

# Refugee Futures Adult Safeguarding Policy



Date of last review by the Board: November 2023

This policy will be reviewed at an earlier date if a safeguarding incident occurs or due to law changes and as further knowledge is obtained. Senior Management and the Trustees of Refugee Futures will review this policy and good practice at regular intervals and communicate any changes to staff as appropriate.

No.	Reason	Date	Who
1	Initial Draft	September 2021	JW
2	Approved with alterations	June 2022	Board of Trustees
3	Review – Appointment of new Designated Safeguarding Lead	November 2023	Board of Trustees

Designated Safeguarding Officer and Designated Safeguarding Lead (trustee) listed in appendix.

## 1. General Statement

Refugee Futures is committed to protecting all vulnerable adults that use our services. We believe that everyone working and volunteering for the Refugee Futures has a responsibility to promote the welfare of all our clients/service users.

We will make sure that vulnerable adults have the same protection regardless of refugee status, age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

## **2. The Implementation of this Policy**

The Board of Trustees of the Refugee Futures is ultimately accountable for ensuring that the Refugee Futures abides in full with its legal and regulatory safeguarding obligations. It discharges that responsibility by:

1. Ensuring this policy is legally compliant and consistent with best safeguarding practice at all times,
2. Regarding safeguarding as a governance and risk management priority for the organisation,
3. Delegating operational responsibility for the implementation of this policy,
4. Periodic, external, review of this policy,
5. Ensuring staff and volunteers are made aware of their duties and responsibilities via training,
6. Ensuring transparent report procedures in the case of a safeguarding incident or concern.

## **3. Aims of this Policy**

Refugee Futures believes its responsibilities to safeguard vulnerable adults is paramount.

This policy is relevant both for staff and volunteers in a work context and for us all as we go about our daily lives as members of the community. It is the responsibility of all of us to act if we have concerns about the safety of vulnerable adults.

This policy and code of conduct applies to all employees, Trustees, self-employed contractors (including freelancers) and volunteers working on behalf of Refugee Futures Ltd.

### **We uphold the six principles of adult safeguarding:**

1. Empowerment. People are supported and encouraged to make their own decisions and informed consent.
2. Prevention. It is better to take action before harm occurs.
3. Proportionality. The least intrusive response appropriate to the risk presented.
4. Protection. Support and representation for those in greatest need
5. Partnership. Working in and with communities.
6. Accountability. Transparent in safeguarding.

## **4. Definitions**

**A vulnerable adult** - is a person aged 18 or above who requires support, assistance, advice or counselling due to particular needs related to age, state of physical or mental health.

**Mental Capacity Act 2005** - Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and should be the least restrictive intervention.

**The Care Act 2014** – statutory guidance The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates, It puts adult safeguarding on a statutory footing.

**Sexual Offences Act 2003** - The Sexual Offences Act introduced a number of new offences concerning adults at risk and children.

**Adult Safeguarding** - The Care Act 2014 Guidance describes safeguarding as the means of protecting an adult's right to live in safety, free from abuse and neglect. It further states that it is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. Within this context, the guidance recognises that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The consideration of mental capacity is crucial at all stages of safeguarding adults, providing a balance and independence for protection. Mental capacity is the ability to make decisions for yourself whether they are everyday decisions such as what to wear or a more important decision around where to live those who cannot do this are said to 'lack capacity'. Informed consent requires more than the capacity to make decisions, it is the process of communication that leads to an agreement or permission for care, treatment or services, with the right to request information and ask questions. Abuse and neglect can take many forms and it is important that staff should not be constrained in their view of what constitutes abuse or neglect, and the circumstances of an individual case should always be considered.

## 5. Context

This policy covers people aged 18 and above; people aged under 18 fall within the scope of our Safeguarding Children and Young People Policy.

Many people who use our services can be vulnerable to abuse and exploitation because of their personal difficulties and experiences. Such experiences may include mental illness, trauma and distress, violence and rape. Some people may have been subject to abuse in their country of origin or on their journey to the UK, but this policy deals with safeguarding and therefore is focused on addressing current risks to our clients. Refugees and Asylum seekers do not classify as vulnerable adults unless we become aware that they are at risk of or experiencing abuse and neglect as outlined below.

## 6. Types of Abuse and Neglect

**Abuse or Neglect may be:**

- a single act or repeated acts
- multiple in form
- a deliberate act of neglect or a failure to act
- an opportunistic act or a form of serial abusing where the perpetrator seeks out and grooms the individual(s)

The Department of Health Care and Support Statutory Guidance issued under the Care Act 2014 sets out the different types and patterns of abuse and neglect, though stresses that the list is not exhaustive, and describes the different circumstances in which they may take place.

Physical Abuse	Financial or Material Abuse
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<p>Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</p> <p><b>Signs:</b> multiple bruising, fractures, burns, untreated injuries, fear, depression.</p>	<p>Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p> <p><b>Signs:</b> unexplained shortage of money, fraud, theft, unpaid bills, missing personal possessions.</p>
<p><b>Sexual Abuse Psychological Abuse</b></p> <p>Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.</p> <p><b>Signs:</b> unexplained venereal or genital infections, torn, stained or bloody underclothing, bruising around breasts or genital area, reporting being sexually assaulted or raped.</p>	<p><b>Psychological Abuse</b></p> <p>Including 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 of services or supportive networks.</p> <p><b>Signs:</b> fear, depression, confusion, unexpected change in behaviour, deprivation of liberty i.e. false imprisonment.</p>
<p><b>Modern Slavery</b></p> <p>Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.</p> <p><b>Signs:</b> evidence of a workplace being used for accommodation, workers are distrustful of authorities, workers look uneasy, unkempt or malnourished, untreated injuries, evidence of control over movement (i.e. picked up and dropped off in groups).</p>	<p><b>Discriminatory Abuse</b></p> <p>Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.</p> <p><b>Signs:</b> verbal abuse, inappropriate language, harassment, deliberate exclusion, failure to take into account religious and cultural needs of an individual, lack of disabled access, unequal treatment based on protected characteristics, not allowing access to an interpreter, signer or lip reader.</p>
<p><b>Organisational Abuse</b></p> <p>Including neglect and poor care 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</p>	<p><b>Neglect and Acts of Omission</b></p> <p>Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.</p>

<p>be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p> <p><b>Signs:</b> poor standards of care, lack of flexibility and choice for service users, lack of personal clothing and possessions, communal use of personal items.</p>	<p><b>Signs:</b> malnutrition, untreated medical problems, unsanitary or unclean living conditions (dirt, fleas, lice on person, soiled bedding, inadequate clothing, faecal/urine smell).</p>
<p><b>Self-Neglect</b></p> <p>This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.</p> <p><b>Signs:</b> dehydration, malnutrition, untreated medical problems, poor personal hygiene, hazardous or unsafe living conditions, unsanitary or unclean living conditions (animal/insect infestation, no functioning toilet, faecal or urine smell), inappropriate/inadequate clothing, not taking medication properly.</p>	<p><b>Domestic Abuse</b></p> <p>Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can be, but not limited to psychological, sexual, financial and emotional.</p> <p><b>Signs:</b> physical injuries, excuses for frequent injuries, stress, anxiety or depression, low self-esteem, lack of independent communication, self-blame, lack of money.</p>

## 7. Principles

Six key principles underpin all safeguarding adult work: The Department of Health Care and Support Statutory Guidance issued under the Care Act 2014, describes six principles that underpin all safeguarding adult work which applies to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider Local Authority functions and the criminal justice system. These principles should always inform the ways in which professionals work with adults.

<p><b>Empowerment</b></p>	<p>People being supported and encouraged to make their own decisions and informed consent. <i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."</i></p>
<p><b>Prevention</b></p>	<p>It is better to take action before harm occurs. <i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i></p>
<p><b>Proportionality</b></p>	<p>The least intrusive response appropriate to the risk presented. <i>"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."</i></p>
<p><b>Protection</b></p>	<p>Support and representation for those in greatest need. <i>"I get help and support to report abuse and neglect. I get help so that I am able to take</i></p>

	<i>part in the safeguarding process to the extent to which I want."</i>
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. <i>"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."</i>
<b>Accountability</b>	Accountability and transparency in delivering safeguarding. <i>"I understand the role of everyone involved in my life and so do they."</i>

It is the responsibility of staff and volunteers to ensure their behaviour meets the standards as set out. Safe recruitment processes are in place, staff receive annual safeguarding training, safeguarding is an agenda item in team meetings and supervisions. There is an annual audit of safeguarding practices and processes which is reported to the Board.

## **8. Key roles, responsibilities and procedures**

A key element of the Refugee Futures work is to assist to enhance client's independence and integration.

Adults have a right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.

All staff and volunteers have a duty to report suspected abuse or neglect without delay taking due care and attention and guidance from their line manager.

### **You should not:**

- Promise to keep abuse a secret.
- Alert the abuser as this could make matters worse and make it difficult to help the person.
- Delay in reporting the abuse straight away.
- Try to take follow up actions without alerting the **Designated Safeguarding Officer (DSO)**. Contact details for the DSO can be found on page 1 of this policy.

### **You should:**

- Report the incident or information to your DSO.
- The DSO will support staff and volunteers to appropriately manage the concern and provide support whilst you report, record and take action where necessary within your role and inform you if possible of further actions taken within their own role.
- It is always best practice to obtain consent for sharing information and if an adult wishes for us to contact or refer them to another agency they will have to complete a **consent form**. In some emergency circumstances where that may not be possible, it may be in the person's best interest to share concerns.
- Whatever the source of the information or suspicion, **this must be recorded**. This includes anonymous information or information from people who do not want to be identified. **The abuse must be reported to the DSO via an incident report form**. This should be submitted immediately after you have had the initial discussion with your DSO.

- When a client discloses abuse to you as a worker or volunteer it is important that the person disclosing the information is treated sympathetically. You will need to outline the steps that you will take with or on behalf of the client and inform them that you will need to share this information with your manager or another agency to get the most appropriate support.
- The worker or volunteer must not investigate or ask leading questions. Simply ask the client to explain what has happened and make a record of the conversation. This record should be made in agreement with the client where possible.
- The DSO will consult with the Designated Safeguarding Lead (contact details for the Designated Safeguarding Lead can be found on page 1) if it is necessary to escalate this to statutory services. For example, social services, Multi-Agency Risk Assessment Conference (MARAC), Multi Agency Public Protection Arrangements (MAPPA) or the police, emergency services.

**The DSO and Designated Safeguarding lead may after reviewing the concern:**

- contact the local Adult Social Care Team 01642 527764.
- contact the Police directly if you believe that a crime has been committed or is about to on 101 or 999 in an emergency.
- monitor the case only or take some additional internal actions or alongside other partner agencies.
- discuss what provision has been put in place to keep the adult safe now if they are in imminent danger or what should be put in place to help them to stay safe.

**Family involvement**

Where the adult has mental capacity, involvement of family, friends or informal carers should be agreed with the adult. In any case where the adult does not have mental capacity, family, friends or informal carers must be consulted in accordance with the Mental Capacity Act 2005. The Local Authority has a duty to involve an appropriate person to facilitate an adult's involvement in the safeguarding adult's process if it is deemed that they would have substantial difficulty in participating themselves.

**Advocacy**

As part of the safeguarding adult's procedure consideration must be given as to whether the adult may benefit from the support of an independent advocate. Where the adult has substantial difficulty in participating in the safeguarding adults process, and there is no other appropriate person to assist them, under the Care Act 2014 independent advocacy must be arranged by the Local Authority. The details of local arrangements for advocacy are held by each Local Authority.

**Partnership Working**

We work closely with a variety of partner agencies across the statutory, voluntary and private sectors and are members of a number of multi-agency forums that seek to work collectively. Our collaborative approach helps us to protect, prevent and identify safeguarding issues for the vulnerable and at-risk adults and families that we work with.

**Equality and Diversity**

We are committed to equality and diversity, every person supported will have their individual needs comprehensively addressed and will be treated equally and without discrimination throughout the safeguarding referral and support processes.

## 9. a Appendix: Designated Safeguarding Leads

- Designated Safeguarding Officer: Jennifer Laws, Programme Manager (Maternity Cover) can be contacted [jennifer.laws@refugeefutures.org](mailto:jennifer.laws@refugeefutures.org) or on 07542015870.
- Designated Safeguarding Lead (trustee): Ruth Hicks, Chair of the Board, can be contacted at [Safeguarding@refugeefutures.org](mailto:Safeguarding@refugeefutures.org).

## 9.b Appendix: Refugee Futures Incident Form



### Refugee Futures Incident Form

#### Health & Safety, Safeguarding & Welfare Concerns

How would you categorise the Incident - tick all boxes that apply

Accident    Safeguarding    Welfare Concern    Abuse

Details of the staff member or volunteer completing the form		
First Name:	Surname:	Position:
Team:	Date of event:	Time of event:
Date form completed:	Time form completed:	
Details of client/volunteer/Staff Member/Partner who was involved in the incident		
Name:		
Address:		
contact number:		



An Emergency

Urgent

For Consideration

Near Miss

Details of the event - What happened and what actions were taken.

Details of Partners / Agencies involved (please provide name of agency / name of contact / contact number:

Managers Name:

Surname:

Position:

Date and time Manager was made aware:

Date and time form received:

Action to be taken as agreed by staff member/volunteer and manager:	Who	When
1. 2. 3. 4. 5.		