

SAFEGUARDING POLICY & PROCEDURE

Policy Sponsor:	Managing Director
Approving Body:	Board of Trustees
Date Approved:	17th June 2022
Date of Last Review:	17 th July 2023
Date of Next review:	June 2024

1 PURPOSE OF POLICY

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- 1.1 Safeguarding is everyone’s business. Turner Home has a zero tolerance of harm, and believes that it is always unacceptable for adults, young people and children to experience abuse of any kind. As a service provider, Turner Home recognises its responsibility to safeguard the welfare of all adults at risk in line with the Care Act (2014), the Children’s Acts (1989 /2004).
- 1.2 The purpose of this policy is to ensure that Turner Home and its staff safeguard the welfare of adults, young people and children who may be at risk, are able to recognise the signs of abuse and neglect, and are able to respond appropriately to allegations of abuse.
- 1.3 We aim to achieve this by ensuring that Turner Home complies with statutory and local guidance for safeguarding and promoting the welfare of children, young people and adults at risk by creating a safe environment. We will, wherever possible, take a preventative approach by taking action before it occurs, and will ensure that staff are suitably trained to recognise and respond to allegations of abuse and neglect.
- 1.4 Most important, Turner Home is clear that any actions we take need to put the **adult or child** at the heart of the matter, with a **clear understanding of their needs and views** and a presumption of informed consent.

2 SCOPE OF POLICY

Trustees	X	Staff	X	Workers acting on behalf of Turner Home	X
Volunteers	X	Students	X		ü

- 2.1 For ease, **all** the above groups will be referred to as “workers” throughout this policy. The group described as “staff” above includes those employed by Turner Home; secondees placed within the organisation; Turner Home employees undertaking placement or secondments/attachments outside the organisation.

3 LEGISLATIVE FRAMEWORK

3.1 Adults

The [Care Act \(2014\)](#) and [corresponding guidance](#) (Department of Health, 2014) is legislation about care and support for adults in England and came into force on 1st April, 2014. The Care Act, outlines key principles for supporting adults who have been or are at risk of abuse or neglect and; provides a framework for local authorities and partner organisations for making safeguarding enquiries.

3.2 Other relevant legislation and guidance (click for links)

- [Mental Capacity Act \(2005\)](#)
- [Mental Capacity Act - Code of Practice \(2007\)](#)
- [Mental Capacity Act - Deprivation of Liberty safeguards – Code of Practice to supplement the main Mental Capacity Act code of Practice \(2008\)](#)
- [Human Rights Act \(1998\)](#)
- [Equality Act \(2010\)](#)
- [Mental Health Act \(2007\)](#)
- [Criminal Justice Act \(2003\)](#)
- [Counter Terrorism and Security Act \(2015\)](#)
- [Data Protection Act \(2018\)](#)
- Working [Together to Safeguard Children \(2010, 2013, 2015, 2018\)](#)
- [Working Together to Safeguard People](#) (Wales Statutory Guidance – SSWA)
- [All Wales Child Protection Procedures 2008](#)
- [Children Act \(2004\)](#)
- [Safeguarding children and young people: roles and competencies for health care staff. Intercollegiate document \(2014\)](#)
- [NICE Guideline \(CG89\) When to suspect child maltreatment \(2009-11\)](#)

4. LOCAL AUTHORITIES SAFEGUARDING POLICIES AND PROCEDURES

Turner Home employees are expected to make themselves fully aware of and adhere to Local Safeguarding Procedures as set out by the Council. This policy and procedure must be read in conjunction with the relevant Local Authority Safeguarding/POVA procedures. The safeguarding policies and procedures of the Turner Home will dovetail with the Liverpool City Council multi-agency policy and procedures, which we understand take precedence over those of the Turner Home. Turner Home will ensure that the Liverpool City Council policies and procedures are reflected within its own policy and procedure and that this is shared with all staff and is accessible and available for staff to follow.

Department Managers are responsible for ensuring information is cascaded to their workers to ensure they understand their role in ensuring compliance with Local Safeguarding Procedures.

5. RELATED POLICIES

5.1 Disciplinary Policy and Guidance

Turner Home will refer to the Disciplinary Policy and Guidance where a member of Turner Home staff is involved i.e. as an alleged perpetrator, or where they have failed to make safeguarding alert, and will then follow specific guidance.

5.2 Feedback (including complaints), Whistle-blowing and Incident Reporting Policies

Turner Home will review any Feedback (including complaints), Whistle-blowing alerts and Incidents involving an adult at risk or child that it receives to determine whether the concern raised could constitute a Safeguarding and Protection alert. If this happens then this policy will apply as to how the concern is then taken forward.

5.3 **Crisis Management / Business Continuity Plan**

This provides the plan of action when a situation might be defined as a crisis.

5.4 **End of Life Policy**

Appropriate for information when a death has occurred

6. DEFINITIONS USED BY TURNER HOME FOR THE PURPOSES OF THIS POLICY

6.1 **Abuse**

Abuse is a violation of a person's human or civil rights by another(s). It may be single or repeated acts. Abuse may be -

Physical, verbal, psychological/emotional, sexual, financial (and so further relates to money, property or things the person owns), discriminatory, or institutional abuse, or an act of neglect, or an omission to act.

Abuse can take many forms and does not have to fit comfortably into any of the above categories.

6.2 **Adult at risk**

An adult at risk is an adult who has needs for care and support (whether or not the local authority is meeting any of those needs) is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect him or herself against the abuse or neglect or risk of it.

6.4 **Alerter**

The alerter is the worker who raises the safeguarding alert or can be an external person.

6.5 **Apology**

An apology is defined as "an expression of sorrow or regret"

6.7 **Harm**

Harm is (irrespective of whether the impact is significant or not) any act by another that has the potential to adversely affect a person's health, wellbeing, or development or infringes on his/her rights, where the person is child or is an adult at risk.

6.8 **Notifiable Safety Incident (England)**

Using the definition provided by CQC – a notifiable safety incident which must be reported by the registered manager means – any unintended or unexpected incident that occurred in respect of a resident during the provision of a regulated activity that appears to have resulted in

- The death of the service-user, including from the natural course of their illness or underlying condition

- An impairment of the sensory, motor or intellectual functions of the service-user which has lasted, or is likely to last for a continuous period of 28 days.
 - Changes to the structure of the service-user's body
 - The service-user experiencing prolonged pain or prolonged psychological harm
- Or**
- The shortening of the life-expectancy of the service-user;
- Or**
- Requires treatment by a health care professional in order to prevent the death of the service-user or any injury which if left untreated would lead to one or more of the outcomes mentioned above.

6.9 Relevant Person

A relevant person is defined as –

“the service-user or, in the following circumstances, a person lawfully acting on their behalf

6.10 Registered Person / Registered Manager

The person acting as registered manager for a registered service at Turner Home

6.11 Safeguarding and protection alert

A safeguarding and protection alert is formally raising a concern within Turner Home about an action by another that could cause harm to a child, or an adult at risk

6.13 Significant harm

Significant harm is defined as ill-treatment or the impairment of health and development. It is a term used in English and Welsh legislation to introduce the concept of significant harm as the threshold that justifies compulsory intervention into family life in order to protect children.

7 RECOGNISING THE SIGNS OF ABUSE

7.1 Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help, support and advice. It is vital that professionals, Turner Home staff and members of the public are vigilant on behalf of those unable to protect themselves, including:

- Knowing about different types of abuse and neglect and their signs
- Supporting children and adults to keep safe
- Knowing who to tell about suspected abuse or neglect and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, pinching, force-feeding, misuse of medication, shaking.	
Signs and Indicators	Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

Sexual Abuse	
Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.	
Signs and Indicators	Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

Financial or Material Abuse	
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, or the misuse or misappropriation of property, possessions or benefits	
Signs and Indicators	This may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individuals money

Psychological and/or Emotional abuse	
This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name	

calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected

Signs and Indicators	Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns
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Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may 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, wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services

Signs and Indicators	There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals
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Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional

Signs and Indicators	There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying “ I treat everyone the same”, have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.
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**In identifying any concerns relating to this area of abuse staff should refer to the supporting people with their finances policies*

Institutional or Organisational Abuse

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.

Signs and Indicators	This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person's disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.
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Additional forms of abuse and neglect

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

NB: Follow your Local Authority policy and procedures in respect of any cases of self-neglect.

Coercive Control

Coercive control is when a person with whom someone is personally connected, repeatedly behaves in a way which makes them feel controlled, dependent, isolated or scared. This is an offence in England, Wales and Isle of Man and has applied to both male and female coercive control. People are guilty of the offence of coercive control if

- they are personally connected to the victim, and
- their behaviour has had a serious effect on them, and
- they knew or ought to have known that their behaviour would have a serious effect on them.

Serious effects are

- fearing that violence will be used against them on at least two occasions
- feeling serious alarm or distress where it has had a substantial effect on usual day to day activities. The behaviour has had a substantial effect if it has caused someone to change the way they live (health, socialising, household chores, childcare). A change in lifestyle to safeguard children may also indicate coercive control.

Signs and Indicators	The following types of behaviour are common signs and indicators of coercive control: <ul style="list-style-type: none"> • isolation from friends and family • controlling how much money people have and how they spend it • monitoring activities and movements
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	<ul style="list-style-type: none"> • repeatedly putting someone down, calling then names or telling them that they are worthless • threatening to harm or kill them or your child • threatening to publish information about them or to report them to the police or the authorities • damaging their property or household goods • forcing them to take part in criminal activity or child abuse
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Domestic abuse

In 2013 the Home Office announced a change to the definition of domestic abuse to include those aged 16 or over. The definition can encompass but is not limited to psychological, physical, sexual, financial, emotional abuse. There can be an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality and may include Female Genital Mutilation; forced marriage and so called honour based violence. Domestic abuse is not confined to one gender or ethnic group

Domestic abuse is defined by the Home Office (2013) as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. 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, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”**

**This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.”*

NB: Follow your Local Authority policy and procedures in respect of any cases of Domestic Abuse.

Note there are significant similarities to coercive control – which is a form of domestic abuse but is classed as a different crime.

Signs and Indicators	May include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering, not being in control of finances, or decision making
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Modern slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Signs and Indicators	<p>There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family¹</p> <p>NB: Follow your Local Authority policy and procedures in respect of any cases of Modern Day Slavery</p>
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Radicalisation to terrorism

Through the PREVENT programme, the Government has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and Indicators	May include being in contact with extremist recruiters. Articulating support for violent extremist causes or leaders. Accessing violent extremist websites, especially those with a social networking element. Possessing violent extremist literature.
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¹ <https://modernslavery.co.uk/spot-the-signs.html>

	<p>Using extremist narratives to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining extremist organisations. Significant changes to appearance and/or behaviour.</p> <p>NB: Follow your Local Authority policy and procedures in respect of any cases of Radicalisation</p>
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Spiritual Abuse	
<p>This is experienced as a deeply emotional personal attack and may include: manipulation and exploitation, enforced accountability, censor of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those externally to the abusive context. Spiritual abuse is not limited to a certain religion or denomination. Any person, of any belief system, is capable of perpetrating spiritual abuse, just as anyone can be the victim of it.</p>	
<p>Signs and Indicators</p>	<ul style="list-style-type: none"> • Special relationships, especially where there is an imbalance of power • Inappropriate or untrained exercise of exorcism and/or deliverance ministry • Misuse of authority e.g. by dictating exactly what a person should believe • Extreme pastoral interference in personal issues including how someone should express their faith • Telling someone that if they pray harder/believe more they will be healed • Making someone feel inferior in their faith

Child Sexual Exploitation	
<p>Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, attention, gifts, money) as a result of them performing, or others performing on them, sexual acts or activities. Child sexual exploitation grooming can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.</p>	
<p>Signs and Indicators</p>	<ul style="list-style-type: none"> •going missing for periods of time or regularly returning home late •skipping school or being disruptive in class •appearing with unexplained gifts or possessions that can't be accounted for •experiencing health problems that may indicate a sexually transmitted infection •having mood swings and changes in temperament •using drugs and/or alcohol

	<ul style="list-style-type: none"> •displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting") •they may also show signs of unexplained physical harm, such as bruising and cigarette burns
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Child Criminal Exploitation

Child Criminal Exploitation occurs where an individual or group takes advantage of a person under the age of 18 and may coerce, manipulate or deceive a child or young person under that age into any activity

(a) In exchange for something the victim needs or wants, and/or

(b) For the financial advantage or increased status of the perpetrator or facilitator

and/or

(c) Through violence or the threat of violence. The victim may be exploited even if the activity appears consensual (i.e. moving drugs or the proceeds of drugs from one place to another).

Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

(Home Office 2018)

<p>Signs and Indicators</p>	<p>A young person’s involvement in county lines activity often leaves signs. A young person might exhibit some of the indicators below, either as a member or as an associate of a gang dealing drugs:</p> <ul style="list-style-type: none"> • Persistently going missing from school or home and / or being found out-of-area; • Unexplained acquisition of money, clothes, or mobile phones; • Excessive receipt of texts / phone calls; • Relationships with controlling / older individuals or groups; • Leaving home / care without explanation; • Suspicion of physical assault / unexplained injuries; • Parental concerns; • Carrying weapons; • Significant decline in school results / performance; • Gang association or isolation from peers or social networks;
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| | <ul style="list-style-type: none">• Self-harm or significant changes in emotional well-being. |
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8 RECRUITMENT

- 8.1 Turner Home have appropriate systems and procedures in place to ensure the safe recruitment of all staff and volunteers within the organisation who come into contact with adults, young people and children. This should include requirements set out by the Disclosure and Barring Service (DBS).

9 TRAINING ON SAFEGUARDING AND PROTECTION

- 9.1 Managers should ensure that:

- All workers within the scope of this policy will be made aware of, and have easy access to this policy and guidance
- All new workers will have online as well as face to face safeguarding training within 12 weeks of starting work with Turner Home which covers both safeguarding children and adults. New workers who have had no safeguarding training prior to starting their role within the last three years should not begin providing support to people without completing a minimum of e-learning available via Care Skills Academy.
- Training is mandatory for all workers (except trustees)
- Face to face training will be updated minimum every three years for all staff.

- 9.2 The Turner Home training will ensure that staff are -

- Clear on the actions they should take in raising an alert and reporting an alert
- Clear what abuse, neglect or poor practice might involve
- Aware of the early indicators of abuse or neglect
- Aware of the actions of a Turner Home worker that could be considered as a safeguarding alert
- Aware of the importance in always referring to local safeguarding and protection procedures and protocols as provided by commissioners
- Aware of the importance of reporting all incidents & accidents that involve Turner Home employees and residents.
- Aware of the importance of providing high-quality care

- 9.3 Turner Home also expects all workers to attend any safeguarding and protection training made available to them by commissioners of Turner Home services where required.

10 SHARING INFORMATION (CONSENT AND CONFIDENTIALITY)

- 10.1 Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that an adult, young person or child is at risk of harm. This then enables early intervention and prevention work to be carried out.

- 10.2 **Confidentiality** and **consent** are two key issues and are clarified below. For more information, see the [Turner Home Information Governance Policy](#).

10.3 Confidential information is information which is personal, sensitive, not already lawfully in the public domain, and shared in confidence or the reasonable expectation of confidence.

10.4 Confidential information may be shared with the consent of the person who provided it or to whom it relates. Consent can be withdrawn by the person at any time.

10.5 Confidential information may also be shared **without consent under the following circumstances:**

- If there is evidence or reasonable cause to believe that an adult is suffering or at risk of suffering significant harm, or of causing significant harm to themselves or others.
- Where an individual 16 years and over lacks capacity to consent supported by the Mental Capacity Act (2005)
- To prevent significant harm to children and young people.
- Where required to assist authorities in the event of serious or organised crime

11.0 SAFEGUARDING LEADS

11.1 Whilst section 1.1 of this policy makes clear that safeguarding is everybody's business, the following persons and groups have specific responsibilities in relation to safeguarding as follows:

Board of Trustees

- Overall accountability for Turner Home operations as a whole, and oversight of Safeguarding at Board level
- To champion safeguarding within Turner Home ensuring that it has a high profile within the organisation

Managing Director

- To provide leadership on all aspects of adults and children at risk within Turner Home
- To champion safeguarding within Turner Home ensuring that it has a high profile within the organisation
- To maintain oversight of the safeguarding process and address any issues raised by operational teams
- To maintain key contacts/networks within the field of safeguarding/adults at risk
- To attend any relevant safeguarding multi agency safeguarding forums as required
- To keep up to date on any changes to policy and new policies, which could affect the different services across areas of Turner Home

Clinical Lead and Operations Manager

- Responsibility for submitting and investigating safeguarding alerts, as well as statutory responsibility for submitting regulatory notifications to CQC (England)
- Advising that safeguarding alerts can be closed

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- Answering queries on safeguarding that come in from staff and public
 - Logging all safeguarding alerts received and processing them in accordance with the timescales as set out in sections 12-14 of the procedures (following)
 - Following up on actions identified in safeguarding alerts
 - Closing safeguarding alerts once satisfied that the risk of abuse or neglect has been removed or reduced to an acceptable level, in collaboration with the responsible manager
 - Reporting on the levels of safeguarding alerts to Leadership Team, the Board of Trustees and sub-committees on a quarterly basis

Department Managers, Nurses and Team Leaders

- To keep Turner Home staff, and volunteers on relevant safeguarding issues or policy updates
- Responsibility for submitting and investigating safeguarding alerts
- Advising that safeguarding alerts can be closed
- Provide training and guidance to their teams