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**THE MOSAIC COMMUNITY TRUST**  
*Uniting, Empowering and Celebrating Caring Communities*

## **Safeguarding Adults at Risk Policy**

Date of last update of policy	14th July 2025
Date approved by MCT Board	14 <sup>th</sup> July 2025
Named Safeguarding Trustee Lead	Tandy Deane-Gray
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## **1. Introduction**

Mosaic Community Trust (MCT) is a community based organisation located in the London Borough of Westminster empowering socially and economically marginalised and disadvantaged communities to access and influence public services. The trust provides a range of services which include health and well-being drop-in services, healthy eating, movement exercises, Indian Head massage, community engagement, empowerment activities, health literacy workshops and mental health and well-being support services. For more information about our work please visit our website, <http://www.mosaiccommunitytrust.org.uk/>

Mosaic Community Trust believes that everyone we come into contact with, regardless of age, gender identity, disability, sexual orientation or ethnic origin has the right to be protected from all forms of harm, abuse, neglect and exploitation. Mosaic Community Trust will not tolerate abuse and exploitation in any of its forms by staff or associated personnel and is committed to safeguarding adults with care and support needs from harm.

The trust will take all necessary steps to reduce the risk of harm to anyone who uses its services or is associated with its work.

## **2. Purpose and Scope**

The purpose of this policy is to provide the framework to safeguard people, particularly adults at risk from harm that may be caused because of their contact with MCT. This includes harm arising from the conduct of trustees, staff, volunteers, community advisors, interns, consultants or anyone else associated with MCT as well as awareness of harm being suspected or disclosed by users of the services provided by MCT.

This policy and procedures will also apply if any information comes to light about harm to children in the course of delivering services to adult service users.

### **3. The objectives of this policy are for all employees and volunteers of MCT to:**

- have an overview of adult safeguarding
- be clear about their responsibility to safeguard adults
- ensure the necessary actions are taken where an adult with care and support needs is deemed to be at risk

### **4. This policy is based on:**

- The Care Act 2014 and the Care and Support Statutory Guidance(March 2020)
- London Safeguarding Adults policy and procedures
- Westminster Safeguarding Adults Board's local procedures.

## 5. Definitions

Sharing a common understanding of terminology is important to ensure that everyone works to a shared aim of keeping people safe. MCT applies the following definitions for key terms used in this policy and our wider work:

**Child** – refers to any young person under the age of 18, as defined by the United Nations Convention of the Rights of the Child (CRC).

**Adult at Risk** – is a person aged 18 or older who, by reason of mental or other disability, age or illness is, or may be unable, to take care of him or herself, or is / may be unable to protect him or herself against significant harm, abuse or exploitation.

**Safeguarding Adults** – ‘Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. 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. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances’ - *Care and Support Statutory Guidance March 2020*

## 6. Forms of Abuse

Abuse can occur anywhere, including the home, institution, or community setting. Adults may be abused by someone they know or, more rarely, by a stranger, for example via the internet. They may be abused by family members, neighbours, community members, social care and health care professionals, volunteers or staff within support organisations. It is important to recognise that some individuals will actively seek employment or voluntary work with children and vulnerable adults in order to harm them.

The Safer Recruitment Policy provides information and guidance on the checks that can be carried out to prevent such individuals taking up employment within our organisation.

There are 10 categories of Adults at Risk, Physical abuse, Domestic abuse, Sexual abuse, Psychological abuse, Financial or material abuse, Organisational Abuse, Modern Slavery, Neglect or acts of omissions, Discriminatory abuse, Self-Neglect

Definitions and possible indicators can be found in **Appendix 1**

## 7. Principles Underpinning Safeguarding Adults at Risk

Mosaic Community Trust adheres to following the six key principles that underpin safeguarding work (See Care and Support Statutory Guidance<sup>1</sup> March 2020 guidance)

- **Empowerment:** a presumption of person-led decisions and informed consent.
- **Protection:** support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** a proportionate and least intrusive response appropriate to the risk presented.
- **Partnership:** local solutions achieved via services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability:** accountability and transparency in delivering safeguarding.

## 8. Making safeguarding Personal

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Mosaic Community Trust will always engage with the service user and empower them to make decisions that are in the best interest of their health and well-being. Actions taken will follow guidelines in the Care Act 2014 Statutory Guidance<sup>2</sup>

## 9. Responsibilities of Staff and Volunteers

Mosaic Community Trust will apply the following framework to manage safeguarding concerns relating to Adults at Risk

- Recognise
- Respond
- Refer
- Record

### 9.1 Recognise

Paid staff and volunteers have a responsibility to be aware and alert to signs that all is not well with a vulnerable person. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to a safeguarding concern. In addition, not all concerns relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what is known about the vulnerable person and his or her circumstances. Staff and volunteers may hear or observe something that alerts them to a possibility of harm or they may get a direct disclosure

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<sup>1</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

<sup>2</sup> Ibid.

from the service user about harm to themselves or others. All staff and volunteers must share their concern with the Safeguarding Lead at Mosaic Community Trust.

## **9.2. Disclosure of Abuse**

At Mosaic Community Trust, we recognise that making a disclosure is a very difficult decision. A person who decides to disclose an abusive experiences will have overcome a lot of internal barriers before they speak to someone. It is often very difficult for someone to talk about experiences of abuse, mistreatment or neglect they have had or may be having. The person may feel that they will not be believed, they may fear reprisals, they may feel they are in some way responsible for what is happening to them, and they may feel ashamed. It could well have taken some time for them to find the courage to talk to anyone, so it is important that they know they are supported in giving their account and that they are confident they are being heard and not judged.

When taking a disclosure the aim is to enable the person to give an accurate account of what has happened or is happening to them, and what impact the experience is having on them. The purpose is to obtain information that will assist the early investigation, establish whether a crime has been committed, assess the risk and enable appropriate initial action to be taken. It is important to use the person's own language and record them accurately wherever possible.

### **9.2.1. Responding to a disclosure - Guidelines for good practice:**

- to stay calm and not express dismay or shock
- to allow the person who is speaking freely to continue without interruption.
- to listen carefully to what the person is saying
- to allow the person to express their feelings, including their fears
- to try to discover what the person is afraid of and when they feel most at risk
- to use open ended question if needed.
- to assure the person that they are being taken seriously
- to demonstrate regret that abuse has taken place and the impact that it must have had on the person physically and emotionally
- to reassure them that there is help available
- to summarise their account and check that you have it right
- take any emergency action if necessary.
- to inform the safeguarding lead and agree next steps
- ask the person if they would like to report the matter to the police, and explain the different ways the police may be able to help.
- if the person wants it, report the incident to the police: an investigation will be carried out if a crime has been or may have been committed.
- consider reporting the incident to the police even if the person does not want to report it, if the risk is seen to be high, if there are public interest or vital interest considerations, or if other people could be at risk from the same person.
- to explain what will happen next

- to explain the safeguarding adults process in a way that is meaningful to the person, and provide them with information such as leaflets and contact details for the local authority safeguarding adults service.
- to make a clear record of the disclosure and next steps. It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the vulnerable person using the same language the vulnerable person used especially names used for body parts or sexual acts. Do not take any photographs of any injuries.
- any views expressed by the person on what they wish to happen, in terms of future investigations, should be noted, even if the person may lack full capacity to make decisions relating to their own safety.

### **9.3 Suspicion of Abuse**

There may be circumstances when a volunteer or member of staff suspects that a vulnerable adult is being abused or neglected.

It is vital that any anyone who suspects that a vulnerable adult maybe experiencing harm discusses the situation immediately with their line manager and or the safeguarding lead.

Any staff member may report a disclosure of abuse to social services irrespective of the opinion of other staff.

#### **9.3.1. Guidelines for response following Suspicion of Abuse**

In all cases of suspected abuse the manager and staff member should discuss whether issues relevant to different cultures and lifestyles have any bearing on the matter. As an organisation Mosaic Community Trust welcomes the fact that people and lifestyles are diverse and does not make judgements about the acceptability or otherwise of lifestyles. However it is important that this philosophy does not stand in the way of the organisation's responsibility to protect vulnerable people from harm. There should always be the opportunity to discuss welfare concerns with a manager, safeguarding lead and other agencies.

Each situation should be considered on a case by case basis, with the following guidelines for responding:

- Take any emergency action necessary.
- Volunteers should consult with the staff member co-ordinating their service before taking any action.
- Additionally, all action taken following suspicion of abuse should be discussed in advance with a member of the management team.

- Discuss with the person the various options available for addressing the situation.
- Ask the person if they would like to report the matter to the police, and explain the different ways the police may be able to help.
- If the person wants it, report the incident to the police: an investigation will be carried out if a crime has been or may have been committed.
- Consider reporting the incident to the police even if the person does not want to report it, if the risk is seen to be high, if there are public interest or vital interest considerations, or if other people could be at risk from the same person.
- If this, or any other action, is taken against the wishes of the person, consider if the action taken meets the key principle of proportionality, and if the reasons should be fully explained to the person.

## 10. Making a Referral

- 10.1 Social services departments have been designated as the lead agencies with responsibility for co-ordinating a response to allegations or concerns of abuse for adults at risk. Each local authority will have made arrangements for an Access Duty Team for adults.
- 10.2 Mosaic Community Trust managers have the responsibility of informing the Westminster Council's Access Duty Team for adults of incidents of considerable concern, abuse or neglect.
- 10.3 A verbal referral should be followed up with a written one within 24 hours. (Appendix 2 MCT Referral Form)
- 10.4 Managers should work within the following timescales for reporting allegations or suspicions of abuse:
  - Immediate if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe. **Remember, if it's an emergency, dial 999.**
  - Within 24 hours if it relates to a specific incident which is, or may be still going on, or may happen again.

- Within 7 days if it is a more general concern, which does not indicate immediate harm.
- 10.5. A referral to the adult safeguarding team should ideally always be made with consent. The referral should be made to the local authority contact point.
- 10.6. Any staff member may report a suspicion of abuse to social services irrespective of the opinion of other staff, their line manager or the safeguarding lead.

## **11. Record**

- 11.1 Always record in writing concerns about a vulnerable adult's welfare, whether or not further action is taken.
- 11.2. Always record in writing any discussions about a vulnerable adult's welfare using MCT recording forms.
- 11.3. At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.
- 11.4. Store all records in a secure place.

## **12. Support to Staff and Volunteers**

- 12.1 MCT will support staff and volunteers if social services need further involvement from staff or volunteers following a report of abuse. A member of the management team will discuss with the social services department the nature of their needs and how they might be met.

## **13 Allegation of Abuse Made Against a Staff Member or Volunteer**

- 13.1 It may be very hard for staff to report a concern about a colleague to a line manager but, as with all the other difficulties people will come across, the safety and protection of a vulnerable person must be the priority in any decision that is made.
- 13.2. Staff and volunteers may be subject to abuse allegations. MCT will follow guidelines in its Human Resources policy and inform the concerned staff member of their rights and offer support in these circumstances. MCT will cooperate with any investigation carried out by the police and/or adult social care. MCT will follow guidelines for staff management in the HR manual. MCT disciplinary procedures will be applied and depending on the outcome of the investigation information will be shared with the Disclosure and Barring Service.



## **14 Confidentiality**

- 14.1 Confidentiality is central to our work, and the attention of all staff and volunteers is drawn to the Data Protection Policy.
- 14.2 Any information about safeguarding should always be treated as confidential and shared on a need to know basis. Information should never be shared with other service users.

## **15 Safer Recruitment**

- 15.1 MCT has developed procedures to reduce the risk of unsuitable people getting into the organisation. It is important that any staff or volunteers who are likely to be working alone with vulnerable people are thoroughly vetted before being employed. This means that as well as following guidelines for safer recruitment interviews, references will be checked and there will also be a requirement for offences to be declared and a Disclosure and Barring Service (DBS) check undertaken.
- 15.2 Having a criminal record does not automatically prevent someone from being recruited as a staff member or volunteer. Staff with recruitment responsibility should seek the advice and guidance from the safeguarding lead when making a decision about suitability.

## **16. Safeguarding Policy Implementation**

- 16.1. The safeguarding policy, code of conduct and all associated policies will be shared with staff and volunteers as part of the induction process when joining MCT.
- 16.2 Safeguarding Adults at Risk training will be provided for all trustees, staff and volunteers. This will be followed with a yearly refresher.
- 16.3. Training will be identified for the safeguarding leads at operation and board level.
- 16.4. Safeguarding adults at risk will be a standing agenda item for staff supervision.

## **17. Monitoring**

- 17.1. Safeguarding records will be regularly reviewed to identify categories and types of abuse reported. This information will be used to support any prevention work that MCT undertakes with the community.
- 17.2 Safeguarding records will also be reviewed to ensure that staff and volunteers are following the safeguarding policy and procedures appropriately.
- 17.3 Safeguarding will be a standing agenda item for board meetings and the board will be kept informed of all safeguarding activity that MCT has undertaken. This

will include training activity, number of referrals to social care, and case under observation.

## **Appendix 1 – Definitions and indicators of possible abuse**

### **What are the types of safeguarding adults abuse?**

The Care and Support statutory guidance sets out the 10 main types of abuse:

- Physical abuse
- Neglect
- Sexual abuse
- Psychological
- Financial abuse
- Discriminatory
- Organisational
- Domestic violence
- Modern Slavery
- Self-neglect

Some adults at risk may reveal abuse themselves by talking about it or drawing attention to physical signs, or – where verbal communication is limited or absent – displaying certain actions or gestures. Practitioners and carers need to be aware of these signs and understand what they may mean. The lists of possible indicators and examples of behaviour are not exhaustive.

Evidence of any one indicator from the following list of categories should not be taken on its own as proof that abuse is occurring. However, it should alert staff to consider whether a referral with consent is necessary to make further assessments to explore other factors associated with the adult at risk's situation.

### **Physical abuse – Behaviours**

Hitting, Slapping, Punching, Hair-pulling, Biting, Pushing, Kicking, Scalding and burning, Opening windows or removing blankets, Physical punishments, Inappropriate or unlawful use of restraint, Involuntary isolation or confinement, Misuse of medication (e.g. over-sedation), Forcible feeding, Rough handling, Assault

### **Possible indicators**

- Injuries are inconsistent with the account of how they happened
- No explanation of how injuries happened
- Injuries are inconsistent with the lifestyle of the adult at risk
- Multiple bruising and/or welts on the face, lips, mouth, torso, arms, back, buttocks and thighs
- Cluster(s) of injuries
- Marks on the body including slap marks and finger marks
- A history of unexplained falls/minor injuries
- Injuries at different stages of healing
- Burns (especially if they are inconsistent with the lifestyle of the adult at risk –

- e.g. being a smoker)
- Immersion burns or rope burns on arms, legs or torso
- Induced injuries or physical symptoms that are falsely claimed or exaggerated
- on behalf of the adult at risk by a paid or unpaid carer to attract treatment or services
- Misuse of medication (e.g. excessive repeat prescriptions)
- Unexplained loss of hair in clumps
- Cuts that are not likely to be a result of self-injury
- Protecting adults at risk: Good practice resource
- Subdued behaviour in the presence of a carer
- Being left in wet clothing or bedding
- Malnutrition when the adult at risk is not living alone
- Seeking medical treatment too late or not at all
- Frequent changes of GP, or a reluctance on the part of carers to take someone to the GP

**Domestic abuse including** – psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

### **Possible indicators of domestic violence or abuse**

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

**Sexual abuse 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, sexual

assault, sexual acts to which the adult has not consented or was pressured into consenting.

### **Possible indicators of sexual abuse**

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

**Psychological abuse including:** emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, stopping religious and cultural expression, unreasonable and unjustified withdrawal of services or supportive networks.

### **Possible indicators of psychological or emotional abuse**

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

**Financial or material abuse 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, the misuse or misappropriation of property, possessions or benefits.

### **Possible indicators of financial or material abuse**

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

**Modern slavery encompasses:** slavery, debt bondage, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, exploitation, servitude and inhumane treatment.

### **Possible indicators of modern slavery**

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

**Discriminatory abuse including forms of:** harassment, slurs or similar treatment, verbal abuse because of race, gender and gender identity, age, disability, sexual orientation, religion, (protected characteristics under the Equality Act 2010)

### **Possible indicators of discriminatory abuse**

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

### **Organisational abuse:**

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 be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

### **Possible indicators of organisational or institutional abuse**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

### **Neglect and acts of omission 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

### **Possible indicators of neglect and acts of omission**

- Poor environment – dirty or unhygienic

- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

### **Self-neglect: includes**

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

### **Indicators of self-neglect**

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

### **Other forms of abuse**

**Internet abuse and abusive images of vulnerable adults:** abusive images of vulnerable adults is defined as any representation without informed consent, by whatever means, of the vulnerable adult engaged in real or simulated explicit sexual activities or any representation of the sexual parts of the adult for sexual purposes.

These images are then shared on social media without their consent. Technology has also meant that vulnerable are now subject to additional abuse and cyber bullying through the internet and other forms of social media.

Vulnerable adults may also be at risk of coming in to contact with people who want to harm them through their use of the internet.

**Abuse linked to belief in 'possession' or 'witchcraft':** abuse linked to the belief in 'spirit possession', 'witchcraft' or other spiritual beliefs can occur when communities or individuals believe that a child or an adult is in possession of evil spirits. In the case of

child and adult abuse it generally occurs when either or both are being viewed as 'different'; the child and adult could be disobedient, ill or disabled. The accuser believes they need to "punish" the allegedly possessed child/adult or free/exorcise him or her of the spirit. Such beliefs can result in extremely cruel practices to vulnerable people, including severe beating, burning, starvation, isolation, cutting or stabbing. They can even cause death of the child. Ritualistic ceremonies or other practices to hurt vulnerable children and adults can also be part of this harmful practice. The belief in "possession" and "witchcraft" is widespread. It is not confined to particular countries, cultures or religions.

**Abuse of trust:** a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity.

An abuse of trust can be committed by, a member of staff or volunteer. It is vital that those in a position of trust understand clearly the power this gives them over those they care for and the responsibilities this carries. They must be given clear guidance to ensure they do not abuse their position or put themselves in a position where allegations of abuse, whether justified or unfounded, can be made. This is particularly important in the context of humanitarian aid, when those in positions of power also control aid and resources.

**Cultural values:** some common factors, such as poor economic status, violence within the home, and drug and alcohol abuse, increase the likelihood of children and vulnerable adults being abused. However, some of the most powerful factors are specific to the culture and society in which individuals live. It is vital to determine what the culturally accepted child rearing practices and attitudes to faith, gender, disability, sexual orientation are in the communities that use MCT services. This is not to lower the level of concern, or condone abuse, but more to understand the environment in which it occurs and the community attitude to it. Examples of cultural practices include:

- Corporal punishment
- Female genital mutilation
- Forced marriage
- Honour based violence

MCT recognises that the above practices are regarded as criminal offences in the UK and raises awareness in the communities it works with.

## Useful Links

Care act- <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

London Safeguarding adults policy and procedures - <https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>





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Safer recruitment-

<http://www.islingtonscb.org.uk/SiteCollectionDocuments/Safer%20recruitment%20-%20safeguarding%20children%20and%20adults%205%20August%2013.pdf>

Carer and support statutory guidance-

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/506202/23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf)

Prevent-

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Information sharing-

<https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/keymessages.asp>