



Turning Corners

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Turning Corners
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Safeguarding Vulnerable Adults and Children's Policy

Date: 21 November 22

Review Date: November 23

Safeguarding is everybody's responsibility.

All organisations that work with or come into contact with children should have safeguarding policies and procedures to ensure that every child, regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, has a right to equal protection from harm.

NSPCC Learning

Background & overview of safeguarding

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. All staff within Turning Corners have a responsibility to safeguard people in their care, but extra care must be taken to protect those who are least able to protect themselves. Children and young people, and vulnerable adults, can be at particular risk of abuse or neglect

A child is a person aged under 18 years; young people aged 16 or 17 who are living independently are still defined as 'children'.

A vulnerable adult is someone who may be in need of care because of a physical, learning or other disability, or because of their age or an illness. This definition also applies to an adult who is unable to take care of him or herself properly, or who is unable to protect him or herself from significant harm or exploitation.

Some groups of people are particularly vulnerable to harm and exploitation, and it is important that their needs are carefully considered:

- those with disabilities
- those living away from home
- asylum seekers
- children and young people in hospital
- children in contact with the youth justice system



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- victims of domestic abuse
- those who may be singled out due to their religion or ethnicity
- those who may be exposed to violent extremism.

Definitions of harm: Children

Physical harm

Physical harm is defined as physical contact that results in discomfort, pain or injury. It may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm.

Supplying drugs to children, or the use of inappropriate or unauthorised methods of restraint, also fall under this definition.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces or causes, illness in a child.

Emotional and psychological harm

Emotional harm is defined as action or inaction by others that causes mental anguish. It involves the persistent emotional maltreatment of a child, which causes severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

Such harm may feature age or developmentally inappropriate expectations being imposed on a child. These can include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

Emotional harm may also involve witnessing aggressive, violent or harmful behaviour towards another individual (e.g., domestic violence). It may also involve serious bullying, frequently causing a child to feel frightened or in danger, exploitation or corruption.

Some level of emotional harm is involved in all types of maltreatment of a child (e.g., grooming, harassment, or inappropriate emotional involvement), though it may occur alone.

Sexual harm and exploitation

Sexual harm is defined as any form of sexual activity involving a child under the age of consent. It involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.



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Such activities may involve physical contact, including penetrative (e.g., rape, buggery or oral sex) or nonpenetrative acts. They may also include non-contact activities, such as involving children in the looking at, or production of, pornographic material, causing them to watch sexual activities, or encouraging them to behave in sexually inappropriate ways.

Downloading child pornography, taking indecent photographs of children, and sexualised texting, are all forms of sexual harm.

Neglect and acts of omission

Neglect is a persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

1. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
2. Protect a child from physical and emotional harm or danger
3. Ensure adequate supervision and/or adequate care-givers
4. Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions of harm: Vulnerable adults

Safeguarding means protecting the adult's right to live in safety and free from abuse and neglect and promoting the adult's wellbeing.

Safeguarding duties apply to an adult at risk as defined in [Section 42 of The Care Act 2014](#) which is:

1. Has needs for care and support (whether or not the authority is meeting any of those needs)
2. Is experiencing, or at risk of abuse and neglect
3. As a result of their needs for care and support unable to protect themselves from the abuse or neglect or risk of it



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Physical harm

Physical harm is any physical contact that results in discomfort, pain or injury. Examples of physical harm include:

- assault, rough handling, hitting, slapping, punching, pushing, pinching, shaking, bruising or scalding
- exposure to excessive heat or cold
- a failure to treat sores or wounds
- inappropriate use of medication (e.g., under- or overuse of medication, or the use of unprescribed medication)
- the use of inappropriate sanctions
- the unlawful or inappropriate use of restraint or physical interventions ▪ the deprivation of liberty.

Sexual harm and exploitation

Examples of sexual harm and exploitation can include the direct or indirect involvement of the vulnerable adult in sexual activity or relationships that:

- they do not want or have not consented to
- they cannot understand, and cannot consent to, since they lack the mental capacity ▪ they have been coerced into because the other person is in a position of trust, □ power or authority, e.g., a care worker.

Sexual harm can involve bruising or injury to the anal, genital or abdominal area, and the transmission of STD. It also includes inappropriate touching.

Being forced to watch sexual activity is also a form of sexual exploitation.

Psychological and emotional harm

This is behaviour that causes mental distress or has a harmful effect on an individual's emotional health and development. It can include:

- mocking, coercing, bullying, verbal attacks, intimidation or harassment
- demeaning, disrespectful, humiliating, racist, sexist or sarcastic comments,
- shouting, swearing or name-calling
- excessive or unwanted familiarity



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- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the vulnerable adult to make choices
- undermining the individual's self-esteem
- isolation and over-dependence that has a harmful effect on the person's □ emotional health, development or well-being □ the use of inflexible regimes and lack of choice.

Neglect

Neglect occurs when a person's well-being is impaired because his or her care or social needs are not met.

Examples of neglect include:

- the failure to allow access to appropriate health, social care and educational services
- the failure to provide adequate nutrition, hydration or heating, or access to appropriate medication
- ignoring medical or physical needs, e.g. untreated weight loss, or a lack of care that results in pressure sores or uncharacteristic problems with continence
- poor hygiene, e.g., lack of general cleanliness or soiled clothes not being changed ▪ the failure to address the vulnerable individual's requests.

Neglect can be intentional or unintentional. Intentional neglect can include:

- wilfully failing to provide care
- wilfully preventing the vulnerable adult from getting the care they need
- being reckless about the consequences of the person not getting the care they need.

Unintentional neglect can include:

- a carer failing to meet the needs of the vulnerable adult because they do not understand their needs
- a carer lacking knowledge about the services that are available
- a carer's own needs preventing them from being able to give the care the person needs
 - an individual being unaware of, or lacking an understanding of, the possible effect on the vulnerable adult of a lack of action.

Discrimination

Discrimination exists when values, beliefs or culture result in a misuse of power, or the denial of rightful opportunities, so causing harm.



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Any psychological abuse that is racist, sexist, or linked to a person's sexuality, disability, religion, ethnic origin, gender, culture, or age, is discriminatory.

Financial harm

Financial harm is the use of a person's property, assets, income, funds or other resources without their informed consent or authorisation. It includes:

- theft
- fraud
- exploitation
- unauthorised withdrawals of funds from an account
- undue pressure in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

the misuse of an enduring power of attorney, or a lasting power of attorney, or an appointeeship.

Domestic violence and self-harm should also be considered as possible indicators of, and/or contributory factors to, harm or abuse.

Role of Turning Corners

This policy is binding on all personnel, including volunteers and employees, who carry out related tasks such as but not limited to:

- All Staff and volunteers who respond to crises incidents
- All Staff and volunteers who respond to routine duties and projects
- All personnel functioning on behalf of Turning Corners i.e., office staff, Observers

Turning Corners is committed to protecting vulnerable children and adults by creating a policy that guarantees the safety and advancement of their well-being. We are dedicated to protecting the rights of vulnerable adults and children and make sure that we adhere to all applicable laws and regulations relating to safeguarding. Furthermore, we ensure that safeguarding is an integral part of our operations.



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At Turning Corners, we are devoted to abiding by this policy and doing whatever it takes to uphold it. To ensure everyone is adequately equipped, we will make sure staff have sufficient learning opportunities and all the necessary safeguarding training. This policy will be made widely accessible and reviewed once a year or following major incidents.

Accountabilities and Responsibilities

The Committee will:

- Be responsible for the effectiveness of this policy and related procedures and for ensuring sufficient resources are available to support the implementation.
- Appoint a safeguarding lead to ensure that this policy is agreed, implemented and reviewed annually.
- Delegate responsibility for ensuring this policy is integrated into the governance structure and reviewed.

The Safeguarding lead will be responsible for:

- Monitoring the effectiveness of this policy.
- Provide an assurance report on Safeguarding to the monthly management meeting. □ Monitoring staff and volunteers' effectiveness in the performance of required actions and management of risks
- Monitoring of high risks on the risk register
- Ensuring that a Biennial review of the policy and guidance is undertaken and scrutinized prior to the implementation of a new policy.
- Monitoring and ensuring completion of action plans
- Ensuring all staff and volunteers are aware of their responsibilities in accordance with this policy
- Monitoring compliance to this policy within their area of responsibility
- Provision of support to Staff and volunteers in v o l v e d i n v u l n e r a b l e person incidents
- Ensuring staff and volunteers complete approved safeguarding training



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- Ensuring that all staff and volunteers make themselves familiar with this policy, seek clarification on understanding as required and adhere to the requirements of this policy
 - Ensuring that all staff and volunteers report any obstacle which prevents their compliance to the policy, through whistleblowing where necessary.
- Inform the committee on the effectiveness of the Policy
- Ensure that this policy is made available to the public upon request
- Ensure advice received is incorporated into the Training as necessary
- Be responsible for day-to-day liaison with locality child protection agencies
- Attend safeguarding meetings on behalf of Turning Corners as required and provide support to any staff and volunteers required to attend case conferences, inquiries or inquests. Ensure that a robust process is in place for DBS checks of all staff and volunteers and others as listed above
- Ensure that structures are in place for appropriate investigation where a member has concerns about a colleague
- Ensure that facilities are in place to support individuals who may seek further counselling and support

The Clinical Leads will:

- While completing clinical audits also audit for any missed safeguarding opportunities. Inform the Safeguarding Lead of any missed opportunities identified.

All Staff and volunteers/Staff should follow the six key principles of safeguarding

Principle 1 – Empowerment - Presumption of person led decisions and consent

Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. Clear justification must be made and documented where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they should still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

Principle 2 Protection - Support and representation for those in greatest need

All staff have a duty to support all patients to protect themselves. Staff have a positive obligation to take additional measures for patients and service users who may be less able to protect themselves.



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Principle 3 Prevention

Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within the service.

Principle 4 Proportionality. Proportionality and least intrusive response appropriate to the risk presented

Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

Principle 5 Partnerships. Local solutions through services working with their communities.

Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse. The skills of the multiagency team should be utilised when safeguarding vulnerable adults.

Principle 6 Accountability. Accountability and transparency in delivering safeguarding

Turning Corners is accountable to patients, service users and to their commissioning agencies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

If you are concerned:



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What to do	What not to do
Stay calm	React strongly – “that’s terrible”
Be accessible and receptive	Don't probe for more information. Inappropriate questioning may affect how the child's disclosure is received at a later date.
Listen, hear and take seriously	Don't fill out the incident form until the student has left you
Use TED (tell me, explain, describe) to encourage without leading	Jump to conclusions, especially about the abuser
Give time to allow the child or young person to say what they want without interruption	Speculate or accuse anybody
Reassure and explain that they have done the right thing in telling	Promise confidentiality or to keep secrets or that everything will be OK (it may not be)
Say what will happen next – explain that you need to share what you have been told, but reassure them that it will only be disclosed to those that need to know	Stop child from speaking freely
Avoid physical contact unless absolutely necessary	Don't make negative comments about any alleged abuser

Reporting a concern

Reporting a safeguarding concern should follow structure outlined in reporting a concern in your handbook. Below is a summary and essential numbers are include here.

Take Record of :

Date and time of what has occurred and the time the disclosure was made

Names of people who were involved

What was said or done by whom

Any action taken by the group to gather information and refer on

Any further action, e.g. suspension of a worker or volunteer



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Where relevant, reasons why there is no referral to a statutory agency Names
of person reporting and to whom reported

Safeguarding contact numbers

Safeguarding Lead:



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Shimon Wider
07968643712

Clinical Lead
A Shmueli
mail@turningcorners.charity
07984552853

Children Social Care

First Response: 020 8356 5500
Email for CSC is FAST@hackney.gov.uk
Board Tel No is 020 8356 4183

Local Authority Designated Officer (LADO)
Email:
lado@hackney.gov.uk
Tel: 020 8356
4569

Concerns about Conduct of staff or volunteers

If non-specific inquiries are instituted by Social Services or the Police regarding the conduct of staff and volunteers Turning Corners staff and concerns regarding potential risk to children or vulnerable adults are identified, the Safeguarding Lead will be the primary liaison officer on behalf of Turning Corners with those agencies. He/ she will take any appropriate action, including, where necessary in consultation with the Trustees and/or Committee, suspension from duty or transfer to alternative duties in accordance with procedures, and as agreed between those agencies. Vulnerable adults can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of vulnerable adults by a Member/staff will be taken seriously and treated in accordance with local Safeguarding Adult Board policy and procedure. This includes the implementation of the Turning Corners disciplinary procedures and possible suspension without prejudice.

Suspension of the employee concerned from his or her role should not be automatic, but should be considered if:

- 15 Safeguarding Children and Vulnerable Adults

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16 There is cause to suspect an Adult at Risk has suffered abuse or neglect; and/or □
When an allegation of abuse or neglect has been substantiated, the registered manager should consult with the local authority safeguarding team for advice on referral to the Local Authority Designated Officer (LADO) and whether it is appropriate to make a referral to the professional or regulatory body and to the Disclosure and Barring Service (DBS), because the person concerned is considered unsuitable to work with Adults at Risk

The registered manager should review the procedures to help prevent similar events from occurring in the future and to ensure lessons learnt are implemented.

Records making and alert to Local Authority Safeguarding Adults Team

All Staff and volunteers/staff that deal in any way with a case of suspected abuse must ensure that a full and accurate contemporaneous record of the events, their findings and concerns is made. Additionally, they must record their actions and the details of those to whom their concerns were reported.

None of the records made may be destroyed at any date before the one stated on the sealed envelope. These records must be clearly marked "DO NOT DESTROY" at the time of creation.

An "alert" is a response to a concern, where an individual believes that a vulnerable adult may be at risk of harm or abuse. Alerts should be raised as soon as abuse or neglect is witnessed or suspected. This should always be the case if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred, and the alleged abuser is likely to have access to the adult or others who might be at risk. This can be done directly to the reporting line, e mail or CAD system.

On receiving an alert, the Safeguarding Lead must decide whether to make a referral to the Local Authority safeguarding team. They will raise an alert directly to the local authority Safeguarding Team immediately when the concern is identified.

Out of hours, staff and volunteers will leave the CAD number of the incident on the reporting line. The Safeguarding lead will then raise the concern as soon as the PRF is received with the details.

The alerter is not expected to prove abuse has happened but to provide information-based on the disclosure from the vulnerable adult. All staff have a



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duty of care in terms of challenging poor practice and escalating their concerns appropriately.

Serious Case Reviews

All Serious case reviews undertaken by Local Authority Safeguarding Boards with implicated action plans for Turning Corners will be reported through to the Safeguarding Lead for monitoring.

The Safeguarding Lead will ensure that all actions are completed and duly reported on to the referring Local Authority Safeguarding Committee & Turning Corners Responsible Individual.

Safeguarding Children

This policy recognises a Child as defined in the Children Act 1989 and 2004; a child is anyone who has not yet reached their 18th birthday. "Children" therefore means children and young people throughout. Turning Corners acknowledges accountability for the safeguarding of Children who are visiting the premises. All staff will receive level 3 training, from February 2020, around the safeguarding of Children and follow systems and processes in place to protect children when visiting the premises further to reporting concerns to the local authority.

Breaches of policy

For Staff and volunteers/staff, failure to adhere to the Safeguarding Policy could lead to possible disciplinary action being taken. For others their individual relationship with the Turning Corners may be terminated.

Training and Development

All Turning Corners Staff and volunteers/staff receive full information and guidance about this Safeguarding Policy as part of their comprehensive induction.



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All existing Turning Corners Staff and volunteers/staff will receive on-going training that aims to raise awareness of the legislation and guidance to follow that applies directly to this policy and how this impact on service provisions.

All Turning Corners Staff and volunteers/staff receive an annual personal development plan as part of their effective appraisal process. Up to date awareness training in Safeguarding and its implications on provision of services will be monitored during member supervision and appraisal process.

Role and Responsibilities

Lead responsibility for this policy lies with the Registered Manager.

Staff and volunteers– It is the responsibility of the staff to ensure that they have access to and have read and understand the current Turning Corners policy on Safeguarding.

Confidentiality

When and how to break confidentiality:

- There is immediate danger – if a person has clearly told you that they plan to take their life within the next 24 hours, or has already taken action which puts their life in danger, but does not want to seek support themselves and does not give their consent for you to do so – call 999.
- The person is physically present at your club or group and is experiencing a crisis you should act to get them support – this may involve contacting their emergency contact or a mental health professional.
- The person is planning to take action which will put others at risk (for example, stepping in front of a train) we consider this at risk of harm to others, and expect staff on calling 999.
- The person is under 18 – in these situations the child's welfare should come first and we would suggest contacting their emergency contact and seeking support from 999.
- There is a safeguarding concern that may have a wider impact. For example if someone alleges that they have been abused by a volunteer but asks you not to say anything. This would have to be reported as it is in the public interest that it is investigated.
- There is a safeguarding issue that concerns a child.



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You should always discuss breaking confidentiality (telling someone outside the club or organisation) with the individual, and encourage them to seek help and support. If you need to break confidentiality (tell someone such as a medical professional about your concerns without consent) we recommend this is done with support from the Welfare Officer or should they be unavailable with support of a committee member/ member of management. Breaking confidentiality is a grey area and it's much better to make a decision with the support of a colleague or manager. It's important to continue to discuss this decision after it has been taken and to look out for the wellbeing of the staff involved

Ensuring mental wellbeing of our Staff

Being a point of contact to have conversations about mental health with colleagues can be very rewarding, but it can also be time consuming and emotionally overwhelming. You might also find that discussing subjects or traumatic events close to your own experiences, or that of others close to you, may impact on your own mental health this is often called triggering – especially if you're feeling unwell.

We encourage you to think carefully about how you'll look after your own wellbeing and make sure you have appropriate support in place. You might find it helpful to look at our information on staying mentally well and dealing with pressure.

Support within your organisation

We offer 'Employee Assistance Programme'. Which includes regular supervision meetings or catch ups. We may where appropriate to arrange clinical supervision from colleagues in NHS.

Wellbeing kitbag or Wellness Action Plan – you might find it helpful to develop a Wellness Action Plan. Developing a Wellness Action Plan (WAP) can help individuals to actively support their own mental health by reflecting on the causes of stress and poor mental health, and by taking ownership of practical steps to help address these triggers. This process can also help people working with them such as managers and colleagues to open up dialogue with individuals, understand their needs and experiences and ultimately better support their mental health.



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Shimon Wider