OCP AND HUB CHARITIES SAFEGUARDING POLICY – CHILD PROTECTION AND ADULTS AT RISK 2025/26

Oasis Community Hub: Bath

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Section 1: Overview

Safeguarding is everyone's business!

The central purpose of Oasis is to be part of building communities so that they are safe and healthy places to be and to live. As an organisation, we realise that we cannot make a commitment of this kind without first being committed to the safeguarding and safekeeping of our communities.

This policy should be followed and adhered to in all situations and circumstances when the safeguarding of our children and adults at risk is at stake.

This Safeguarding policy is intended for use across all Oasis Community Partnerships community projects. In accordance with the relevant law and guidance, outlined in Section 11, this policy sets out our procedures for safeguarding. It applies to all Oasis Community Partnerships staff (central and community project-based), Hub Council members, contractors, agency staff and volunteers working within our hubs. Where we refer to staff throughout, this also include volunteers.

We also work closely with Oasis Community Learning – whose policy should be followed when working within academy settings, and Oasis Charitable Trust who's policy should be followed when working on projects outside of OCP. A flow chart clarifying which policy must be followed each setting is available in Appendix B. Both policies can be found on Oasis Zone.

Safeguarding and promoting the mental, emotional, and physical welfare of children and adults at risk is everyone's responsibility who works and volunteers in OCP and Hub Charities. Consequently, everyone who comes into contact with our children, young people and adults at risk has a role to play in safeguarding and child protection.

OCP uses the Working Together to Safeguarding Children definition of safeguarding in relation to children, which is:
• providing help and support to meet the needs of children as soon as problems emerge
• protecting children from maltreatment, whether that is within or outside the home, including online
• preventing impairment of children's mental and physical health or development
• ensuring that children grow up in circumstances consistent with the provision of safe and effective care
• promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
• taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

More information about Working Together to Safeguard Children statutory guidance can be found here: Working together to safeguard children - GOV.UK (www.gov.uk)

When working with children, all staff and volunteers should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

The Oasis vision is central to our safeguarding approach. Our vision is for community – a place where everyone is included, making a contribution and reaching their God-given potential. Our ethos is a statement of who we are, and it is an expression of our character.

Rooted in the story and beliefs of Oasis, we describe our ethos through a particular set of values that inform and provide the lens on everything we do.

- **A passion to include**
- **A desire to treat people equally respecting differences**
- **A commitment to healthy, open relationships**
- **A deep sense of hope that things can change and be transformed**
- **A sense of perseverance to keep going for the long haul**

It is these ethos values that we want to be known for and live by. It is these ethos values that also shape our policies. They are the organisational values we aspire to. We are committed to a model of inclusion, equality, healthy relationships, hope, and perseverance throughout all the aspects of the life and culture of every Oasis Hub and community.

Everyone who is part of Oasis needs to align themselves to these ethos values. The values themselves are inspired by the life, message, and example of Jesus but we make it clear that we will not impose the beliefs that underpin our ethos values. We recognise and celebrate the richness that spiritual and cultural diversity brings to our communities. We respect the beliefs and practices of other faiths and will provide a welcoming environment for people of all faiths and those with none.

Safeguarding also encompasses issues such as:

- Staff and volunteer conduct
- Health and safety
- Bullying
- Child-on-Child Abuse,
- Sexually harmful behaviour
- Online safety
- Provision of intimate care
- Building security
- Alcohol, drugs, and substance misuse
- Positive behaviour management
- Physical intervention and restraint (reasonable force)

We recognise that some community members live in circumstances that may make them more vulnerable to abuse, neglect, or poor outcomes. Some may need early help or intervention from other organisations in order to overcome problems and keep them safe. Special consideration is made for Looked After Children and/or those with Special Educational Needs or disabilities.

It is important to remember that each community project should follow the guidance of their local multi-agency safeguarding arrangements (MASA) and implement their systems and protocol for referring families for early help and reporting child protection concerns. The MASA will ensure that each community project is aware of issues within the community that are relevant to them. DSL's should ensure that all staff are aware of those issues and systems for reporting and provide local safeguarding updates.

Contextual Safeguarding Concerns

For each of our local charities we ask, 'what are we protecting our children and adults at risk from' and consult with the Local Authority, staff, volunteers and community members for their

views. This means that all staff will be made aware of specific issues relating to locality that could impact the safety of children and adults at risk at the community project. Each local charity completes an annual SWOT analysis of the contextual issues faced within their community – a template is available in Appendix C.

Roles & responsibilities within Oasis

Safeguarding and promoting the welfare of children is **everyone's responsibility**.

Everyone who comes into contact with children and their parents or carers has a role to play in safeguarding children. Knowing what to look for is vital to the early identification of abuse and neglect and if staff are unsure they should always speak to the DSL or deputy DSL– if in exceptional circumstances, neither the DSL or deputy DSL is available, staff should consider speaking to the Hub Leader or member of OCP Executive. All actions that are completed in the absence of a designated safeguarding person should be shared with them at the very earliest opportunity.

The Oasis Community Partnerships Board will determine and keep under review the general policy for OCP and Oasis Hub charities.

All adults working in OCP (including visiting staff, volunteers and children/young people on placement) are required to report instances of actual or suspected child abuse or neglect to the DSL with responsibility for child protection.

The Board of Trustees will:

- Oversee OCP and all subsidiaries procedures in line with the Oasis Community Partnerships policy
- Determine OCP and all subsidiaries procedures in line with the Oasis Community Partnerships policy
- Appoint a Nominated Member of the Board of Trustees to liaise with the Chief Executive Officer on behalf of the OCP Executive Team, Hub Leaders and DSL
- Review and consider annually a report on safeguarding incidents in OCP and all subsidiaries (usually in the Autumn).

The Chief Executive Officer will:

- Provide a link between the Hub Leader with the CEO and the Board
- Present an annual report to the OCP Board reviewing safeguarding incidents across OCP
- Ensure that the risk register is maintained and up to date in relation to safeguarding
- Ensure that appropriate pastoral systems are in place for Community Hub Leader and DSL's
- Be available to Community Hub Leader's
- Be DSL trained, and act in an advisory capacity to the Hubs they are responsible for
- Work alongside OCL's Director of Safeguarding for advice and guidance

The OCP Operations Director will:

- Ensure regular review of this policy and related policies, procedures and supporting systems

- Oversee the OCP safeguarding reporting system
- Be DSL trained

The OCP Area Director will:

- Ensure that the policy and procedures are implemented across the OCP projects they are responsible for
- Be DSL trained, and act in an advisory capacity to the Hubs they are responsible for

The Hub Leader will:

- Be responsible for the implementation of the policy and procedures and ensuring that the outcomes are monitored
- Ensure that all staff, volunteers, parents, children and young people and members of the community are aware of the policy and procedures in place
- Appoint a DSL and Deputy DSL. The DSL needs to have the flexibility to act immediately on a referral that requires an urgent response and to be able to give time to lengthy meetings or case conferences, as required. The Deputy DSL will act on behalf of the DSL whenever necessary, and with the same authority
- Ensure that details of the DSL and deputy DSL are clearly displayed in staff areas
- Determine an appropriate training programme in consultation with the DSL
- Report annually to the Board of Trustees on the working of the policy via the Chief Executive Officer

The DSL is responsible for:

- Ensuring that all cases of suspected or actual harm associated with child or adult at risk protection are referred to the appropriate agencies and keeping the CEO and community hub staff informed
- Ensure that all serious cases are escalated on the OCP safeguarding reporting system, and bring to the attention of the CEO as National DSL
- Being aware of the latest national and local guidance and requirements
- Ensuring that effective communication and liaison takes place between the Youth and Community team and the Local Authority, and any other relevant agencies, where there is a child or adult protection concern in relation to a child, young person or adult engaging in community activities
- Ensuring that all staff have an understanding of child abuse, neglect and exploitation and their main indicators
- Dealing with allegations of abuse in accordance with local procedures
- Ensuring that appropriate training for staff is organised according to the agreed programme
- Ensuring that adequate reporting and recording systems are in place
- Attend accredited, enhanced training as defined by the Oasis Safeguarding Arrangements to fulfil the role every two years

All staff and volunteers:

All staff have a responsibility to promote good safeguarding practice and promote the welfare of children and at risk adults. All staff are expected to demonstrate leadership, be informed about and take responsibility for actions (theirs and others) whilst providing services to children

and adults at risk and their families or carers. Volunteers have **the same responsibilities** as employed staff in regards to safeguarding.

- All staff should know the Safeguarding policy and procedures. All staff have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable is being, or is at risk of being, abused, neglected or exploited
- All staff will, during their supervisions and one to ones, cover any safeguarding concerns that they have and these will be recorded at the appropriate point in the notes, with clear actions (and by whom) for dealing with the concern.
- All staff, including temporary staff, external visiting staff and volunteers will be informed of the DSL's name, the named Deputy, and asked to read this Safeguarding policy during their induction to the team
- All staff and volunteers involved in delivery are required to complete the Oasis on-line safeguarding training as part of their induction. All staff and volunteers, including those not involved in delivery, will complete a level of safeguarding training, to a standard appropriate for their role and responsibilities.
- All staff need to be alert to the signs of harm and abuse. They should report any concerns if not immediately, as soon as possible, to the DSL or named deputy. If in any doubt staff should consult with the DSL.
- All relevant national and local procedures are available on Oasis Zone and can also be provided on request
- Any child may benefit from early help, but all OCP staff should be particularly alert to the potential need for early help for a child who:
    - is disabled and has specific additional needs
    - has special educational needs (whether or not they have a statutory education, health and care plan)
    - is a young carer
    - is frequently missing/goes missing from care or home
    - is misusing drugs or alcohol
    - is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
    - has returned home to their family from care
- All staff must be aware of the early help process, this includes identifying emerging problems, liaising with the DSL, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment. All early help cases should be reviewed regularly and if the situation is not improving then consideration should be given to a referral to children's social care for assessment for statutory services

When a staff member has a safeguarding concern they should follow the procedures outlined in Section 4 (for children) and Section 5 (for adults).

Other relevant policies

Throughout this policy, there is reference to other relevant policies, listed below. These can be found on Oasis Zone and are available on request.

- Complaints policy
- Whistleblowing

- Harassment and Bullying policy
- Health and safety
- Lone working Policy
- Equalities policy
- HR policies, including adherence to Safer Recruitment
- Staff and Volunteer Code of Conducts
- GDPR and Data Protection
- Online safety
- Trips and Visits Guidance
- Staff Development and Training Policy

Section 2: Recognising Abuse

Abuse of children or adults at risk can include but is not limited to:

- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Financial abuse
- Self-neglect
- Discriminatory abuse
- Domestic violence
- Honour based violence
- Forced marriage
- Female Genital Mutilation
- Prevent (Radicalisation)
- Child-on-Child Sexually Harmful Behaviour
- Child Criminal Exploitation, including Child Sexual Exploitation (CSE), County Lines and Modern slavery and Child Trafficking
- Institutional abuse
- Acts of omission

Full details of types of abuse and indicators are outlined in Appendix A.

OCP has the role of recognising and responding to potential indicators of abuse and neglect of children and adults at risk, all other action should be taken by those with statutory powers to help the individual. Early contact and close liaison with such agencies are therefore regarded as essential.

It is essential that all OCP staff and volunteers are trained to recognise abuse from within families or extra-familial risk, and consideration is given to how best to support and safeguard children and adults from minoritised groups.

Section 3: Prevention

Online safety and communication

It is essential that children and adults at risk are safeguarded from potentially harmful and inappropriate communications and online material. We recognise that the on-line risks fall into 4 main categories:

- content: being exposed to illegal, inappropriate, or harmful content.
- contact: being subjected to harmful online interaction with other users.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm.
- commerce: risks such as online gambling, inappropriate advertising, phishing and or financial scams.

As such, the Hub ensures appropriate procedures, filters and monitoring systems are in place in accordance with the following policies:

- Oasis E-Safety Policy
- Horizon's Policy,
- Acceptable use of Technologies
- Web Filtering and Device Monitoring through NetSweeper Web Filter (where relevant)

Technology, and risks and harms related to it evolve and changes rapidly. The Hub will carry out an annual review of their approach to online safety that considers and reflects the risks young people face.

Types of online harm may include cyberbullying, trolling, or online harassment, sharing of indecent images or sexting, online grooming or radicalisation, access to harmful content, including self-harm or extremist material or exploitation through gaming or social media platforms. As Artificial Intelligence (AI) technologies become more integrated into everyday life, OCP recognises both their benefits and potential safeguarding risks. Staff will remain alert to how children may use AI, especially in ways that could impact online safety, data privacy, or wellbeing. This includes emerging risks such as AI-generated bullying - for example, the creation of fake images (deepfakes), harmful content using chatbots, or AI-edited videos designed to harass, humiliate, or target individuals.

Where our Hubs are based in academies, academy staff monitor the results of our web blocking and monitoring software to ensure that our young people work safely and are protected from terrorist or extremist material, cyber-bullying, cyber-crime, sexting, offensive user/trolling, vulnerable user over sharing and grooming.

Safer Recruitment

Safer recruitment practices are an essential part of creating a safe environment for children and adults at risk.

We ensure we follow safer recruitment guidelines via the procedures outlined in:

- OCP Recruitment & Selection Policies
- Recruitment Toolkit
- Volunteer Policy

Key elements of the above policies include:

- Full employment information being required on staff application forms
- References being collected
- A requirement for all staff who work directly with children and adults at risk being subject to an enhanced disclosure check from the Disclosure and barring Service prior to starting their employment
- We do not allocate start dates for new members of staff until all pre-employment checks have been completed.

Records are maintained on our staff and volunteer management system and are an important part of our commitment to Safeguarding. Staff records are overseen and directly managed by the Hub Leader and reviewed:

- Every half term by the Hub Leader
- Annually by the Hub Leaders line manager or a member of the OCP Exec
- By the National Safeguarding Team as part of a systems and practice review or on request

It is expected that all visitors and contractors will:

- Report to the relevant staff member on arrival
- Provide proof of identity
- Be made aware of the arrangements for safeguarding, health and safety, including the name of the DSL and deputy DSL

Code of Conduct

All staff members and volunteers are expected to adhere to a code of conduct. These are available on the Oasis Zone or on request and will be discussed on induction.

Adherence to this code of conduct is vital and we are clear that any violation may result in disciplinary action being taken in line with our Disciplinary Policy.

Training and support

Robust training is key to ensuring staff and volunteers are able to respond to safeguarding issues. All staff and volunteers are required to undertake training in line with the Staff Development and Training Policy, which is available on Oasis Zone or on request. This includes the following mandatory training:

  - Child protection & Safeguarding
  - Health and Safety including Manual Handling
  - GDPR and Data protection
  - Adult safeguarding (where staff work with adults)
  - DSL training (where staff are the Designated Safeguarding Lead)
  - Cyber Security

In particular:

- All staff and volunteers new to the Hub will be provided with Safeguarding training appropriate to their role, as part of their induction programme
- All staff will undertake the Oasis safeguarding and child protection training, annually, which will be monitored by the local DSL.
- All staff and volunteers will complete an annual declaration form.

- Staff will receive project specific training including being made aware of local risk factors
- Staff and volunteers who work directly with children in Oasis academies must read KCSIE 25 Part 1 & Annex B, in line with OCL's Safeguarding Policy.
- Staff who don't work directly with children within Oasis academies are not required to read KCSIE, however may find it useful.
- KCSIE 25 can be found here: Keeping children safe in education - GOV.UK (www.gov.uk)
- The DSL team will be appropriately trained via the Oasis DSL course, and also complete any other appropriate inter-agency training
- Safeguarding is expected to be a standing item in all one to ones and feature in all Personal Development Reviews

Hub Leaders are responsible for managing the wellbeing of their teams, including completing de-briefs after any incidents, and signposting team members to the support as required.

Health and safety

Our Health and Safety policy can be found on the Oasis Zone and is available on request.

Activity Risk assessments

Our risk assessment template can be found on the Oasis Zone.

Risk assessments are completed for all activities undertaken by the Hub in line with our risk management process. Consideration of safeguarding issues should be key feature of any risk assessment.

Practice guidelines

Our teams are supported by National Lead Practitioners as well as members of the national OCP team to ensure our practice is of the highest standard.

Partnerships

Where we work with partner organisations, we expect Hubs to have a written agreement in place between agencies regarding the responsibility for reporting safeguarding incidents and the reporting processes. OCPs safeguarding policies should be provided to the other agency and vice versa.

Hire of premises

Where Oasis provide premises to outside agencies we expect there to be a written agreement in place.

This should clarify:

- process and responsibility for reporting safeguarding concern
- sharing of safeguarding policies and ensuring the renter's workers have relevant checks in place
- Prevent checks on groups; ensuring groups have risk assessments in place
- Ensure that the ethos and values of the external organisation reflect those of Oasis

Local charities will provide health and safety checks/certification and environmental risk assessments on request.

Working with Offenders

Though the work of the local Oasis charities, it is likely that we will come into contact with clients who have committed criminal offences. Where offences involve causing harm to children or vulnerable adults, it is important we follow additional steps to safeguard everyone involved.

When such an offender, who could pose a risk to children or adults at risk, is known to the leadership team, the Hub Leader will determine whether involvement is permitted. This must be signed off by the OCP CEO.

If involvement with the hub is deemed acceptable, a contract between the offender and Oasis must be created to outline agreed boundaries and expected behaviour. A risk assessment must also be completed by the Hub Leader and signed off by the OCP CEO. A template for this contract can be provided on request.

The relevant local agencies will be consulted in the preparation of these documents - for example the person's Offender Manager, if applicable.

Such offenders must be supervised and offered pastoral support as appropriate. Under no circumstances will an offender known to be a risk to children or adults be left unsupervised.

Trips and visits

Safeguarding and child protection concerns must be considered when planning any off-site or residential visits.

In our local teams, a list of those children taking part in any trip will be shared with the DSL or another suitable home contact to ensure that staff/volunteers are made aware of all essential information relating to the children in their care.

Further information can be found in the Trips and Visits guidance, available on Oasis Zone.

Maintaining records of those at risk

Each Local charity will maintain a list of any children and adults who are involved with the charity that are deemed to be vulnerable. This list will be regularly reviewed by the DSL Team.

Section 4: Responding to actual or suspected abuse – children

All general safeguarding concerns should be brought to the attention of the DSL – including those where it is not considered that there is immediate risk. The DSL will then follow the process in the sections below to ascertain what next steps need to be taken. This may include concerns about a child or adult at risk's home environment, or behaviour. These should be recorded appropriately in case notes and monitored for escalation.

If you are concerned that a member of staff or volunteer has abused an child, you have a legal duty to report these concerns. Please refer to Section 6 of this policy.

Process for responding to an actual or suspected case of child abuse

- In the event of an actual or suspected case of child abuse by adults, parents, or any other adult, it is the responsibility of staff/volunteer to report this to the DSL as soon as possible, in line with the Roles and Responsibilities section of this policy.

- A qualified Designated Safeguarding Lead (DSL) will be available to discuss any safeguarding concerns. The DSL will be either be the Hub Leader or an appointed member of the senior leadership team.
- During hub operational hours, a DSL will always be available in our community projects. For the majority of time, there will be a DSL on site. In exceptional circumstances, access to the DSL may be by a phone, or Teams call. This will be clearly advertised.
- During holiday sessions, access to a DSL may be through a phone call or Teams call.
- The Designated Safeguarding Lead (DSL) is responsible for ensuring that children are identified, and the appropriate agency/agencies are involved (full roles and responsibilities of all workers are outlined in Section 1).
- The Designated Safeguarding Lead (DSL) will attend any reviews called by the Local Authority and may call on appropriate members of staff/volunteers for reports.
- It is important that if staff/volunteers overhear children discussing 'abuse' or 'neglect' that this information is relayed for investigation.
- In line with the Roles and Responsibilities section of this policy, local DSLs may escalate complex safeguarding concerns to the OCP DSL for additional guidance, as required.

Supporting the child in cases of actual or suspected child abuse

It will often be necessary for the DSL to speak to the child to understand what the child wants to happen as a result of the concern that has been identified. This must be done in a manor that is appropriate for the child's age and level of understanding, and not place them at further risk.

If deemed appropriate and safe to do so, the DSL should:

1. Speak to them in a private and safe place and inform them of any concerns
2. Get their views on what has happened and what they would like done about it
3. Assure them that you are taking them seriously but do not give promises of complete confidentiality
4. Give them information about the safeguarding process and how it could help make them safer
5. If they have specific communication needs, provide support and information in a way that is most appropriate to them
6. Do not be judgemental or jump to conclusions
7. Provide the child the opportunity to express their wishes and feelings
8. Explain how they will be kept informed and supported

Section 5: Responding to actual or suspected abuse – adults

This section covers important information about adult safeguarding, followed by sections about how to respond to actual or suspected abuse of an adult with an OCP or Local Hub Charity setting.

The Care Act 2014 and definition of an adult with care needs

The Care Act 2014 brings statutory force to adult safeguarding and replaces the guidance set out in 'No secrets' from the Department of Health. The aim of the Care Act is to remove barriers to support and to reduce bureaucracy. Safeguarding adults should be person-led and outcome focussed through utilising a preventative model.

The Care Act states that safeguarding duties apply to adults who:

- have needs for care and support;
- and who are experiencing, or are at risk of; abuse or neglect;
- and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

When abuse or neglect does take place, it must to be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the adult in need of protection stays as much in control of the decision making as is possible.

OCP acknowledges that the rights of the individual to be heard throughout this process are critical in the drive towards Making Safeguarding Personal. The Care Act emphasises the importance of beginning with the assumption that the individual is best-placed to judge their own well-being.

The Care Act also introduces a general principle that there should be cooperation between organisations in ensuring safety.

All staff members, in whatever setting or role, have a responsibility to work to prevent abuse or neglect from occurring. They also have a responsibility to take action where concerns arise.

Six Principles of Adult Safeguarding

The primary aims of adult safeguarding are as follows:

1. To stop abuse or neglect wherever possible
2. To promote wellbeing
3. To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
4. To safeguard adults in a way that supports them in making choices and having control about how they want to live by promoting an approach that concentrates on improving life for the adults concerned
5. To provide information and support that is accessible and helps people to understand the nature of abuse, how to stay safe and how to raise a concern regarding the safety or well-being of an adult; and
6. To address the causes of any abuse or neglect.

An adult is a person aged 18 or over.

This includes students at Oasis academies (or any other school) who are still at school, but aged 18. In these cases, adult safeguarding applies, as the person is aged 18 or over.

The Care Act has broadened who a safeguarding duty may apply to; this could be an adult who:

- has a physical disability or cognitive impairment

- has a learning disability
- displays behaviour consistent with self-neglect
- is a victim of domestic violence or honour-based violence
- is a victim or at risk of female genital mutilation (FGM); has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder has a long-term illness/ condition
- misuses substances or alcohol
- is unable to look after their own wellbeing, property, rights or other interests

Section 42 of the Care Act 2014 requires that local authorities make enquiries, or ensure others do so, when there is reasonable cause to suspect that an adult in its area:

- has needs for care and support
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- is a carer eg a family member/friend who provides care to adults and is subject to abuse;
- is unable to look after their own wellbeing, property, rights or other interests;
- is in need of care and support but is unable to demonstrate the capacity to make an informed decision about themselves; or
- is a victim of exploitation – such as financial or sexual.

This is not an exhaustive list and agencies and individuals should not limit their view of what may constitute an adult with needs for care and support as above.

In the context of safeguarding adults, the vulnerability of the adult is proportionate to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is important to note that people with capacity can also experience or be at risk of abuse or neglect. An adult's vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

Consent

It is always essential to consider whether the adult, who there is a concern over, is capable of giving informed consent before proceeding with any Safeguarding Enquiries. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded;
- a safeguarding adults Enquiry going ahead in response to a Safeguarding concern that has been raised. Where an adult with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term;
- the recommendations of an individual safeguarding plan being put in place;
- a medical examination;
- certain decisions and actions taken during the safeguarding adults process with the person or with people who know about their abuse and its impact on the adult;

- reporting a possible crime to the police unless there is a need to override the individuals view in order to protect others.

If, after discussion with the adult who has mental capacity, they refuse any intervention, their wishes must be respected unless:

- there is a public interest, for example, not acting may put other adults or children at risk;
- there is a duty of care to intervene, for example, a crime has been or may be committed.

Mental capacity

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to safeguarding adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation;
- to take action themselves to prevent abuse;
- to participate to the fullest extent possible in decision making about interventions.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the safeguarding adults process must comply with the Act.

The Act says that: '… a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- understand the information relevant to the decision; or
- retain that information long enough for them to make the decision; or
- use or weigh that information as part of the process of making the decision; or
- communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).'

Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time. The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. Where the decision relates to making a Safeguarding Concern to the Local Authority, the assessment should ideally be undertaken by the person raising the concern.

Principles of the Mental Capacity Act 2005

- An adult has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise.
- Adults must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.

- `s have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.
- Decisions made on behalf of a person who lacks mental capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.

OCP works with adults to promote independence in a supportive manner it is never the intention of OCP to provide care however there are times when an adult in one of the services will either have an impairment of or disturbance in the function of the mind or brain. Staff will use the following chart as a guide to support staff to raise a concern.

Deprivation of Liberty Safeguards (DoLS)

DoLS apply to people who have a mental disorder or mental impairment and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment. This can also apply to those individuals living in Independent Supported Living, Shared Lives or in their own homes.

Applications to authorise deprivations of liberty for adults, Shared Lives Placements or their own home need to be made by Legal teams within the Local Authority. If staff believe that a client comes under the DoLS they should contact the local Safeguarding Adults Manager.

Process for responding to an actual or suspected case of abuse against an adult

All safeguarding concerns should be discussed with the local DSL.

The DSL will decide whether the concern meets the criteria to raise a concern with the Local Authority in line with Stage 1 of the section below.

If the adult has mental capacity to make relevant decisions and does not consent to a Safeguarding Enquiry and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.

Consideration must be given as to whether or not the decision to withhold consent is not made under undue influence, coercion or intimidation. Just because safeguarding adult procedures do not apply (e.g. because it has been determined that the adult does not have care and support needs, does not give consent or there is no abuse or neglect), does not mean that action should not be taken to manage the perceived risk. This could include but is not limited to:

- referral into another multi-agency system or procedure
- Health and/ or social care assessment
- safety planning with the adult
- signposting or advice to other services

A record must be made of the concern, any views of the adult with care and support needs and of the decision not to raise the concern, with reasons. A record must be made of what information and support they were given or offered.

This rest of this section covers:

- What to do in the event of witnessing, suspecting or receiving information about abuse to adults at risk of harm.
- How to raise an alert and the responsibilities of the person doing it
- Factors to consider when raising an alert

- A clear framework regarding consultation with Line Managers and levels of responsibility.
- Guidance on recording Mechanisms.

Under the Care Act much of the safeguarding duty lies with the Local Authority, however our staff must be fully aware of their own responsibilities in reporting and recording concerns, which are laid out below.

There are 4 key stages to the Safeguarding Adults process:

- Stage 1: Safeguarding Concern
- Stage 2: Enquiry
- Stage 3: Safeguarding Planning Meeting (if applicable)
- Stage 4: Quality Assurance

Stage 1: Safeguarding Concern

All staff and volunteers involved with adults with needs for care and support have a duty to raise a Safeguarding Concern. A Concern may be:

1. a direct disclosure by the adult with needs for care and support
2. a concern raised by staff or volunteers, others service users or a member of the public
3. an observation of the behaviour of the adult with needs for care and support, of the behaviour of another person(s) towards the Adult or of one service user towards another

When staff have a concern for an adult they should:

- Ensure the protection of the adult, taking into account immediate risk
- Report immediately to the **Designated Safeguarding Lead,** who is then responsible for taking action

When considering what action should be taken the DSL should consider:

- What does the adult involved want to happen?
- Have they given their consent for a referral
- Do they have mental capacity at the time of the event/concern?
- Gather initial information to clarify facts
- Consider reporting to police, if you suspect a crime has been committed
- Record information
- Raise Concern – further information available here: Raising concerns - NHS Safeguarding (safeguarding-guide.nhs.uk)

When a Concern is logged, the Local Authority Safeguarding team will clarify the basic facts, including who is involved in the allegation. This stage is not an investigation, but to enable decisions about the level of risk and which process is to be followed. ASCD will satisfy themselves that they have gathered sufficient information to enable the Safeguarding Adults Team duty officer to make a decision about progress.

Abuse / neglect is reported to the local authority in which the abuse occurred, regardless of where the adult at risk may live or which local authority may fund their care.

The responsibilities of the DSL are to:

1. Take immediate action
2. Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger

3. Where appropriate, dial 999 if there is need for emergency medical treatment
4. Consider contacting the police if a crime has been, or may have been, committed
5. Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room
6. If possible, make sure that other service users are not at risk.
7. Try to keep the person calm, by talking and attentively listening to them
8. If there is also a safeguarding concern about a child – refer to the earlier section of this policy about safeguarding children.
9. Keep yourself and others safe.

In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means. Medical or specialist advice should be sought. If medical treatment is needed, an immediate referral should be made to the persons GP, Accident and Emergency (A&E) or a relevant specialist health team. If forensic evidence needs to be collected, the Police should always be contacted.

Responding to an Adult who is experiencing, or at risk, of abuse or neglect

It will often be necessary for the DSL to speak to the adult to understand what the adult wants to happen as a result of the concern that has been identified and to seek consent to share information. To do this the DSL should:

1. Speak to them in a private and safe place and inform them of any concerns
2. Get their views on what has happened and what they would like done about it
3. Assure them that you are taking them seriously but do not give promises of complete confidentiality
4. Reassure them that they will be involved in decisions about what will happen
5. Give them information about the safeguarding adults process and how it could help make them safer
6. Where appropriate, ask the adult if they consent to a Safeguarding Adult concern being raised. If consent has not been given and you need to override this decision, inform the adult the reason for this
7. Consider whether or not the adult has capacity to make informed choices about the way they want to live and the risks they want to take.
8. If they have specific communication needs, provide support and information in a way that is most appropriate to them
9. Do not be judgemental or jump to conclusions
10. Explain that you have a duty to tell your manager or other designated person (if appropriate)
11. Explain how they will be kept informed and supported

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible. They should also be given the opportunity to express their wishes and feelings. Where the adult is not able to express their wishes or feelings, consideration will need to be given about consulting with others who could do this on their behalf (e.g. family member, advocate).

Ensuring further abuse does not occur after disclosure

It is vitally important that after a disclosure has been made that staff know how to respond to minimise the risk of further abuse taking place. Staff should follow the guidelines below.
In an emergency, everyone should follow the same steps:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is not in immediate danger.
- If there is need for emergency medical treatment, dial 999 for an ambulance. If you suspect that the injury is non-accidental, alert the ambulance staff so that appropriate measures are taken to preserve possible forensic evidence. Wherever possible, establish with the adult at risk the action they wish you to take.

In discussing the issues with the adult you should also:

- Speak to them in a private and safe place to inform them of the concerns, making sure the alleged abuser is not present.
- Find out whether the adult would like to be accompanied by a trusted person.
- Ensure they have appropriate support to express themselves clearly, including an interpreter if necessary.
- Be clear what will happen with the information that the victim discloses.
- Obtain their views on what has happened and what they want done about it
- Provide information about the safeguarding adults process and how it could help to make them safer
- Ensure that they understand the parameters of confidentiality
- Explain how they will be kept informed, particularly if they have communication needs
- Consider how the abusive experience might impact on the ongoing delivery of services, particularly personal care arrangements and access arrangements
- Explore their immediate protection needs
- If there is also a safeguarding concern about a child refer to the earlier section of this policy about safeguarding children.
- As far as is possible, make sure that others are not at risk.

If you are concerned that a member of staff or volunteer has abused an adult, you have a duty to report these concerns. Please refer to Section 6 of this policy.

Mental Capacity Concern

Where staff have a concern for an adult service user with either an impairment of or disturbance in the function of the mind or brain they should use the following as a guide to support the adult.

Mental Capacity Assessment

Staff should always try and encourage the service user to access medical attention, if however they refuse for the following reasons (which is not an exhaustive list) then the following should apply:

- If a service user has a known/unknown medical condition and experiences a stroke/heart attack or becomes incoherent or confused or loses consciousness (for whatever reason) staff should call 999 for an ambulance immediately and then inform the DSL.

- If that service user is responsible for a child at the time then the DSL should inform Local Authority Children Services immediately (and possibly the police depending on the situation), especially if the child is subject to a plan. If possible 2 members of staff should stay with the child/baby until the ambulance/ social worker arrives. The DSL's line manager must also be made aware of the situation. If staff are lone working then it would be advisable to keep the door of the room open.

- If an adult service user takes an overdose of medication (especially Paracetamol) or has taken either an unknown/known substance and is still lucid but not co-operative or their presentation is concerning staff should call 999 for an ambulance, as time is of the essence and allow the medical team to deal with the situation. The police should also be called if the situation begins to escalate or the service user refuses to go to hospital.

- If an adult service user has consumed alcohol to the extent that staff are concerned that the service user is at real risk of alcohol related issues such as alcohol poisoning/or suffocation on vomit then staff should call 999 for an ambulance.

Stage Two - Enquiry

Once a Concern has been raised with Adult Social Care Direct, they will in turn pass the referral onto the Safeguarding Adults Co-ordinator. It is their responsibility to determine what course of action should be followed. The first option is to open an Enquiry. The first priority of an Enquiry should always be to ensure the safety and wellbeing of the adult. The objectives of an Enquiry should be to:

- establish facts
- ascertain the adult's view and wishes
- assess the needs of the adult for protection, support and redress and how they might be met
- protect from the abuse and neglect, in accordance with the wishes of the adult
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- enable the adult to achieve resolution and recovery Upon receipt of the Safeguarding Concern, the Safeguarding Adults Team will lead on the Enquiry.

The Safeguarding Adults Coordinator for the Local Authority must determine whether or not the adult is:

- over 18
- has care and support needs; and
- is at risk or experiencing abuse or neglect and as a result is unable to protect themselves

They then must consider what is the desired outcome of the adult, whether consent has been obtained, whether the adult has capacity and whether there is insufficient information to undertake an Enquiry, gather initial information and clarify facts

The referral pathway must be discussed with the adult to ensure it supports them achieve the outcome that they want. Referral pathways could include:

- **Information, Advice and Guidance**
  Provision of information, advice and guidance The Safeguarding Adults Team will provide appropriate information, advice and guidance. This will be documented on the Enquiry record and the case closed.

- **Single Agency Referral Route**
  The Safeguarding Adults Co-ordinator, may request OCP carry out an internal investigation.
  Following the referral back to OCP (known as a Single Agency Referral) a lead officer will be identified and there is an expectation that we will provide feedback to the

Safeguarding Adults Team within agreed timescales, depending upon the nature of the case, prior to the case being closed.
There would also be an expectation that OCP would consult with the adult to ensure that their desired outcomes have been considered and fulfilled where possible.

- **Multi-Agency Referral Route**
  Where a number of agencies are involved with the adult there may be a referral to
  - Multi-Agency Safeguarding Hub (MASH), MARAC or similar
  - Progression to a Self-Neglect Enquiry
  - Progression to a Planning Meeting (See Stage Three**)**

Stage Three - Safeguarding Planning Meeting

One of the referral routes available is to progress to a Safeguarding Planning Meeting. This is only applicable in the following cases:

- Significant / Critical harm
- No clear referral pathways
- Multi-Agency Interventions are required

The purpose of the Safeguarding Planning Meeting is:

- discuss findings of the Enquiry
- to coordinate the collection of relevant additional information pertaining to the abuse or neglect from the meeting attendees
- agree the scope of any safeguarding action or investigation
- to agree a multi-agency Safeguarding Plan

Attendance at the Safeguarding Planning Meeting will be limited to those who can share information about the Concern and who can contribute to the decision-making process.

This may include OCP staff who have had a role in investigating the allegation of abuse or neglect. It is expected that they will be of sufficient seniority to make decisions within the meeting concerning OCP's role and resources to be contributed to the agreed Safeguarding Plan.

Safeguarding Adults Co-ordinator is responsible for ensuring that Review Meetings are held at least once every three months until all actions are completed and an appropriate outcome is reached.

Stage Four - Quality Assurance

After cases have progressed through the Enquiries and Planning Meeting stages and have been closed a Quality Assurance process should be followed to ensure:

- The views of adult have been central to the process
- Appropriateness of decision making
- Data recording is of a suitable standard
- Partnership Lessons Learned are captured

All cases must be Quality Assured by a Senior Officer within the same organisation as the Safeguarding Adults Manager, so occasionally OCP may be required to undertake one of these.

Case Closure

The Safeguarding Adults process may be closed at any stage. This may be because:

- the adult does not give consent for the enquiry to progress
- the adult's desired outcomes have been met as far as is possible
- risks are managed as far as they possibly can be
- it is agreed that no further actions are required

Support for Adults involved in the Safeguarding Process

It is important that the adult is supported in ways that do not jeopardise any investigations or criminal prosecutions. Where OCP staff feel that they are not best placed to support the individual, then consideration should always be given whether any other agency, or family member/friend, can provide such support.

Advocates

If there is not an appropriate individual to support the adult's involvement in the safeguarding process, then the Local Authority will arrange for an advocate. The Care Act defines 4 areas where 'substantial difficulty' may occur:

- Understanding relevant information
- Retaining information
- Using, or weighing up the information
- Communicating their views or wishes

Where it is decided that an adult needs an advocate, this person cannot be someone who is providing care or support in a professional capacity. The adult's wishes must be respected if they do not wish to be represented by a particular person.

Section 6: Allegations against Members of Staff or Volunteer

All OCP staff and volunteers have a duty to report any concerns about a staff member or volunteers conduct towards children or adults.

This section explains how OCP staff must respond when there is a concern that a staff member or volunteer has abused a child or adult.

Allegations involving children

A child is anyone aged 17 years old or under.

All allegations of abuse made against a member of staff or volunteer in relation to a child or young person must be brought to the attention of the **local Hub Leader** immediately. These concerns will be categorised into two:

- Allegations that may meet the Harms criteria and will be referred to the LADO.
- Concerns that do not meet the Harms threshold and will be dealt with as Low-Level Concerns.

If the allegation is about the Hub Leader, it should be brough to the attention of the OCP CEO.

Allegations that meet the Harms threshold

If the allegation meets Harms criteria, the Hub Leader (or other lead person) must report it to the Local Authority Designated Officer **within 1 working day.** If it is alleged that a member of staff or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children. This includes behaviour that may have happened outside of the Oasis that might make an individual unsuitable to work with children. This is known as transferable risk.

The Hub Leader must follow the below steps:

- Report the concern to the Local Authority Designated Officer (LAD) **within 1 working day.**
- Where an allegation is made against an agency or partner organisation staff member, the Hub Leader will immediately contact the organisation concerned so that they can refer to the LADO. The Hub Leader can also make a direct referral to the LADO if necessary.
- Where a child has an allocated social worker, they should be informed as well. The LADO will advise who should do.
- The LADO will lead the investigation process - Oasis should not complete an investigation unless confirmed by LADO. The Hub team will support any investigation that is required.
- The Hub Leader will act as the 'case manager' and following the direction of the LADO will commission an investigation and liaise with the LADO as to the actions required.
- The LADO will decide when and in how much detail a member of staff/volunteer is informed of an allegation.
- All LADO referrals must also be reported to the OCP CEO.

Allegations that do not meet the Harms threshold (Low Level Concerns)

If the Hub Leader considers that the incident does not meet the Harms Threshold a Low-Level Concerns investigation will be initiated, in line with relevant HR policies.

A low-level concern is any concern that an adult has acted in a way that is inconsistent with the staff or volunteer code of conduct, including inappropriate conduct outside of work but does not meet the threshold of harm.

Examples of such behaviour could include:

- being over friendly with children
- having favourites

- adults taking photographs of children on their personal mobile phone, or without parental consent
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- using intimidating, or offensive language

Concerns that do not meet the Harms threshold will be fully investigated within the team and the appropriate actions recorded in the personnel files.

The investigation may recommend disciplinary action – please refer to the Disciplinary Policy for further information, available on Oasis Zone.

Low-Level Concerns should be escalated to the OCP national DSL as appropriate, and monitored carefully.

In such cases, related policies including the Disciplinary Policy may be enacted. This could include recommendations of additional training/support for the staff member/volunteer to address concerns.

Allegations involving adults

An adult is anyone aged 18 years old or over.

All OCP staff and volunteers have a duty to report any concerns about a staff member or volunteers conduct towards adults.

- If you are concerned that a member of staff or volunteer has abused an Adult, you must inform the Hub Leader.
- If you are concerned that the local Hub Leader has abused an Adult, you must inform the OCP CEO.
- The Hub Leader will discuss these concerns with OCP's CEO (unless the concern is about the OCP CEO, in which case they will discuss it with OCT's CEO).

Serious concerns

In the first instance, the DSL should consider liaison with the police regarding the management of risks involved.

An immediate decision on whether to suspend the staff member must be made has to be made. The employee has a right to know in broad terms what allegations or concerns have been made about them.

Depending on the seriousness of the allegations the staff member concerned may be suspended on full pay pending further investigations. Alternatives to suspension can be considered including leave of absence, transfer of duties or additional supervision. This will be managed via the OCP Disciplinary Policy.

Ensure that any staff who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistleblowers.

Consideration must be given to whether any allegations against employees in their work situation may place their family members, dependants or the public at risk. In such cases, referrals must be made to the relevant organisations/services (adults and children's) and consideration of referral to the police where there is an imminent risk of harm.

Where the allegation includes potential harm caused to children, the 'Allegations involving children' steps must also be followed.

Low level concerns

In related to staff and volunteers, a low-level concern is any concern that an adult has acted in a way that is inconsistent with the staff or volunteer code of conduct towards an adult, including inappropriate conduct outside of work but may not constitute a full safeguarding concern.

Low-level concerns are part of a spectrum of behaviour. This includes:

- inadvertent or thoughtless behaviour
- behaviour that might be considered inappropriate depending on the circumstances
- behaviour which is intended to enable abuse

Low level concerns should always be reported to the DSL.

- Concerns that do not meet the Harms threshold will be fully investigated within the team and the appropriate actions recorded in the personnel files.
- The investigation may recommend disciplinary action – please refer to the Disciplinary Policy for further information, available on Oasis Zone.
- Low-Level Concerns should be escalated to the OCP national DSL as appropriate, and monitored carefully.
- In such cases, related policies including the Disciplinary Policy may be enacted. This could include recommendations of additional training/support for the staff member/volunteer to address concerns.

False/Unfounded/Malicious Allegations against a staff member/volunteer (in relation to children or adults)

Where an allegation is made against a member of staff/volunteer that is clearly and demonstrably without foundation or malicious, no disciplinary action will occur, and the decision and evidence will be recorded. Without foundation means that there is clear evidence to show that the person making the allegation clearly misinterpreted events, or misunderstood what they saw. Alternatively, they may not have been aware of all the circumstances. A malicious allegation is where there is a deliberate attempt to deceive and there is clear evidence of this.

If a malicious allegation is made by a member of staff or volunteer, disciplinary action may be taken against that person, in line with the Disciplinary policy.

Section 7: Additional considerations for managing safeguarding concerns

Confidentiality, information sharing and record keeping

Information sharing in the context of safeguarding must be dealt with extreme care.

When deciding what information should be shared, and with whom, all staff and volunteers must ensure that they are acting in the best interest of the child or adult at risk, in line with legal obligations and with proportionality. Guidance should be sought from the DSL if unsure.

Further information about how we ensure compliance with Data Protection laws can be found in the Data Protection Policy, available on Oasis Zone or on request.

It is vital that a written record of any incident or allegation is made as soon as possible after the information is obtained, and kept by the DSL. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes should be kept securely as it may be necessary to make records available as evidence and to disclose them the LADO (in cases of child protection), and/or a court.

Staff and volunteers have the responsibility to share relevant information about the protection of children with the DSL and potentially external investigating agencies.

If a child or adult at risk confides in a member of staff and requests that the information is kept secret, it is important that the member of staff sensitively explains that they have a responsibility to refer the matter to the Designated Safeguarding Lead (DSL) for the person's own safety.

Records should include:

- date and time of the incident
- exactly what the child or adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- appearance and behaviour of the child or adult at risk
- any injuries observed (complete a body map if appropriate)
- dated name and signature of the person making the record
- if you witnessed the incident, write down exactly what you saw. The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

Once the Concern has been passed on to the LADO or Adult Social Care, OCP staff are required to follow guidance provided by the LADO/Safeguarding Adults Manager.

As part of their contractual arrangements with local Oasis teams, any external individual or organisation are required to work in accordance with the OCP Safeguarding Policy.

When working with children, working in partnership with parents/carers is important and the staff and volunteers should endeavour to do this at all times. It is recognised however that there are occasions where it is in the child's best interest for work to be undertaken and referrals made without the parent's initial consent to ensure the welfare and safety of children.

Upon receipt of any request regarding direct access to documentation on a Child Protection file, the Hub Leader will be informed and a decision taken on the appropriate way forward in accordance with the Data Protection Policy.

Conclusion

It should be ensured that on conclusion of the safeguarding processes:

- all actions, evidence and decisions are completed
- where involved, the LADO (in child protection cases) or Safeguarding Adults Manager (in adults at risk cases) confirms there is no further action required by Oasis
- all records are completed
- case records within OCP contain all relevant information and are completed to a satisfactory level
- if appropriate, the person concerned if informed that the process is concluded and where/who to contact if they have any future concerns about abuse or neglect
- all those involved with the person know how to re-refer if there are renewed or additional concern

At the conclusion of any investigation if enough evidence is gathered to have foundation, then the relevant further referrals/reports must be made in line with Section 8: Further reporting, below.

Section 8: Further reporting

Reporting to The Charity Commission

The Charity Commission requires any registered charity to report 'serious incidents'. OCP must report to the Charity Commission if any safeguarding concerns have resulted or could have resulted in harm. This includes some situations where our own policies or procedures have not been followed properly. If those breaches have put people who come into contact with the OCP through our work at significant risk of harm, we must report them even if no actual harm occurred.

What needs to be reported depends on the context of a charity, taking account of its staff, operations, finances and/or reputation. A report should always be made where the level of harm to the victims and/or the likely damage to the reputation of or public trust in OCP is particularly high.

The responsibility for reporting serious incidents rests with the charity's trustees. In practice, this may be delegated to someone else within the charity, such as the CEO or DSL. OCP must ensure that we follow any protocol for delegated authority to report to the Charity Commission. If in doubt, we must ensure that trustees have authorised the report.

Upon receipt of a report, the role of the Charity Commission must:
· focus on the conduct of the trustees
· focus on steps the trustees have taken to protect the charity
· consider what the trustees have done to make sure they're compliant with their legal duties and responsibilities towards the charity in managing safeguarding concerns.

Even if the incident is not illegal or there is no police investigation, the Charity Commission may still have serious concerns about the charity, the conduct of its trustees or its safeguarding systems. They will be looking for reassurance that our organisation has taken steps to limit

the immediate impact of the incident and, where possible, prevent it from happening again. They may undertake an investigation and decide how to respond on the basis of evidence collected.

Read The Charity Commission guidance on reporting serious incidents. - https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity

Any decision to refer an incident to the Charity Commission will be taken by the board of trustees in consultation with the Executive team.

Referrals to the Disclosure and Barring Service (DBS)

The Disclosure and Barring Service provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children.

If a safeguarding concern involves staff or volunteers who've caused harm or posed a significant risk of causing harm to individuals, the OCP executive team will consider whether to make a referral to the Disclosure and Barring Service. If staff or volunteers who work directly with children and adults at risk have been dismissed or removed from the organisation or from working in regulated activity due to safeguarding concerns, it is compulsory to make a referral.

Further information about how referrals to the Disclosure and Barring Service work can be found here: https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs

Reporting to the Health and Safety Executive (HSE)

If someone has died or has been injured because of a work-related accident, this may have to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Please refer to the Health and Safety policy for further guidance.

Reporting to the Information Commissioner's Office (ICO)

Where there has been a data breach, this may need to be reported to the Information Commissioner's Office (ICO).

Please refer to the Data Protection policy for further guidance.

Section 9: Pastoral Care

All staff and volunteers in OCP and our local charities make a commitment to support our communities and provide pastoral support as needed. We may also signpost to other appropriate services.

Information about the Oasis Way, our framework for transformational inclusion at the heart of community, can be found on Oasis Zone.

Section 10: Monitoring

Monitoring of incidents

Each local charity is required to monitoring incidents and report on these as part of the quarterly board to local trustees. This should include monitoring of: complaints, significant incidents and accidents including RIDDOR reports, safeguarding issues, and allegations.

Relevant information from each hub is also shared with the national board of trustees at regular intervals and in the annual safeguarding report.

Compliance monitoring

All OCP projects are reviewed annually, within which safeguarding processes and understanding of the staff team are reviewed, as well as looking at the proportion of staff who are reaching the training targets.

All line managers will ensure that safeguarding concerns are raised through the OCP safeguarding reporting system.

The CEO submits an annual report on safeguarding developments externally or internally, provide an overview of cases from the previous 12 months and highlight if there have been any allegations or enquiries into alleged abuse by staff or volunteers. They report on progress and compliance with the safeguarding strategy and action plan and report.

The OCP CEO and Operations Director carry out an annual audit of OCP Safeguarding practice, processes and recording to ensure good practice is maintained. This is followed by a development plan for the following year.

The annual audit covers the following area:

- Project Reviews - Monitoring and reviewing case management
- Review Risk Management prompt logs alongside client files
- Review Incident files
- Audit: Dip Sampling
- Audit: Central recording
- Training records of staff

Section 11: Statutory Requirements

This policy has been developed in line with the following key documents:

- Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, updated September 2025, DfE
- Working Together to Safeguard Children, December 2023, HM Government.
- Inspecting safeguarding in maintained schools and academies, April 2024, Ofsted
- Inspecting safeguarding in safeguarding in early years, education and skills settings, September 2019, Ofsted
- Sexual violence and sexual harassment between children in schools and colleges (2024) DfE
- Mental Health & Behaviour in Schools (2018) DfE
- The current Oasis E-Safety Policy
- Education for a Connected World, UKCCIS 2018
- Multi-agency Statutory Guidance on Female Genital Mutilation, July 2020, HM Government.
- Revised Prevent Duty Guidance for England & Wales, March 2024, Home Office.
- The Independent School Standards, 2015, DfE
- The Children Act 1989 and 2004 and The Education Act 2002
- The Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998

Document Control

Changes History

Version	Date	Owned and amended by	Recipients	Purpose
1.0	31.08.2024	Kat Agar and Perran Byles	OCP core team and Hub Leaders	*Creation* of policy
1.1	31.07.2025	Perran Byles	Kat Agar	Annual review (addition of AI content, change of job titles, no major changes).

Review schedule

Next review due: 31 August 2026

Owner
Kat Agar

Contact in case of query
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Approvals

This document requires the following approvals.

Name	Position	Date Approved	Version
Kat Agar	OCP CEO	31/08/2025	1.1

Location
Tick all that apply:
☒Hub website
☒ Policy portal
☐ Other: state

Customisation
☐ Oasis Community Partnerships OCP policy
☒ Oasis Community Hub charity policy

Distribution

This document has been distributed to:

Name	Position	Date	Version
All hub staff and volunteers	All hub staff and volunteers	6/11/25	1.1