

Migrant English Support Hub

Safeguarding Adults Policy and Procedures

Adapted from [Leeds Safeguarding Adults Model Policy](#) for organisations who come into contact with adults at risk through the course of their work but who are not responsible for their care or treatment.

Safeguarding law and policy uses a very specific definition of “adult at risk.” Being an asylum seeker or a refugee does not mean that someone will be automatically considered to be “at risk.”

MESH believes that migrants, especially those who have been forced to flee their country, may be less able to protect themselves. They may experience increased vulnerability for a number of reasons: fear of persecution, being without friends or family support, potentially with limited or no income, possibly with no home or right to remain in the UK.

MESH is committed to use every opportunity to lobby for the rights of asylum seekers, refugees and other migrants to secure their right to lead lives free of persecution and abuse, and to get the help they need to keep themselves safe.

Other relevant policies:

- MESH Policy Handbook
- Code of Conduct
- Confidentiality and Data Protection Policy
- Safeguarding Children Policy
- Recruitment and Selection Policy
- Risk Assessment policy

1. What is safeguarding adults?

Safeguarding adults refers to the multi-agency procedure that works to protect adults at risk from abuse or neglect.

An adult at risk is an adult who:

- is aged 18 years or more, and
- has needs for care and support (whether or not these are currently being met), and
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

An adult at risk *may* therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- 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 an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse

- lacks mental capacity to make particular decisions and is in need of care and support
- Add something about people being vulnerable because of coming from a war zone etc? PTSD?
-

This list will not be exhaustive.

2. MESH's commitment

MESH will not tolerate abuse in any form, and will work within the Safeguarding Adults Multi-Agency Policy and Procedures for West Yorkshire and North Yorkshire to:

- prevent abuse,
- end abuse that is occurring,
- to support adults at risk of experiencing abuse.

Safeguarding is everybody's business

All employees must take issues of abuse seriously. Every employee has responsibilities to act under these procedures. Doing nothing is not an option.

All employees will be made aware of this policy and their responsibilities to safeguard adults at risk from abuse.

3. Designated Safeguarding Officers

The designated Safeguarding Officers with responsibility for Safeguarding Adults are the Director, **Catherine Hemmings**, and **the nominated Trustee, *******.

All matters relating to Safeguarding at MESH should be referred to them.

4. What is abuse?

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as a safeguarding concern.

Physical abuse - includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.

Domestic abuse – is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013).

Sexual abuse - includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Financial and material abuse – includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission - includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Female Genital Mutilation (FGM) - includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. Procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth increased risk of newborn deaths. It can occur either in this country or the a person's country of origin.

Modern slavery - includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.

"Honour"-based violence –where someone is subjected to violence committed to protect or defend the honour of the family or a particular community.

Discriminatory abuse - includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Organisational abuse – includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Forced Marriage – a marriage that is performed under duress and without the full and informed consent or free will of both parties.

Spiritual or Religious Abuse: Spiritual abuse is not covered by the statutory definitions but is of concern both within and outside faith communities. Aspects of spiritual abuse can be recognised under the four categories of abuse such as emotional abuse or physical abuse (e.g. forced healing rituals). Within faith communities, harm can be caused by the inappropriate use of religious belief or practice. This can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, obtrusive or forced healing and deliverance ministries or rituals, any of which may result in someone experiencing physical, emotional or sexual harm.

Self-neglect - covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

5. Safeguarding Adults Responsibilities:

5.1. Responsibilities of all staff

Any member of staff or trustee who is told of abuse, witnesses abuse or suspects abuse has a responsibility to act. Doing nothing is not an option.

Your responsibilities are:

1. To take action to keep the person safe if possible.

Consider:

- Is an urgent police presence required to keep someone safe – call 999
- Does the person need urgent medical assistance, do they need an ambulance – call 999

2. If a crime has occurred, be aware of the need to preserve evidence
3. Always inform your line manager (or A Designated Safeguarding Officer - see section 3). You cannot keep this information secret, even if the person asks you to.
4. Clearly record what you have witnessed or been told, record your responses and any actions taken.

If consulting with your manager will lead to an undue delay and thereby leave a person in a position of risk, then you should raise a safeguarding concern yourself.

5. MESH will not include on their website any providers who run classes from their home premises, or who are not a registered organization, community group or unincorporated group. See Appendix 1

5.2. Responsibilities of managers

Your responsibilities are:

1. Consider if there are any actions you can take to keep the person at risk safe:
 - Does anyone need urgent medical attention? Do you need to call an ambulance?
 - Is an urgent police presence required to keep someone safe?
2. If a crime has occurred, consider the need to report the incident to the police and be aware of the need to preserve evidence.
3. Consider if a safeguarding concern should be raised with the local authority:
 - Do you feel abuse or neglect has taken place, or there is a risk of abuse or neglect?
4. Consider, wherever practicable, the person's wishes about raising a safeguarding concern with the local authority.

It is important wherever possible to involve the person at risk about decisions affecting them. If possible or practical, talk to them about their need for support and get their consent to raise a safeguarding concern.

On some occasions, it may be necessary to raise a safeguarding concern even if this is contrary to the wishes of the adult at risk. Any such decision should be proportional to the risk, for example:

- The person lacks mental capacity to consent and it is in the person's best interests
 - The person is subject to coercion or undue influence, to extent that they are unable to give consent
 - It is in the person's vital interests (to prevent serious harm or distress or life threatening situations)
 - It is in the public interest e.g. there is also a risk to others, a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care
5. Clearly record what you have witnessed or been told and any decisions you have made.
 6. If you are unsure what to do, seek advice from
 - MESH's Designated Safeguarding Officer - see section 3
 - The Safeguarding Adults Board Advice Line, Tel: 0113 224 3511 and/or consult

- the Safeguarding Adult Multi-Agency Policy and Procedures for West Yorkshire and North Yorkshire at www.safeguardingadults.org.uk

6. How to raise a safeguarding concern:

To raise a safeguarding concern under the safeguarding adults procedures

Contact:

- **Adult Social Care Contact Centre: 0113 222 4401 or**
- **Emergency Duty Team: 0113 240 9536**

7. Safeguarding Adults Contacts

MESH Designated Safeguarding Officers

Catherine Hemmings, Director

***** , nominated Trustee

Work: 07539 361497

Mobile: 07985365161

Adult Social Care: Contact Centre 0113 222 4401

(Monday – Friday, 8am – 6pm)

Text phone 0113 2224410

Emergency Out of Hours Team 0113 240 9536 (Bank Holidays and all other times)

Leeds Safeguarding Adults Board Advice Line

0113 2243511

Monday – Thursday 9am – 5pm; Friday, 9am - 4.30pm (Excluding Bank Holidays)

West Yorkshire Police

If the person is in imminent danger

999

If a crime has been committed but the person is not in imminent danger.

101

You can also ring the police for advice on the non-emergency number

101

Appendix 1: Safeguarding on the website

Questions asked as part of the online registration process:

Are you a registered organisation? (ie a registered company, a charity or an accredited education establishment eg FE institute; high school, primary school)

Yes – accept

No – are you a community group/unincorporated group?

Yes – accept

No – do you meet in a public place?

Yes – accept

No – we are sorry but for safeguarding reasons we are unable to accept this listing for the website