases:

- The presumption is that the victim should be believed, at this stage corroborating evidence is not required
- Caseworkers (at the Home Office) must agree and adhere to a safe means of communicating with the victim
- The person and their children must immediately be offered safe alternative accommodation and if that offer is accepted, transferred without delay
- Some victims may wish to remain in their current accommodation and, in these cases, consideration must be given to relocating the perpetrator
- There is no need for accommodation providers to obtain prior Home Office consent to transfer the victim and their children to alternative accommodation, but a report to the Home Office must be made without delay
- The victim should be supported to make a report to the police, should they wish to do so and be reassured that doing so will have no adverse impact on their asylum claim
- Any reports of domestic abuse must be treated in confidence and usually only disclosed to the police, social services or health services with the victim's informed consent, although in some high-risk cases, referrals may have to be made without consent
- The victim's consent to make a child protection referral to social services should

be obtained wherever possible, although where a child may be at risk of harm a referral must be made whether or not consent is obtained

- The victim must be referred to a specialist organisation for assessment and supported by a domestic violence specialist worker – see GOV.UK section on Reporting domestic abuse for organisations that can help and the relevant national domestic violence helplines (National, Wales, Scotland, Northern Ireland, Men's advice line, LGBT+ helpline)
- Safe alternative accommodation must be suitable for the individuals concerned, including children. For example, it may need to be within close proximity of specialist support services which might include independent domestic violence advocates (IDVAs), LGBTQI+ organisations that support people who have experienced domestic abuse, specialist organisations that support men, specialist BME women's organisations, counsellors and other specialist health services, including rape crisis centres, specialist advisors and services for women within refugee agencies
- The Home Office and accommodation provider must take into consideration and act on the recommendations made by the specialist organisation, including in relation to safe alternative accommodation

6.4 Sanctuary Hosting

Any incidences involving guests should be referred immediately to Tania Baldwin-Pask **07952 101544** and to the [AWST](#).

Hosts undergo separate training on safeguarding and on escalating safeguarding concerns. Moreover, hosts undergo DBS checks before hosting individuals.

All of Sanctuary Hosting staff and volunteers undergo the same safeguarding training as the rest of the organisation.

7. 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
- ACT Early Support Line on 0800 011 3764 for concerns about extremism
- 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**

Key Contacts

- Our AWST:
 - Martha Hamilton. Adult & Family Coordinator (Co-DSL)
 - Bethan Nichol. Women's Rights and Inclusion Coordinator (Co-DSL)
 - Ghani Alchamat. Operations Manager
 - Tania Baldwin-Pask. Sanctuary Hosting Service Manager
 - Jan Dogar-Hurd. Schools Advocacy Coordinator
 - Fareed Fakhoury. Youth Coordinator

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

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