

# Safeguarding Policy & Procedure

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## 1. Introduction

1.1 This policy provides details of how Being You Therapy (**BYT**) aims to establish and maintain an environment where therapists operating in conjunction with BYP (the **Service**) are aware of the need for children and vulnerable adults to be kept safe and secure.

1.2 BYP recognises its' responsibility to promote the welfare of all children and vulnerable adults, and is committed to operating the Service in a way that ensures that all children and vulnerable adults who come to the notice of the BYP through the Service are safe and protected.

1.3 This policy is based on the legislation and Guidance included at Appendix 1 pursuant to which BYP recognises the following duties:

- to ensure arrangements are in place for safeguarding and promoting the welfare of children and vulnerable adults;
- to have due regard to the need to prevent people from being drawn into terrorism ("The Prevent Duty") under the Counter Terrorism and Security Act 2015;
- to work together with other organisations and partners in order to achieve this in accordance with the Children Act 1989; and
- to comply with the Common Law duty to protect and keep children and vulnerable adults safe.

1.4 BYP recognises that the welfare of each child and vulnerable adult is paramount and that all children and vulnerable adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.

1.5 BYP also recognises that some children and vulnerable adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

1.6 This policy applies to all staff, trustees, therapists and volunteers and any person working on behalf of, or in any way representing the interests of BYP in connection with the Service.

1.7 This policy should be read in conjunction with the NSPCC guidance '*Children at Possible Risk of Abuse*' included at Appendix 3, together with, where necessary, the legislation listed at Appendix 1 and the Government guidance documents listed at clause 11 below '*Taking matters of concern or disclosures of abuse forwards after they have been reported*'.

1.8 The purpose of this policy is to:

- make all Therapists and Volunteers aware of what abuse is and how to spot it;
- protect children and vulnerable adults who come to the notice of BYP as a result of a therapist engaging with a client in the course of their work for the Service;

- ensure that BYP operates within the legislative framework and recommended guidance on safeguarding;
- provide guidance to Therapists when deciding whether to take further action about a specific concern; and
- provide all staff, trustees, Therapists and Volunteers with details of the principles and procedures that they must follow in order to comply with the BYP's policy on safeguarding when working in connection with the Service.

## 2. Definitions

2.1 For the purposes of this policy, "Safeguarding" is as defined in '*Working together to safeguard children, 2018*' and includes:

- protecting children and vulnerable adults from maltreatment;
- preventing impairment of children's health and development and that of any vulnerable adults;
- ensuring that children and vulnerable adults grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children and vulnerable adults to have the best outcomes.

2.2 Designated Safeguarding Officer (the **DSO**) is the person responsible for handling any Safeguarding matters on behalf of BYT.

2.3 Safeguarding Report Form (the **SRF**) is included at Appendix 2 of this document.

2.4 Therapist (a **Therapist**) refers to any Therapist offering their services in connection with BYP's Service.

2.5 Volunteer (a **Volunteer**) refers to any additional member of staff who has offered their services in connection with the delivery of the BYP's Service.

## 3. The Designated Safeguarding Officer

The BYP recognises that Safeguarding is everyone's responsibility. However, the DSO for the BYP is Nordia Philpott who is also the Lead Trustee. It is the role of the DSO to:

- develop and implement procedures for identifying and reporting cases, or suspected cases of abuse;
- ensure that all staff, Therapists and Volunteers who work in connection with the Service on behalf of BYP are aware of and have access to BYP's Service Safeguarding Policy;

- ensure that any safeguarding allegation that is made by a Therapist in connection with their work for the Service, is dealt with in BYP in accordance with the principles set out in this policy;
- where requested, attend any conferences or inter-agency meetings in connection with a safeguarding allegation that is made pursuant to this policy;
- where requested, submit any reports that may be needed in connection with any safeguarding allegation made pursuant to this policy.

## 4. The Role of the Trustees

4.1 The Trustees have overall responsibility for ensuring that there are sufficient safeguarding measures in place within BYP.

4.2 In particular the Trustees must ensure that:

- BYP appoints a DSO at all times;
- any safeguarding allegation is managed effectively and safely;
- any deficiencies and weaknesses in safeguarding arrangements are remedied without delay; and
- the BYP's Safeguarding Policy and safeguarding procedures are reviewed and kept up to date in BYP accordance with relevant legislation.

4.3 Further guidance for trustees is available on the Charity Commission's website Safeguarding and Protecting People for Charities and Trustees

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees> and the safeguarding infographic trustee actions document

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/756636/10\\_safeguarding\\_actions\\_for\\_charity\\_trustees\\_infographic.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756636/10_safeguarding_actions_for_charity_trustees_infographic.pdf)

## 5. Safeguarding Procedure

5.1 If any Therapist or Volunteer working in connection with the Service is concerned about a child or vulnerable adult, he or she must follow the BYP's safeguarding procedure as set out below:

- if possible, and to do so would not put the client or any member of the client's family at risk of further harm, the Therapist should endeavour to discuss their concerns with either the DSO and their clinical supervisor;
- where a safeguarding referral is felt necessary either by the Therapist acting alone or following discussion with BYP and their clinical supervisor, the Therapist should discuss their intention to report the concern with the client (unless to do so would, in the Therapists opinion, put the client or a member of their family at further risk of harm);

- where possible, the Therapist should endeavour to engage the client's agreement to a safeguarding referral being made by the Therapist on their behalf (please note, as the safeguarding referral is being made in the context of a professional relationship, Social Services are obliged to inform the client of the identity of the referring Therapist);
- if a client refuses consent for the Therapist to make a safeguarding referral and the Therapist has legitimate concerns about the welfare of either the client, a member of the client's family or a third party as referred to by the client, the Therapist should notify the relevant department within Social Services of their concern as soon as possible;
- the Therapist should endeavour to record any concerns of a safeguarding nature on a Safeguarding Report Form (Appendix 2) as soon as practicable;
- if not already done so, the Therapist should inform the BYP DSO of any concerns and action taken as soon as possible;
- the Therapist should ensure that a copy of the SRF is given to the BYP DSO as soon as possible.

5.2 All SRF reports must be logged in a clear and precise manner, giving a full and factual account of any statements or disclosures.

5.3 In circumstances where the Therapist or Volunteer is concerned for the immediate welfare of a client or a member of the client's family, the Therapist or Volunteer must follow the procedure set out at clause 8 below.

## 6. When to be concerned

6.1 All Therapists and Volunteers should be concerned about a child or vulnerable adult if a client reports any behaviours that suggest evidence of an abusive relationship. These include, but are not limited to indication that a child/vulnerable adult:

- appears frightened of a household member e.g. parent, step-parent, sibling
- acts in a way that is inappropriate to her/his age and development
- displays defensive behaviours such as 'frozen watchfulness' or overt aggression towards another family member.

6.2 Appendix 3 below '*Children at Possible Risk of Abuse*' sets out more information to help identify when a child/vulnerable adult may be at risk of abuse/safeguarding issues.

6.3 Further guidance for safeguarding children is available in the NSPCC website standards <https://learning.nspcc.org.uk/research-resources/2017/nspcc-safeguarding-standards-and-guidance-england/> and resources <https://learning.nspcc.org.uk/safeguarding-child-protection/> <https://learning.nspcc.org.uk/safeguarding-child-protection/>

## 7. Responding to a Direct Disclosure of Abuse

If a client makes a direct disclosure that he or she has been abused in some way, or is concerned for the welfare of a member of their family, the Therapist or Volunteer should:

- listen to what is being said without displaying shock or disbelief
- allow the client to talk freely following the TED rules – tell me, explain to me, describe to me
- reassure the client, but not make promises which might not be possible to keep
- not promise confidentiality – it may be necessary to refer the matter to Social Care
- reassure him or her that what has happened is not his or her fault
- stress that it was the right thing to tell
- not ask direct or leading questions
- not criticise the alleged perpetrator
- if appropriate, give the client the phone number for Childline – 0800 111
- ensure that the client and any family member is currently safe, and explain what has to be done next and who has to be told.

## 8. Helping a client/family member in immediate danger

8.1 If a client or a member of their family is in immediate danger, the Therapist or Volunteer must contact the police and explain the situation to them. The police should be contacted on either 999 if there is immediate danger or 101 if the danger is imminent but not immediate.

8.2 If a client or a member of their family needs emergency medical attention, the Therapist or Volunteer must call an ambulance (999) and, whilst waiting for the ambulance to arrive, do their best to help and support the client.

8.3 Therapists or Volunteers must report the incident as soon as practicable following the protocol set out in clause 5 of this document.

## 9. Record keeping in the case of direct disclosures of abuse or safeguarding concerns

9.1 When a client has made a direct safeguarding disclosure, the Therapist or Volunteer should:

- make brief notes as soon as possible during or immediately after the conversation
- attach the original notes to the SRF to be submitted to the DSO (original notes should not be destroyed in case they are needed in court)
- record the date, time, place of the allegation

- if possible, draw a simple diagram to indicate the position of any reported bruising or other injury
- record direct statements rather than interpretations or assumptions.

9.2 All records need to be given to the DSO promptly, together with the requisite SRF.

9.3 No copies of any documentation relating to a Safeguarding incident should be retained by the Therapist or Volunteer.

## 10. Confidentiality

10.1 Safeguarding concerns raise issues of confidentiality that must be clearly understood by all BYP Therapists and Volunteers.

10.2 Where necessary, all Therapists, staff, trustees and Volunteers have a responsibility to share relevant information about the protection of children and vulnerable adults with other professionals, particularly the investigative agencies.

10.3 If a client confides in a Therapist or Volunteer and requests that the information is kept a secret, it is important that the Therapist or Volunteer tell the client that they cannot promise complete confidentiality. Instead, they must explain that they may need to pass the information on to other professionals in order to help keep the client or any family member safe.

10.4 Therapists or Volunteers who receive information about a child or vulnerable adult in the course of their work with the BYP, should only share that information within appropriate professional contexts.

10.5 In all other contexts, the confidentiality of the matter must be respected at all times, by all parties.

10.6 All safeguarding allegations should be dealt with in BYP accordance with the 7 golden rules contained in the Government's guidance 'Information Sharing – Advice for Practitioners 2018.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

## 11. Taking matters of concern or disclosures of abuse forward after they have been reported

11.1 Where the DSO is made aware of either a safeguarding concern or a disclosure of abuse, they must ensure that the Therapists has:

- complied with the guidance set out in the Government guidance documents listed below;
- contacted the relevant reporting agency in order to ensure that the client and any family member is kept safe and that matters are dealt with swiftly and efficiently with minimum disruption to the wellbeing of any person concerned.

11.2 Where necessary, the DSO must seek clarification and advice from the Police and/or Social Services in order to ensure that the Therapist or Volunteer has carried out their obligations in BYP in accordance with this policy.

11.3 For the purposes of this document, Government guidance documents include:

- *What to do if you're worried a child is being abused – Advice for practitioners* <https://education.gov.uk/publications>
- *LSCB Information Sharing, Chapter 10 of LSCB procedures online – Advice for practitioners providing safeguarding services to children, young people, parents and carers* <https://www.proceduresonline.com/>
- *Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children (2018)* <https://publications.dcsf.gov.uk>

## 12. Self-care

Dealing with a safeguarding issue or a direct disclosure from a client can be a stressful experience. Any Therapist, Volunteer, trustee or member of staff who feels that they have been affected by a disclosure should consider seeking support for him/herself and arrange a time to discuss this with an BYP DSO.

## 13. Allegations involving staff, trustees or Volunteers – Whistleblowing Procedure

The Trustees will ensure that all Therapists and Volunteers are made aware of BYP's Whistleblowing Policy & Procedure.

This Safeguarding Policy is reviewed and, where necessary, updated annually.

Date of policy: 14<sup>th</sup> February 2021



Signed: Nordia Philpott, DSO & Chair of Trustees



## Appendix 1: Legal Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children and vulnerable adults, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Human Rights Act 1998
- Data Protection Act 2018
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Mandatory Reporting of Female Genital Mutilation Guidance
- Counter Terrorism and Security Act 2015
- Special Educational Needs and Disability (SEND) code of practice 0- 25years – Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers: HM Government 2018
- Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children 2018.
- Safeguarding Adults NHS England Guide
- Safeguarding Adults Legislation – Anna Craft Trust
- <https://www.anncrafttrust.org/resources/safeguarding-adults-legislation/>
- <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

## Appendix 2: Pro-forma Safeguarding Report Form (SRF)

Name of client:

Age:

Gender:

Referred to Service by:

Date and time of concern/disclosure:

Name of Counsellor to whom disclosure made:

Details of safeguarding concern/allegation of abuse (delete as necessary):

Details of action taken by reporting therapist (please use a separate sheet of paper if necessary)

Copy of completed form given to DSO: YES/NO

Date:

By: .....

Signature:

Date:

Copy of completed form received by DSO: YES/NO

Date:

By: .....

Signature:

Date:

Any further action required by DSO?

Safeguarding Report Form completed by (insert name) .....

Signed:

Date:

## Appendix 3: Children at Possible Risk of Abuse

Set out below are guidelines issued by the NSPCC to help identify, and, where necessary, respond to, matters of safeguarding concern and abuse. All Charity staff, trustees and Volunteers should be aware of the matters outlined in this guidance, which should be read in conjunction with the BYT's Safeguarding Policy & Procedure.

### **Different types of abuse**

#### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

#### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects of the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or children to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Radicalisation**

The Prevent Duty is the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism. Radicalisation is a process by which an individual comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of the nation. It can happen when a young person becomes influenced by someone they have met or if they have been exposed to propaganda. Warning signs could be that a young person might hold a strong conviction that their religion, culture or beliefs are under threat and that they are being treated unjustly. In addition, they may indicate that they believe conspiracy theories and distrust mainstream media or may have joined a group in which they have previously shown no interest. Other indicators may be that they are secretive about whom they have been talking to online and which websites they visit and/or that they are emotionally volatile when discussing issues of religion, culture or beliefs.

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of material substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, clothing, and shelter, including exclusion from home or abandonment and failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **Other types of abuse**

There are also emerging types and methods of child abuse, including:

- Sexual exploitation
- Female genital mutilation (FGM)
- Trafficking of children in order to exploit them sexually, financially, via domestic servitude, or via the involvement in activity such as the production and sale of illegal drugs
- Abuse linked to beliefs such as spirit possession or witchcraft
- Domestic violence (either witnessing violence between adult family members, or, in the case of older young people, being subjected to coercion or violence in an intimate relationship in the same way as an older person).

It should be remembered that abuse is not always obvious, and there are many reasons why children may not tell anyone that they are being abused. They might not even realise that what is happening to them is abusive.

It should also be remembered that any of the signs that suggest that abuse is occurring may also be caused by other issues. It is often the case, therefore, that investigating agencies need to build up a picture of a child's life by piecing together information held by different individuals and organisations.

It is also important to point out that children and young people can experience various types of abuse at the same time. For example, all abuse involves an element of emotional abuse, and neglect often occurs in contexts where children are also being subjected to physical or sexual abuse.

In terms of specific signs and indicators, sometimes there are physical signs such as;

- unexplained bruises, other injuries or health problems
- unexplained gifts or additional mobile devices
- poor appearance or hygiene
- recurring health problems that are not treated
- young children not meeting their developmental milestones (particularly if there is no disability)
- being left alone
- an unsuitable home environment eg cold, dirty, physically unsafe
- pregnancy, sexually transmitted infections or anal/vaginal soreness
- any signs that a child/young person is a risk of being subjected to forced marriage or Female Genital Mutilation

A child's behaviour can also help to indicate that they are being abused. It can be helpful to be aware of behaviour that you might normally associate with an older or younger child. In particular, the following signs may indicate that a child is unsettled or unhappy:

- withdrawn
- suddenly behave differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self harm
- thoughts of suicide

### **Ways that abuse might be brought to your attention**

- a direct disclosure by the child about him/herself or about another child
- the offer of information that is worrying but not a direct disclosure

- other people may have observed behaviour by a child that is worrying or have concerns about a child's appearance, or the treatment of that child by a parent/carer
- a disclosure by a parent or carer about abuse that a child is suffering or is at risk of suffering
- the offer of information by other people about a child that is worrying but not a direct disclosure

## Appendix 4: Useful contacts

Local police: 999 (press 55 if unable to speak but need help) or 101 for non-emergency calls

NSPCC Helpline: 0808 800 5000 or [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Childline: 0800 1111 (textphone 0800 400 222) or [www.childline.org.uk](http://www.childline.org.uk)