



**Forest Farm Peace Garden  
Safeguarding Adults Policy  
Updated February 2024**

**1. Scope**

This policy gives guidance on how staff and volunteers prevent and respond to any abuse and exploitation of adults at risk at Forest Farm Peace Garden (FFPG). In accordance with our equalities and diversity policy FFPG is committed to equality of opportunity for all persons regardless of race, ethnic or national origin, religion, gender, sexuality, health status, appearance, age, class or disability. FFPG will not tolerate any form of discrimination, harassment or abuse.

This policy has been drawn up on the basis of law and guidance that seeks to protect adults at risk, as contained within the Human Rights Act 1998, the Care Act 2014, the Mental Health Act 2007, Public Interest Disclosure Act 1998, General Data Protection Regulations 2018, Safeguarding Vulnerable Groups Act 2006 and the Deprivation of Liberty Safeguards, Code of Practice 2007.

This policy will be updated by FFPG Board of Trustees on a 3 year basis.

**Who is an adult at risk?**

An adult (a person aged 18 or over) who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him, her or themselves, or unable to protect him, her or themselves against significant harm or exploitation. (Care Act 2014). An adult at risk can also include any person who is exposed to abuse or exploitation due to their personal circumstances.

**Definition of Abuse**

Abuse is a violation of an individual's human and civil rights by any other person or persons. 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 an omission to act, or it may occur when a 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 it may result in significant harm to, or exploitation of, the person subjected to it.

## 2. Context of this policy

Some volunteers accessing FFPG are more at risk of abuse and exploitation because of their personal situation or difficulties. These may include people with mental health needs, substance dependence, people with learning disabilities, refugees and asylum seekers, carers, disabled people as well as victims of domestic abuse, hate crime and anti-social abuse. It can include anyone who is unable to demonstrate the capacity to make a decision or is in need of care or support.

At FFPG we recognise that any person involved in the organisation can be considered at risk at different times. This includes staff, trustees, all volunteers and members of the public.

## 3. Forms of Abuse

**Physical abuse** - includes hitting, slapping, pushing, kicking, burning/scalding, pinching, scratching, shaking, misuse of medication, inappropriate restraint or inappropriate sanctions.

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

**Psychological abuse** - includes emotional abuse, insulting or threatening behaviour, shouting, threats of harm or abandonment, deprivation of contact, humiliation or ridicule, blaming, controlling and coercion, intimidation, harassment, verbal abuse, cyber bullying, lack of stimulation, denial of religious/cultural needs, withdrawal of access to services or supportive networks, restricting choices and rights, creating an environment of dependency.

**Financial or material abuse** - includes theft, fraud, extortion, pressure in connection with rights to property/inheritance/wills, internet scamming, pressure to give money away, 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, accommodation, lighting and heating, and failure to give privacy and dignity.

**Discriminatory abuse** – discrimination demonstrated on any grounds including gender, race, ethnic origin, language, identity, age, sex, culture, religion, politics, disability, sexual orientation and other forms of harassment and slurs, and the singling out of a particular person or group of people for special favour or disfavour.

**Institutional abuse** – may occur where adults are placed in any kind of residential, nursing or day care establishment or any care provided in a person's own home who are potentially vulnerable to abuse and exploitation. This can also occur when care standards and practices fall below an acceptable level.

**Domestic violence** - any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partners or family members, regardless of gender or sexuality.

**Self-neglect or harm** – neglecting to care for one's personal hygiene, health or surroundings, hoarding, non-compliance with medical services, self-harm and suicidal intention.

**Mate crime** – a type of hate crime where perpetrators befriend a person with a disability but in fact soon begin to exploit, hurt or harm them.

**Modern slavery** – human trafficking, slavery, forced labour, exploitation, domestic servitude.

**Multiple forms of abuse** - Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making

it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of people at risk, negligence or ignorance.

#### **4. Preventative Procedures**

FFPG policy is to plan our work so as to reduce to a minimum the situations and possibilities for adults at risk to be abused and to promote their protection.

- a) When recruiting staff and volunteers in a support role we will:
  - Explore all applicants' experience of working with vulnerable persons on an appropriately drafted application form.
  - Explore all shortlisted candidates' experience of working with adults at risk in an appropriately conducted interview prior to appointment or induction training for volunteers.
  - Make Disclosure and Barring Service checks on all staff, volunteers with support roles (buddies) and trustees. If at any time during the application process FFPG becomes aware of previous convictions, the applicants' position will be considered in line with the guidance on ex-offenders in the FFPG recruitment policy and DBS policy. Convictions for some minor offences may not be a bar to working or volunteering at FFPG but convictions for offences involving violence or abuse of other people and other serious crimes would rule out a role at FFPG. Each case will be considered on its merits and its relevance to working at FFPG.
  - Obtain at least one reference before employing anyone or accepting anyone as a buddy, proof of identification and copies of any necessary qualifications.
  - Give all paid staff and volunteers clear roles, a thorough induction, relevant training and offer direct supervision.
  - Make all paid and voluntary appointments conditional on the successful completion of a probationary period.
  - New staff and volunteers will be given copies of this policy and receive training about it to ensure they have an understanding of safeguarding.
  - Supervision and support of all volunteers and staff will include monitoring of safeguarding practice and reviews of progress.
  - The organisation will access further training and learning about safeguarding issues when these are relevant and required e.g. to update knowledge.
  
- b) It is our policy that workers, volunteers and visitors must not bring alcohol or illegal drugs on to the premises. Staff and volunteers must not consume them in any circumstances whilst on duty. A breach is likely to lead to dismissal. If you are taking any prescription drugs that might affect your ability to do your work, you must inform your line manager at the earliest opportunity. You must take all appropriate steps to keep your prescription drugs safe and out of the hands of vulnerable persons.

#### **5. Alertness and recognition**

- a) It is often difficult to recognize abuse and exploitation. Staff and volunteers should be alert to changes in an individual's disposition or demeanour. Staff and volunteers may overhear indications of abuse or exploitation, or be informed directly. Where information is being disclosed, staff/volunteers should just listen and avoid asking leading questions.
- b) Whatever the source of the information or suspicion, this must be reported to a staff member on site or the Director and recorded on a confidential incident report form. The information may be anonymous or reported by people who do not want to be identified. Accurate details must be recorded of the allegation or grounds for suspecting abuse, date and time of incident, people involved, details of observed

injuries, appearance and behaviour of the person involved and what he or she may have said.

- c) Any suspicion, allegation or disclosure of a Safeguarding concern must be reported to the Safeguarding Appointed Person, within 24 hours, which is the Director in the first instance or the Chair of Trustees if the Director is not available. Contact details can be found at the bottom section of the policy (page 5).
- d) In the first instance when sharing information about an adult at risk with other teams or agencies, the person needs to be informed that the information is being passed on as a safeguarding concern, but that it will be kept confidential on a need to know basis.
- e) Individuals needing to engage with the Safeguarding process at any stage, either as someone being safeguarded or someone reporting safeguarding concerns, will be given access to a copy of this Safeguarding policy for reference.

## **6. Our aims**

In dealing with allegations or suspicions of abuse at FFPG our aims are to:

- a) Stop the abuse and investigate the circumstances around it.
- b) Support the person being abused.
- c) Take action with regard to the perpetrator.

## **7. Actions when it is suspected abuse or exploitation may be occurring**

- a) Staff or volunteers who suspect abuse or exploitation, whether minor or major, should share this with the Director at the earliest available opportunity. This will be recorded on an incident form in a way which gives precise details of the injuries or allegation. Staff or volunteers must never keep their concerns to themselves, but must keep their discussions confidential and not report it where they may be over-heard. A person at risk who alleges that abuse/exploitation has occurred needs to be told that the allegation will be reported to the Director.
- b) The staff member on site is responsible for deciding any immediate action that should be taken to protect a person who is in imminent danger of serious injury/abuse.
- c) If there is knowledge concerning an emergency to life or indications of serious injury or abuse then the emergency services must be contacted immediately by dialing 999. To report any concern about a crime dial 101.
- d) If the police do not need to be involved, the safeguarding concern can be referred to the Redbridge First Contact Team where it is deemed necessary.

There is also an online Referral Form available here:

<https://www.redbridgesab.org.uk/for-professionals/making-a-safeguarding-referral/>, Or telephone on 020 8708 7333 Opt.2 (Monday to Friday 9.00am to 5.00pm) or by email: [adults.alert@redbridge.gov.uk](mailto:adults.alert@redbridge.gov.uk). The emergency duty team can be contacted after 5:00pm and at weekends on 020 8553 5825.

- e) the suspicion or allegation is referred to the Police or Adult Social Services, the person making the report will have to make a written statement at the earliest opportunity and must cooperate with any investigation. This person may be required to attend and contribute to a case conference.
- f) An investigation of any alleged or suspected abuse or exploitation by staff must be treated as an act of gross misconduct under the Disciplinary policy and procedure.

## **8. Assessment, planning and review**

- a) If the investigation indicates that exploitation and/or abuse have occurred and if the adult at risk wishes to continue to volunteer at FFPG, the Director will be party to the protection plan which will have been put in place by the social care or health care staff.
- b) It is hoped that the adult at risk, with an advocate if s/he chooses, will be fully involved in making the protection plan.
- c) The objective of the protection plan is to safeguard the adult at risk from any future abuse.

## **9. Allegations against a staff member**

If the alleged abuser is a staff member, FFPG will follow the Disciplinary Policy procedures. Abuse of visitors or volunteers is an act of gross misconduct. All FFPG staff have a responsibility to report staff actions which are abusive or exploitative of visitors or volunteers, or which are unethical, to the Director or the Chair of the Board of Trustees.

## **10. If the suspected abuse or exploitation is occurring outside FFPG**

Staff or volunteers may suspect, or information is disclosed, that a volunteer has been abused or exploited outside of their involvement at FFPG. Every effort should be made to discover what the circumstances are and whether there does appear to be abuse or exploitation.

If there is evidence of abuse or exploitation and the volunteer is at risk to the extent of being unable to prevent it or to make an informed choice about consenting to it, then the details will be reported to Adult Social Services or police. (please see section 7 above).

If deemed appropriate, where there are safeguarding concerns regarding a supported volunteer who has been referred to FFPG through a mental health agency, the matter may be discussed with the referring organisation's case manager. The person's permission should be sought.

The details and actions taken should be recorded on the Incident Form.

## **11. Self neglect or harm**

Staff may suspect or have evidence that a volunteer is neglecting or harming themselves or that they are at immediate risk of suicide. Staff must collect evidence to substantiate this suspicion. For example, if there has been a disclosure regarding suicidal intent or suicidal thoughts then further details will need to be gathered to determine the seriousness of the intention. See appendix three on Protocol for Risk of Suicide.

If there is an immediate risk of harm then a referral should be made to the Adult Social Services. In the case of volunteers who are accessing mental health support through another agency, such as those referred to FFPG, then the referring organisation case manager can be contacted in the first instance, and the person's consent to refer this on should be sought. (see section 7 above).

## **12. Investigation of complaint when statutory services are not involved**

1. If visitors or volunteers report that they have experienced or are experiencing abuse or exploitation within FFPG, they have the right to be taken seriously and should be treated with respect, confidentiality and understanding.
2. It is the responsibility of the staff to ensure that the perspectives of both the adult at risk and the person alleged to have caused harm are heard, and to try to establish the nature of the problem.
3. When receiving a complaint, the staff member must try to discover the circumstances of the alleged abuse or exploitation and what has occurred.
4. However small an incident might seem, the staff member should always complete an incident form, as an accumulation of incidents may reveal a developing pattern.
5. When dealing with incidents of abuse, particularly those of a violent nature, the staff member must not put herself or himself or any other person at risk.
6. Any persons found to be responsible for abuse have the right to appeal the decision. They should be advised to contact the Director. Appeals will be heard within five working days. If the alleged abuse is of a serious nature the visitor or volunteer will be banned from FFPG while the appeal is being conducted. Note: If the Director has previously been investigating the incident then it should be referred to the Chair of Trustees who will appoint a member of the Trustees to investigate.
7. If the adult at risk feels threatened, and the staff believe that it is appropriate, they may ask the person alleged to have caused harm to leave the garden while the incident is being investigated. This may help to allay fears of retaliation. If the alleged person is not asked to leave it is the responsibility of the staff to ensure that the adult at risk is protected, and that the incident does not recur.

### **13. Obtaining further details**

#### **Interviewing the person alleged to have caused harm**

If the police are not involved, take statements from the alleged person and be clear about the purpose of the interview:

##### **It is to:**

- Inform the person of the complaint which has been made.
- Explain the Safeguarding Adults policy: the definitions of abuse or exploitation
- If proved, take steps to prevent further incidents

##### **It is not to:**

- Accuse the person
- Obtain an admission of guilt
- Conduct a detective enquiry
- Convey the anger/distress of the victim

##### **Four stages need to be covered:**

- Ask the person to provide an explanation of the incident
- Note and assess her or his reaction
- Indicate the possible consequences
- Outline the next steps.

### **Interviewing any witnesses**

Interview any witnesses to the incident with the permission of the adult at risk.

#### **Action to be taken:**

- The decision should be made by those conducting the investigation of the incident, and one other worker if necessary.
- After all information is compiled a decision must be reached as to the action required. This should be based on the information obtained from all the people involved and not on hearsay or speculation.

#### **Informing all parties of the decision that has been reached:**

- The proposed action and reasons for it must be clearly stated on the Incident form.
- All those involved must be informed of the outcome and the reasons for it in **writing** as soon as possible after the decision has been made
- Once the matter is dealt with, correspondence and interview forms should remain in the central file and a reference note in their personal file.

### **Contacts of Safeguarding Appointed Person**

Director - Karen Smallwood [karen@forestfarmpeacegarden.org](mailto:karen@forestfarmpeacegarden.org) 07525 131996

Safeguarding Lead Aaron Edgeley [aaron.e@forestfarmpeacefarm.org](mailto:aaron.e@forestfarmpeacefarm.org) 07413 519776

## Appendix one

### Possible signs of abuse

#### Physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some

aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries, fractures, sprains, dislocations etc
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

#### Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. genital infections, pregnancy, difficulty walking or sitting, STIs
- Disturbed behaviour or demeanour e.g. depression, sudden withdrawal from activities, disturbed sleep, self-injury
- Showing fear or aggression to one particular person.
- Loss of appetite or difficulty in keeping food down.
- Sexualised behaviour or language out of character.
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

#### Psychological/emotional signs

- Fear, confusion, low self-esteem, depression, passivity, agitated, anxious, tearfulness
- Aggression
- Isolation and withdrawal, running away
- Unkempt, unwashed, smell
- Inappropriately dressed
- Change in appetite or unusual weight loss
- Insomnia, or need for excessive sleep
- Uncharacteristic lack of co-operation or manipulative behaviour

#### Neglect signs

- Poor physical condition
- Clothing in poor condition or inadequate
- Dehydration or malnutrition, unexplained weight loss
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene or unkempt
- Sensory deprivation or lack of stimulating activities



- Denial of visitors or phone calls

### **Financial or material signs**

- Unexplained or sudden inability to pay bills or household shopping
- Unexplained or sudden withdrawal of money from accounts
- Personal possessions go missing or lack of adequate clothing
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the at risk person's assets

### **Discriminatory signs**

- Signs of substandard service offered to an individual or lack of respect shown to an individual
- Anger, frustration, fear, anxiety, withdrawal, isolation  
Exclusion from rights afforded to others, such as health, education, criminal justice

### **Appendix two**

## **Guidance on how to respond to a person disclosing abuse**

### **DO**

- Make sure the individual is safe.
- Assess whether emergency services are required and if needed call them.
- Listen carefully and patiently.
- Stay calm and offer reassurance. Show empathy and concern but do not make comments or judgements.
- Ascertain and establish the basic facts. Make careful notes and obtain agreement on them.
- Explain what you are going to do next. Explain that you must pass on the information as you are concerned for their safety.
- Tell the person that they did the right thing in telling you and that you are treating the information seriously.
- Take all necessary precautions to preserve forensic evidence where relevant.
- Immediately speak to your manager for support and guidance.

### **DO NOT**

- Appear shocked or angry or panic
- Confront the alleged abuser.
- Be judgmental or voice your own opinion.
- Be dismissive of the concern or ignore the allegation.
- Investigate beyond that which is necessary to establish the basic facts.
- Ask leading questions or assume information.
- Elaborate in your notes.
- Promise to keep secrets.
- Disturb or destroy possible forensic evidence.
- Consult with persons not directly involved with the situation.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Safeguarding Adults Protection Officer.

## **Appendix three**

## **Protocol for risk of suicide**

In the event of suspicion or disclosure indicating suicidal intention or suicidal thoughts this protocol should be followed:

1. If a disclosure is made to a buddy volunteer in the garden then they should relay the matter to a member of staff on site at the earliest convenience or to the Director, and inform the person that they will need to pass this on to a member of staff as they are concerned for the person's welfare.
2. The Director or other staff member should speak to the person at the earliest convenience to try to find out more details of the nature of the risk of harm.
3. The Mental Health First Aid procedure can be followed: ALGEE.
  - a. **A**ssess for risk of harm
  - b. **L**isten with non-judgement
  - c. **G**ive reassurance and information
  - d. **E**ncourage appropriate professional help
  - e. **E**ncourage self-help and other appropriate strategies
4. Ask questions sensitively about their feelings and thoughts to explore their intentions further - see resources below.
5. If the person has shared suicidal thoughts but there is no evidence of serious suicide intention, then signpost the person to further help, such as local services, helplines, websites, their care co-ordinator or referring organisation, or their GP. Encourage the person to talk to someone if their suicidal thoughts occur regularly.
6. If the person is currently accessing support through a mental health service or other organisation, such as if they are a referred volunteer, then the referring organisation case manager can be contacted for advice. The person's consent should be sought to refer the matter on.
7. If there is a serious concern regarding the person's immediate risk of suicide then Adult Social Services should be contacted and the referring organisation case manager, where relevant. The person should be informed of what action is being taken.
8. Details of the disclosure and any further conversation and actions taken should be recorded on an Incident Form and kept confidential.

## **Further sources of support and information**

Redbridge First Contact Team

Referral Form

<https://www.redbridgesab.org.uk/for-professionals/making-a-safeguarding-referral/>

Telephone: 020 8708 7333 (Monday to Friday 9.00am to 5.00pm)

Email: [adults.alert@redbridge.gov.uk](mailto:adults.alert@redbridge.gov.uk).

Emergency duty team after 5:00pm and at weekends on 020 8553 5825.

Leaflets <https://www.redbridgesab.org.uk/for-the-community/safeguarding-adults-leaflets/>

**Talking Therapies Redbridge**, Self-referral and referrals will be accepted from GPs and other health professionals; 0300 300 1554 (Opt.1) (9am–5pm, Mon-Fri). Self-refer online <https://www.talkingtherapies.nelft.nhs.uk/redbridge/>

## **Safe Connections - Community Suicide Prevention Hub**

**[www.mithn.org.uk/our-services/mental-health-services/safe-connections-community-hub/](http://www.mithn.org.uk/our-services/mental-health-services/safe-connections-community-hub/)**

Suicide Prevention Helpline number: **0300 561 0115** (Monday to Friday 9.30am to 4.30pm)

A self-referral service that provides a warm and safe space to explore suicidal feelings, triggers, and the underlying causes. Support callers to find and access other local services in the community, that can support to manage, or reduce suicidal feelings. Or email on

[safeconnections@mithn.org.uk](mailto:safeconnections@mithn.org.uk)

Safe Connections suicide prevention app – Navi8 (accessible through the QR code on posters)

Training also available for professionals.

Online Suicide prevention training – accessible for all <https://zerosuicidealliance.com/>

Samaritans is a registered charity that provides confidential, non-judgemental emotional support, 24 hours a day, 7 days a week, for people who are experiencing feelings of distress or despair, including those which could lead to suicide. Helpline: 08457 90900

Email at [jo@samaritans.org](mailto:jo@samaritans.org)

CALM, the Campaign Against Living Miserably, is a charity focused on reducing suicide in men aged under 35. [www.thecalmzone.net](http://www.thecalmzone.net)

SANE provides emotional support and specialist information to anyone affected by mental illness, including families, friends and carers. SANEline – 0845 767 8000, 6pm-11pm

SANEemail – [www.sane.org.uk/what\\_we\\_do/support/email](http://www.sane.org.uk/what_we_do/support/email) SANE Support Forum -

[www.sane.org.uk/what\\_we\\_do/supportforum](http://www.sane.org.uk/what_we_do/supportforum)

SOS Suicide of Silence – for everyone

Call 0300 1020 505 – 8am to midnight every day

Email [support@sossilenceofsuicide.org](mailto:support@sossilenceofsuicide.org)

Papyrus – for people under 35

Call HOPELINEUK Helpline for advice and support for (concerns about) people under the age of 35 who are experiencing thoughts of suicide: Open 9am to midnight every day

Call 0800 068 41 41 – Text 07860 039967

Email [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

Samaritans' tips on how to start a difficult conversation.

<https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/how-support-someone-youre-worried-about/>

Rethink - how to support someone

[www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone](http://www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone)

Staying safe - information and support for people experiencing suicidal thoughts, including how to make a safety plan <https://stayingSAFE.net/>