

Safeguarding Adults Policy

Date	Review Date	Designated Safeguarding Lead	Deputy Designated Safeguarding Lead	Designated Trustee for Safeguarding
01.08.18	01.08.19	Centre Manager Sally Mills	Garden Manager Kira Hardy	Trustee Samantha Strongman

The following are important telephone numbers that must be kept up to date:

Contacts	Home	Mobile
Chair of Trustees Neil Jones		
Vice-Chair Anne Everitt		
Designated Safeguarding Lead Sally Mills - Centre Manager	01483 813846	
Deputy Designated Safeguarding Lead Kira Hardy- Garden Manager		
Nominated Trustee for Safeguarding Samantha Strongman		
Surrey Police Main Switchboard	101	999 if a crime has been committed
Surrey MASH Multi Agency Safeguarding Hub	0300 470 9100	Out of hours office 01483 517898
Surrey LADO (Local Authority Designated Officer)	0300 123 1630	
Hampshire Police Main Switchboard	101	999 if a crime has been committed
Hampshire MASH Multi Agency Safeguarding Hub	0300 555 1384	Out of hours office 0300 555 1373

The Safeguarding Adults policy represents one of the Therapy Garden's core values. It enables consistency, quality and fairness throughout the charity and should be adhered to by all staff, trustees and volunteers.

The Therapy Garden follows good working practice in line with recommendations of the following document:

- Surrey Safeguarding Adults Board- Safeguarding Adults Procedure- November 2016

Definition of Safeguarding

Safeguarding is protecting an adult's right to live in safety, free from abuse and neglect.

Safeguarding involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. It also makes 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.

Definition of Abuse

Abuse is a violation of an individual's human and civil rights by any other person, or persons, or organisations. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act, or it may occur where a vulnerable person is

persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it

Context of Abuse

Abuse of adults can be a complex area and can occur in any setting or situation, for example:

- Domestic settings: own home or another person's home
- Institutional settings: hospitals, residential care or day care
- Public settings: the street, social or work environment, public places

It is important to realise that the abuser may be:

- Known to their victims or a stranger
- A relative, partner, parent, son, daughter, friend or neighbour
- A paid or voluntary worker, or a health or social care worker
- Another vulnerable adult, such as a service user

Types of Abuse

Abuse and neglect can take many forms and the individual circumstances of a case should always be considered,

The Care Act 2014 sets down in law the following categories of abuse and neglect:

- Physical
- Domestic abuse
- Sexual
- Psychological
- Financial
- Modern Slavery
- Discriminatory
- Organisational
- Neglect and Acts of Omission
- Self Neglect

Physical abuse

This may be defined as “the use of force, or any action, or inaction, which results in pain or injury or a change in the person's natural physical state” or the “non- accidental infliction of physical force that results in bodily injury, pain or impairment”.

Examples may include physical restraint, hitting, pushing or enforced sedation.

Signs of physical abuse may include bruising or marks on the body, pressure sores, malnutrition or cowering/ flinching.

Domestic abuse

This is defined by the Home Office as “any incident or pattern of incidents of threatening or controlling behaviour, violence or abuse between adults who are or have been intimate partners or family members

regardless of gender or sexuality. An adult is defined as any person aged 18 or over and family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in-laws or step-family”.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain

Sexual abuse

This is direct or indirect involvement in sexual activity without valid consent (this can include when an adult has not consented or cannot consent, or was pressured into consenting).

Examples include rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

Signs of sexual abuse may include repeated urine infections, sexualised behaviour or language, depression or sexually transmitted diseases.

Psychological abuse

This can include, emotional abuse such as threats of harm or abandonment, isolation or unreasonable and unjustified withdrawal of services or supportive networks or deprivation of contact with others.

Examples include harassment, blaming, humiliation, controlling, intimidation, and coercion through verbal abuse or cyber-bullying.

Signs of psychological abuse may include sudden changes in behaviour, low self esteem, irrational fears, fear, anxiety, deterioration in ability to exercise choice or excessive deference to a carer.

Financial or material abuse

This is the main form of abuse recorded by the Office of the Public Guardian amongst adults at risk. Financial abuse can occur in isolation but it is also likely to be connected to some other forms of abuse. Although this is not always the case, everyone should be aware of this possibility.

Examples may include theft, fraud, Internet scamming, coercion in relation to an adult’s financial affairs, or the misuse or misappropriation of property, possessions or benefits.

Signs of financial abuse may include sudden large withdrawals from bank accounts, inability to pay bills, theft of property, intimidation or extortion, basic needs not being met.

Modern slavery

This exists in the UK and can be perpetrated against men, women and children, both UK nationals, and those from abroad. Modern slavery includes exploitation in the sex industry, forced labour, domestic servitude in the home and forced criminal activity. These types of crime are often called human trafficking.

Examples include victims that have been brought from overseas, and vulnerable people in the UK, being forced to work illegally against their will in many different sectors.

Discriminatory abuse

This exists when the values, beliefs or culture of groups or individuals result in a misuse of power that denies mainstream opportunities to those groups or individuals.

Examples include discrimination on the basis of age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation and include hate crime incidents. Discriminatory abuse includes forms of harassment and slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Signs of discriminatory abuse may include lack of choice and opportunities or lack of disabled access and facilities

Organisational abuse

Instances of poor or inappropriate care or support may be an indication of more serious problems and this is referred to as “organisational abuse”.

Organisational abuse occurs when an organisation’s systems and processes, and/or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them, harm. Organisational abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support. It can also fail to be the product of both ineffective and / or punitive management styles, creating an environment within which abuse can take place, intentional or otherwise.

Examples include neglect and poor care practice within an institution, or a specific care setting such as a hospital or care home, or in relation to care provided in a person’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.

Signs of organisational abuse may include lack of privacy and dignity, use of punishment such as withholding food and drink, poorly trained and unskilled staff, needs not being met and lack of personal belongings.

Neglect and acts of omission

This can take several forms and can be the result of an intentional or unintentional act(s) or omission(s).

Examples include 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.

Signs of possible neglect may include poor hygiene, dehydration, weight loss or malnutrition, inappropriate clothing, infections, sores, lack of suitable clothing or safety equipment.

Self-neglect

This is defined as “the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community” (Gibbons, 2006).

An individual may be considered as self-neglecting and at risk of harm where they are:

- unable or unwilling to provide adequate care for themselves
- unable or unwilling to obtain necessary care to meet their needs
- declining essential support without which their health and safety needs cannot be met.

Examples may include hoarding and/or failure to self-medicate.

Prevent

Prevent is a key part of the Government's Counter Terrorist Strategy. Its aim is to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy, CONTEST. Early intervention to divert people away from being drawn into terrorist activity is at the heart of Prevent.

Safeguarding adults from radicalisation is no different from safeguarding them from other forms of harm. Indicators for vulnerability to radicalisation include:

- Family tensions
- Sense of isolation
- Migration
- Distance from cultural heritage
- Experience of racism or discrimination
- Feeling of failure

Recognition and Referral

Factors to consider when responding to a concern being raised by an adult:

Do:

- Listen very carefully
- Try not to show shock
- Demonstrate empathy
- Use open questions i.e. not just a yes or no answer
- Assure the adult that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, try to get a better picture of what happened, but avoid asking too many questions
- Explain that you have a duty to tell your Manager or other designated person, (if you are an employee / volunteer), and that their concerns may be shared with others who could have a part to play in supporting and protecting them
- Reassure them that they will be involved in decisions about what will happen
- Explain that you will try to take steps to protect them from further abuse or neglect
- Provide support and information to meet their specific communication needs
- Record the words of the adult and accept the statements as fact; record the full details, including the time, date and location that disclosure was made. All written notes must be made as soon as practicable and kept securely.
- Be aware of the possibility that medical evidence might be needed.
- Be aware that you may be required to testify in a court of law.

Tell the person that:

- They did a good / right thing in telling you
- You are treating the information seriously
- It was not their fault
- Ask the person what they need to keep themselves safe

- You must tell your Designated Safeguarding Lead and, with the consent of the adult, they will contact Adult Social Care / Integrated Mental Health Team and the Police if a crime has been committed. The Manager will, in specific circumstances, contact Adult Social Care/Integrated Mental Health Team without the adult's consent but their wishes will be made clear throughout.
- If a safeguarding concern is reported by the adult at risk, but the adult at risk is reluctant to continue with any enquiries, record this, this will need to be brought to the attention of Adult Social Care/Integrated Mental Health Team when reporting the concern. This will enable a discussion of how best to support, protect and plan with the adult.

Do not:

- Do not make promises you cannot keep
- Do not promise to keep secrets
- Undertake an interview with the person
- Do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses
- Do not be judgemental or jump to conclusions
- Breach confidentiality for example by telling friends, other work colleagues.

It is important that the adult is given the opportunity to talk and every effort should be made to ensure this takes place in private. The adult may not understand that they are being abused and so may not realise the significance of what they are telling you.

Some disclosures happen many years after the abuse. There may be good reasons for this, for example the person they were afraid of has left the setting. Therefore, any delay in an individual reporting an incident should not cast doubt on its truthfulness.

After Reporting

Factors to consider when a concern has been reported:

- Is the adult safe and is there a need for an immediate safety response?
- Are there immediate risks to others?
- What are the views and wishes of the adult?
- How vulnerable is the adult?
- What personal, environmental and social factors contribute to the vulnerability of the adult?
- What is the nature and extent of the abuse?
- Is there a concern that the adult has caused harm or is likely to cause harm to others?
- Does the person alleged to have caused harm provide care to the adult?
- Is the abuse a crime or is there a likelihood of a crime being committed?
- Is there a need to secure evidence? (this might include, body maps, records, medicine/fluid charts, rotas, care and support plans, daily records, secure the scene of a crime etc.)
- Is there a risk to the public?
- How long has it been happening?
- Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the adult?
- Was there a clear intention to harm?
- What physical and/or psychological harm is being caused?
- What is the extent of premeditation, threat or coercion?
- What are the immediate and likely longer-term effects of the abuse on the adult's independence, well-being and choice?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts by the person causing the harm?
- Is a child (under 18 years) at risk?

- Is there any doubt about the mental capacity of the adult being unable to make decisions about their own safety? Remember to assume capacity unless there is evidence to the contrary. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress).

Reporting Procedure

- The priority is to safeguard the adult alleged to have been harmed and all decisions regarding the safety of the adult are to be made with the Designated Safeguarding Lead's involvement.
- The Designated Safeguarding Lead (Centre Manager) or the Deputy Designated Safeguarding Lead (Senior Horticulturist) must ensure that all recording is clear and explanations for the concern should be noted.
- If the concern remains, the Designated Safeguarding Lead (Centre Manager) or the Deputy Designated Safeguarding Lead (Senior Horticulturist) should make a referral to the Multi-agency Hub (MASH) or Police, if a crime has been committed or the adult needs removing from the situation.
- The Designated Safeguarding Lead (Centre Manager) should ensure that staff concerns are dealt with promptly, thoroughly and fairly. In the event of an investigation, the member of staff or volunteer who raised the concern will be fully supported.

The Key Principles of Adult Safeguarding

- Empowerment- 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- Proportionate and least intrusive response appropriate to the risk presented
- Partnership- Local solutions through 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.

Aims of The Therapy Garden

- To have in place procedures to ensure that we meet our responsibilities for safeguarding adults who have care or support needs, from abuse and to stop abuse or neglect wherever possible.
- To ensure that The Therapy Garden staff are aware of what action to take when dealing with an adult safeguarding issue.
- Promote an approach that concentrates on improving life for the adults concerned.
- To create and provide a learning environment that is safe, secure and welcoming for adults with support or care needs, combined with sound security systems and procedures.
- To establish and maintain an ethos where adults with a care or support need, and their support workers, feel secure in being able to talk confidently to The Therapy Garden staff about any concerns they may have, knowing that they will be taken seriously.
- To ensure The Therapy Garden staff and volunteers have the knowledge and understanding to keep adults with a support or care need safe.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety of an adult
- To be alert to the additional safeguarding challenges for adults with additional needs and disabilities.
- To protect adults from the risk of radicalisation and extremism.
- To establish and maintain procedures for safe recruitment of staff and volunteers and to establish and maintain sound working relationships with support agencies.
- To work with the local authority and other charity partners to share good practice in order to improve this policy.
- To ensure compliance with all relevant legislation connected to this policy.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect

Roles of Trustees, Staff and Volunteers

The Therapy Garden 'Safeguarding Adults' policy clearly outlines the roles and responsibilities of all those involved in the procedures connected with this policy.

All trustees, staff and volunteers must be fully aware of their safeguarding responsibilities.

Role of the Trustee Board and the Nominated Safeguarding Lead

The Trustee Board has the responsibility to ensure the following are in place:

Legislation, the Law and Documentation

- To ensure that the Safeguarding Adults with a Care or Support Need Policy is effective and complies with the law at all times.
- To ensure that all trustees are fully aware of their safeguarding responsibilities.
- To use the experience and expertise of trustees and staff to regularly review the Adult Safeguarding Policy.

Role of the Nominated Trustee for Safeguarding

- To act as the first point of contact within the board of trustees, regarding safeguarding concerns raised by the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead.

Role of the Designated Safeguarding Lead

The Designated Safeguarding Lead (Centre Manager) has the responsibility to:

- To hold weekly, documented safeguarding meetings with the horticulture team.
- To have responsibility for the effective implementation, monitoring and evaluation of this policy.
- To undertake periodic checks to ensure all safeguarding procedures are working effectively
- To organise all staff, trustee and volunteer safeguarding training.
- To attend appropriate safeguarding refresher training on a regular basis.
- To have in place safe recruitment policy and procedures, including appropriate use of reference checks on new staff.
- To ensure Disclosure and Barring Service checks are undertaken for all members of staff and volunteers working with adults with a care or support need at The Therapy Garden.
- To make a 'referral to the Disclosure and Barring Service if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned'.
- To have procedures in place to deal with allegations of abuse against staff or volunteers.
- The Designated Safeguarding Lead takes responsibility for the safeguarding of adults with a care or support need and has the appropriate status and authority within the organisation to carry out the duties of the post.

Role of the Deputy Designated Safeguarding Lead

The Deputy Designated Safeguarding Lead (Senior Horticulturist) has the responsibility to:

- To discuss any adult safeguarding concerns with the Designated Safeguarding Lead/ Centre Manager as they arise or at the weekly safeguarding meeting.
- To deputise as the Designated Safeguarding Lead in the Centre Manager's absence.

Role of the Staff

The staff at The Therapy Garden has the responsibility to:

- To take time to familiarise themselves with this policy.
- To understand that safeguarding is everyone's responsibility and be vigilant with regards client wellbeing.
- To discuss any adult safeguarding concerns with the Designated Safeguarding Lead or Deputy Safeguarding Lead as they arise.

Volunteers

The Therapy Garden volunteers have been given training to provide the knowledge and skills required to recognise situations and circumstances where adults with a care and support need may be at risk.

Volunteers are asked to refer any adult safeguarding concerns to the Designated Safeguarding Lead (Centre Manager) or to any member of staff, who will also refer your safeguarding concerns to the Designated Safeguarding Lead.

Volunteers should feel that staff could be approached with all safeguarding concerns, no matter how minor they might seem, at any time.

Role and Partnership with External Agencies

The safety and protection of adults with a care or support need is of paramount importance to everyone at The Therapy Garden.

The charity will work in close partnership with all external agencies and associates including, but not limited to:

- Adult Services,
- Community Mental Health Recovery Service
- Care Managers
- Support Workers
- Parents
- Tutors
- Carers

Training

All staff at The Therapy Garden undertake regular safeguarding training.

The Designated Safeguarding Lead (Centre Manager) is required to attend professional training required for safeguarding managers. All members of the horticulture team are required to complete safeguarding training.

Safeguarding training is also offered to trustees and volunteers at regular intervals and both are encouraged to participate in training programs.

All individuals working with adults with a care or support need at The Therapy Garden are encouraged to take part in this training.

Raising Awareness of this Policy

The Therapy Garden will raise awareness of this policy via:

- The Therapy Garden policy folder, which is located in the Centre Manager's Office and contains all the charity's policies. Staff and volunteers are to be informed when the policies are updated.
- This policy is accessible on The Therapy Garden's website
- During staff induction
- During volunteer induction
- Through emails to staff and volunteers when policies are updated

Monitoring the Implementation and Effectiveness of the Policy

The practical application of this policy will be reviewed annually, or when the need arises, by the Designated Safeguarding Lead (Centre Manager) and the Deputy Designated Safeguarding Lead (Senior Horticulturist) and the Nominated Trustee for Safeguarding.

A statement of the policy's effectiveness and the necessary recommendations for improvement will be presented to the board of trustees for further discussion and endorsement, with all trustees required to agree changes.

Linked Policies

- Safeguarding Children Policy
- Volunteer Policy
- Recruitment Policy
- Bullying and Harassment Policy
- Raising a Concern (Whistle Blowing)
- Prevent Duty

Policy Approval

This policy was adopted on the 01 August 2018 by:

Chair of Trustees Neil Jones		Date:	
Vice- Chair Anne Everitt		Date:	
Samantha Strongman Nominated Trustee for Safeguarding		Date:	
Sally Mills Centre Manager & Designated Safeguarding Lead		Date:	
Kira Hardy Garden Manager & Deputy Designated Safeguarding Lead		Date:	