

Asylum Aid Child Protection Policy

Asylum Aid is committed to ensuring that all children are not abused and that working practices minimise the risk of such abuse. The purpose of this policy statement is:

- To protect all children and young people, including the children of adults who use Asylum Aid's services, from harm.
- To provide staff and volunteers, as well as children, young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of Asylum Aid, including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff, and students.

This policy has been drawn up based on legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation is available from <https://learning.nspcc.org.uk/child-protection-system/england/>

This policy is to be used in conjunction with the following policies:

- Asylum Aid Safeguarding Policy
- Safeguarding Children-Referral Pathway
- Risk Assessment and Management in Mental Health
- Vulnerable Adults Protection Policy
- Safeguarding Adults Referral Pathway
- The policy on risk assessment in the Office Manual (which concerns the assessment of risk in relation to clients)

We believe that:

- Children and young people should never experience abuse of any kind.
- We have a responsibility to promote the welfare of all children and young people, to keep them safe, and to practise in a way that protects them.

We recognise that:

- The welfare of children is paramount in all the work we do and in all the decisions we take.
- All children, regardless of age, disability, gender, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting the welfare of children and young people.

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them.
- Appointing a nominated child protection lead for children and young people, and a lead trustee/board member for safeguarding.
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures confidently and competently.
- Recruiting and selecting staff and volunteers safely, ensuring all safety checks are made.
- Recording storing and using information professionally and securely, in line with data protection legislation and guidance.
- Making sure that children, young people and their families know where to go for help if they have a concern.
- Using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately.
- Using our policies and procedures to manage any allegations against staff and volunteers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us to deal with bullying when it does arise.
- Ensuring that we have effective complaints and whistleblowing measures in place.
- Ensuring that we provide a safe physical environment for children, young people, service users, staff and volunteers by applying health and safety measures in accordance with the law and regulatory guidance.
- Building a safeguarding culture where staff and volunteers, service users, children, young people and their families treat each other with respect and are comfortable about sharing concerns.

Abuse can include:

- physical,
- financial,
- sexual,
- psychological,
- discriminatory,
- emotional,
- female genital mutilation, and
- neglect.

Abuse can take place in any setting, public or private, and can be perpetuated by anyone. Staff, volunteers and trustees should be familiar with recognizing and identifying child

abuse and potential barriers to disclosure. For more information refer to <https://learning.nspcc.org.uk/media/1188/definitions-signs-child-abuse.pdf>

Staff, volunteers and trustees should also ask questions about any children that live with service users and keep them in mind during interactions.

Rights & Responsibilities

Organisational Responsibilities of Asylum Aid

- To ensure that all Staff, Volunteers and Trustees are aware of children's need for protection and are provided with a copy of relevant safeguarding policies and training during induction or before working directly with children.
- To notify the appropriate agencies if abuse is identified or suspected, or where a credible allegation of abuse is reported to Asylum Aid by a child, parent, carer or third party.
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability.
- To Enhance DBS check all Staff and Volunteers that have access to or work with children.
- To appoint a Child Protection Lead (CPL) who will oversee the implementation of the Policy and ensure that appropriate monitoring and audit takes place.
- To ensure that any allegations of misconduct against staff members or volunteers are dealt with in accordance with the Helen Bamber Foundation Group Disciplinary Procedure.

Individual Responsibilities of all Asylum Aid Staff, Volunteers and Trustees

- To be familiar with the Child Protection Policy, the Safeguarding Children Referral Pathway, and the Best Practice in Working with Children. All staff will be given these policies to read on induction and asked to sign to confirm that they have read and understood them.
- To undertake Level 2 child safeguarding training before working directly with children, and to refresh this training every 2 years
- To take appropriate action in line with the policy of Asylum Aid if they identify or suspect abuse, or where a credible allegation of abuse is reported to them by a child, parent, carer or third party.
- To declare any existing or subsequent convictions.

It is not the role of Asylum Aid staff, volunteers or trustees to investigate suspected abuse themselves.

Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect including new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation, to share that information and work together to provide children with the support they need.

Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they are staff, volunteers, Trustees, clients, carers or members of the public, should be reassured that:

- They will be taken seriously.
- Their comments will usually be treated confidentially, but their concerns may be shared with the appropriate authorities if they or others are at significant risk.
- Staff and volunteers should refer to the Helen Bamber Foundation Group whistleblowing policy for details of how to raise concerns about other staff, volunteers or trustees, including how to do so confidentially.

Confidentiality issues

All staff volunteers and Trustees should be aware that in circumstances where there is serious risk of harm to a child or others, confidentiality may be broken. Where possible, consent for disclosure should be sought from the child or their parent or guardian, but where this is not possible, relevant authorities should be contacted even without consent. Before breaching our duty of confidentiality to a client, a supervisor must be consulted and where necessary advice sought from the Law Society ethics helpline, the Bar Council or the Immigration Advice Authority.

Where a staff member is unsure about whether the circumstances are at a threshold where confidentiality can be broken without consent, advice should be sought from the CPL, their line manager, or the Asylum Aid Director of Legal Casework or Executive Director.

Where this is developmentally appropriate, the Child has the right:

- To be made aware of this policy.
- To have alleged incidents recognised and taken seriously.
- To receive fair and respectful treatment throughout.
- To be involved in any process as appropriate.
- To receive information about the outcome.

We are also committed to reviewing our policy and good practice annually.

The named Child Protection Leads are: Monika Nollet (Director of Legal Casework) and Amber Rowsell (Children's Solicitor and Supervisor of the Children and Young People team).

Reviewed: May 2025

To be reviewed: May 2026

Executive Director's Signature: A. Pickup

Safeguarding Adults Referral Pathway

Initial concern or disclosure of abuse, harm, ill-treatment or neglect



Ensure the immediate safety of the adult. In situations where an adult is at immediate risk of harm contact the police and, where necessary, an ambulance on 999.



In the first instance, discuss the incident with the named Adult Safeguarding Lead – Piya Muqit or in her absence with Alison Pickup, CEO or with Monika Nollet. The Safeguarding Lead will consult with the Duty Clinicians and/or Safeguarding Leads at Helen Bamber Foundation if required.



If the decision is made to escalate the concern to the local authority, where possible gain the consent of the adult to share information. If the client does not give consent to the referral, consider whether it is appropriate to make a referral without consent. If there are concerns about the client's capacity to make a decision about safeguarding themselves, this will need to be factored into that decision and where possible, appropriate clinical input should be sought to assess the client's capacity. Whenever possible the adult should be informed of a decision to make a referral without consent.



Telephone the appropriate local authority Adult Social Care (CSC), Multi-agency safeguarding hub (MASH) or Emergency out of hours team to make a referral. ¹ If the adult has no fixed address, contact the local authority where their GP is located.

If directed, complete and send a local authority safeguarding form

The person completing the referral should include the contact details for the Adult Safeguarding Lead to ensure that any action taken is followed up in their absence



¹ These should be listed on the relevant local authority website or can be obtained by calling the council. The HBF safeguarding lead may also be able to assist.

Prepare an Attendance Note for the file documenting the nature of the concern and action taken. This should be prepared as soon as possible detailing what information is being disclosed, why this information is being disclosed, and if the adult's consent has been sought and obtained. If the adult's consent has not been sought or obtained, detail why this is the case.

Ensure that "SAFEGUARDING" is included in the document name on ALB.

Update the File Summary Sheet and level of risk on ALB to reflect any ongoing safeguarding concerns and ensure that the safeguarding concern has been reported in accordance with the Safeguarding Policy (by reporting it to the Adult Safeguarding Lead).

Inform the Legal Team so that all Asylum Aid staff who may have contact with the client are aware of any ongoing safeguarding concerns.

Consider if appropriate to contact the client's GP in writing with a summary of the safeguarding concern and a copy of the referral form.

Asylum Aid Safeguarding Policy

Introduction

Asylum Aid is committed to ensuring that people who use our services, and those who work with and for us, are not abused and that working practices minimise the risk of such abuse. The purpose of this policy statement is:

- To set out our approach to safeguarding our staff, volunteers, clients and others who interact with our service, and
- To set out how safeguarding concerns are raised, monitored and reported.

This policy is to be used in conjunction with the following policies:

- Safeguarding Vulnerable Adults Protection Policy and Referral Pathway;
- Child Protection Policy and Safeguarding Children Referral Pathway;
- Risk Assessment and Management in Mental Health;
- The policy on risk assessment in the Office Manual (which concerns the assessment of risk in relation to clients);
- HBF Group Serious Incident Reporting Policy
- HBF Group Whistleblowing policy.

These documents set out the steps to take when working with vulnerable adult and child clients including where clients indicate, including through behaviour, that they may harm themselves, harm others or are at risk of harm from others.

All of these policies are saved on Asylum Aid's Sharepoint and accessible to all staff. They are also shared with new staff, trustees and volunteers during induction and all staff are invited to a meeting with one of the safeguarding leads to discuss the policies and ask any questions as part of their induction. They are reviewed annually by the staff and trustee safeguarding leads.

Safeguarding approach at Asylum Aid

Asylum Aid provides legal advice, casework and representation to people seeking asylum in the UK including many vulnerable survivors of torture, trafficking and other serious human rights abuses, as well as unaccompanied and separated children and stateless people. Our staff team interact regularly with vulnerable adults and children and it is therefore important that we take our safeguarding responsibilities seriously. We recognize that safeguarding issues may arise in respect of clients, staff, volunteers and others who interact with our services.

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect.

There are six key principles that underpin all safeguarding work:

Empowerment: People being supported and encouraged to make their own decisions and give informed consent. "I am asked what I want as a safeguarding outcome and this directly informs what happens."

Prevention: It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality: The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, I see them and they will only get involved as much as needed."

Protection: Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent I want."

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Confidentiality "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability: Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they."

Reporting and monitoring of safeguarding concerns

In the first instance, you should discuss safeguarding concerns with your supervisor and agree a course of action, in consultation with the safeguarding leads if appropriate.

All safeguarding concerns should be reported to one of Asylum Aid's organizational safeguarding leads. The Safeguarding leads are:

- Alison Pickup – Chief Executive officer
- Piya Muqit – Executive Director
 - Monika Nollet – Director of Legal Casework
 - Amber Rowsell – Children's solicitor & supervisor (for children)

The Safeguarding Leads are available to give advice and support to staff and volunteers who have a safeguarding concern whether relating to a client, volunteer or staff member and whether it concerns a child or vulnerable adult. They will also ensure that all safeguarding incidents are recorded in the organizational safeguarding log.

Where a safeguarding concern has arisen in relation to a client this will be clearly documented on the client file (in the file summary sheet and separately, using the traffic

light colours of green, amber and red, on our electronic case management system) and the risk assessment reviewed in accordance with the process set out in the Office Manual.

The Board of trustees has designated two trustees to lead on safeguarding for the Board. They are:

- Elizabeth Mottershaw – Chair
- Yehia Nasr – Trustee and member of HBF Group People and Governance Committee

The staff Safeguarding leads will report safeguarding incidents to the Board leads as follows:

- incidents classified as serious (please see below) will be reported immediately (within 48 hours) in order for the trustees to be consulted on action and offer support to staff;
- any safeguarding incidents relating to harm or potential harm to, or caused by, a member of staff or volunteer, will also be reported by the staff safeguarding leads to the HBF Group People and Governance Committee.

The board and staff safeguarding leads will meet quarterly in advance of the quarterly board meeting to review the safeguarding log in order to identify trends and agree mitigations

The nature of Asylum Aid's work means that a majority of our clients are vulnerable by reason of their history of trafficking, torture or other serious human rights abuses and/or as unaccompanied children or stateless persons and by reason of their experience of forced migration. Many of them have PTSD or other serious mental health conditions as a consequence of their experiences. The threshold of seriousness for the purposes of this policy must be considered in this context.

A safeguarding incident will be classified as serious (and reaching the threshold for immediate reporting to the trustees) where the following occurs (this list should be regarded as non-exhaustive):

- where occurring on Asylum Aid premises or during or immediately following an appointment with Asylum Aid or (for example) a Home Office interview, court/tribunal hearing or medico-legal report examination:
 - significant physical harm to a client, whether self-inflicted or otherwise;
 - significant harm caused by a client to others;
 - significant harm to a member of our staff or volunteer team;
- the death of a client;
- there are reasonable grounds to suspect that the conduct of a member of Asylum Aid staff or volunteer teams, or a supplier working on Asylum Aid's behalf (such as an interpreter), has caused or contributed to harm to a child or vulnerable adult in the course of their duties.

In the case of a serious incident the Trustee safeguarding leads will determine, in consultation with the CEO and Executive Director and after consideration of the HBF Group Serious Incident Reporting policy whether:

- the threshold for reporting to the Charity Commission, as set out in the HBF Group Serious Incident Reporting Policy, or any other regulator has been or may be met; and/or
- to immediately inform the full board and/or (where the incident concerns a member of staff or volunteer) the People and Governance Committee.

If the threshold for reporting to the Charity Commission is met, the HBF Group Serious Incident Reporting policy will be followed.

Rights & Responsibilities

Organisational Responsibilities of Asylum Aid

- To ensure that all staff, volunteers and trustees are aware of vulnerable adults' and children's need for protection and are provided with a copy of relevant safeguarding policies and training during induction or before working directly with vulnerable adults or children;
- To notify the appropriate agencies if abuse is identified or suspected, or where a credible allegation of abuse is reported to Asylum Aid by a child, parent, carer or third party;
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability;
- To DBS check all staff and volunteers that have access to or work with vulnerable adults or children at the appropriate level;
- To appoint staff safeguarding leads, who will oversee the implementation of the Policy and ensure that appropriate monitoring and audit takes place.
- To ensure that any allegations of relevant misconduct against staff members or volunteers are dealt with in accordance with the Helen Bamber Foundation Group Disciplinary Procedure.

Individual Responsibilities of Asylum Aid Staff, Volunteers and Trustees

- To be familiar with the relevant safeguarding policies. All staff will be given these policies to read on induction and asked to sign to confirm that they have read and understood them;
- To undertake an approved Level 2 safeguarding training before working directly with vulnerable adults or children, and to refresh this training every 2 years;
- To take appropriate action in line with the policy of Asylum Aid if they identify or suspect abuse, or where a credible allegation of abuse is reported to Asylum Aid by a child, parent, carer or third party;
- To declare any existing or subsequent convictions.

It is not the role of Asylum Aid staff, volunteers or trustees to investigate suspected abuse themselves.

Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they are staff, volunteers, trustees, clients, carers or members of the public, should be reassured that:

- They will be taken seriously;
- Their comments will usually be treated confidentially, but their concerns may be shared with the appropriate authorities if they or others are at significant risk.

Staff and volunteers should refer to the Helen Bamber Foundation Group whistleblowing policy for details of how to raise concerns about other staff, volunteers or trustees, including how to do so confidentially.

Confidentiality issues

All staff, volunteers and trustees should be aware that in circumstances where there is serious risk of harm to self or others, or from others, confidentiality may be broken. Where possible, consent for disclosure should be sought from the client, but where this is not possible, relevant authorities should be contacted even without consent.

Where a staff member is unsure about whether the circumstances are at a threshold where confidentiality can be broken without consent, advice should be sought from their supervisor who will consult with the relevant safeguarding lead. The question of whether the client has capacity to give or withhold consent to disclosure will be a relevant factor and where there are doubts about this, it should always be discussed with a supervisor and where possible, appropriate clinical advice sought. In appropriate cases, advice can also be sought from the Helen Bamber Foundation head of therapies or medical director.

In any case where it is proposed to break a duty of confidentiality to a client, the advice of a supervisor must be sought and consideration given to any relevant Immigration Advice Authority, SRA, Law Society or Bar Council guidance.¹ Advice may be sought by a solicitor from the Law Society ethics helpline. The reasons for the decision to break, or not to break confidentiality and any advice obtained to inform that decision, must be recorded on the file. We will normally inform the client of the decision and the reasons for it, unless exceptionally a decision is taken not to do so for safeguarding reasons. Any decision not to inform a client must be authorized by the Executive Director or Director of Legal Casework or, in their absence, the CEO.

¹ See in particular SRA Guidance: <https://www.sra.org.uk/solicitors/guidance/confidentiality-client-information/> The OISC's and Bar Standards Board's published guidance is more limited and the SRA's guidance is likely to be of most practical assistance.

Allegations against staff and volunteers

Any credible allegation of abuse against a member of staff or volunteer will be dealt with in accordance with the HBF Group Disciplinary Procedure set out in the HBF Group Employee handbook.

Definitions

Vulnerable adults are people over 18 years of age who are getting or may need help and services to live in the community. Vulnerable adults may be unable to take care of themselves and unable to protect themselves from harm or exploitation by other people.

Children: Asylum Aid will treat all our clients as children if they are under 18 on the basis of their stated age / date of birth, regardless of whether they have been assessed as an adult by the Home Office, a local authority or a court or Tribunal.

Categories of abuse:

- physical
- financial
- sexual
- psychological
- discriminatory
- emotional
- neglect

Abuse can take place in any setting, public or private, and can be perpetuated by anyone. When abuse takes place it needs to be dealt with swiftly and effectively, in ways which are proportionate to the issues, and where the person in need of protection has as much control over the decision making process as possible. All staff, volunteers and trustees of Asylum Aid have a duty to recognize and identify abuse and report it.

The Mental Capacity Act 2005

Mental capacity should always be considered in responding to safeguarding concerns. It is not our role to formally assess mental capacity but where there are concerns about a client's capacity to give or withhold consent to disclosure of information or other action to be taken in response to a safeguarding concern, this should be taken into consideration. Mental capacity is decision-specific so just because a client has been found to lack capacity in one area (such as to give instructions in relation to litigation) it does not follow that they also lack capacity to decide whether or not to give consent to disclosure. If a client's instructions are not consistent with what you consider to be in their best interests, you will need to consider whether they have capacity to make that decision and if possible, appropriate clinical advice should be sought.

The Law Society has helpful guidance on working with clients who may lack capacity here: <https://www.lawsociety.org.uk/Topics/Client-care/Guides/Working-with-clients-who-may-lack-mental-capacity>

The following statutory principles apply:

1. Assume a person has capacity unless it is proved otherwise
2. Take all practicable steps to enable people to make their own decisions
3. Do not assume incapacity simply because someone makes an unwise decision
4. Always act, or decide, for a person without capacity in their best interests
5. Carefully consider actions to ensure the least restrictive option is taken

We are committed to reviewing our policy and good practice annually.

Created: June 2024

Reviewed: 29 May 2025

Next review due : May 2026

Executive Director's Signature: A. Pickup 29.05.2025