

Name of Policy: Safeguarding Policy

Category of Policy: Safeguarding

Status: Final

Approved by: Trustees

Date: 9 May 2020

Review date: November 2020



**CAMBRIDGESHIRE
CONSULTANCY
IN COUNSELLING**

Registered Charity 1181861

Policy Statement

We recognise that the welfare of all children, young people and adults at risk, is paramount and that *all* have equal rights of protection. We have a duty of care when they are in our charge and we will do everything we can to provide a safe and caring environment whilst they attend our services. The Care Act 2014 defines safeguarding as “protecting an adult’s (or child’s) right to live in safety, free from abuse and neglect”.

We will:

- ✓ treat everyone with respect
- ✓ carefully recruit and select all staff whether paid or unpaid
- ✓ respond to concerns and allegations appropriately.

When there are concerns about the welfare of any, child, young person or adult at risk, all responsible adults in our organisation are expected to share those concerns, without delay

- If related to counselling (either counsellors or clients), with the Counselling Safeguarding Lead
- If related to any other matter, with the Designated Safeguarding Lead.

Terminology when this policy refers to “staff” it includes all employees, self-employed contractors, trustees and volunteers.

Our policy is approved by the board of trustees and is reviewed and updated annually. We will publish and promote this policy to all staff, paid or unpaid, through induction, training and supervision. Our policy will be accessible at all times via the website and a paper copy on request.

Policy Aim

We endeavour to provide a safe and friendly environment. We will achieve this by adhering strictly to this policy, guidance and risk assessments. CCC holds current Public Liability Insurance which covers all our activities.

Lead staff for Safeguarding

The overall responsibility of managing the safeguarding of children, young people and adults at risk lies with the trustees.

The trustees have appointed the Director as the Designated Safeguarding Lead. Their role is to oversee and ensure that our safeguarding policy, is fully implemented. Their responsibilities include:

- Ensuring Safer-recruitment procedures are allowed
- Ensuring there is appropriate training for all staff
- Monitoring and recording concerns
- Making Serious Incident Reports to the Charity Commission and liaising with other agencies as appropriate
- Providing reports to the trustees at each of their meetings.

Given the nature of CCC's operation, it is vital to also appoint a Counselling Safeguarding Lead who will be responsible for all safeguarding concerns and incidents in the day-to-day activities of our counselling services. Their responsibilities include:

- Liaising with counselling members about any safeguarding concerns
- Recording and reporting as appropriate
- Following up any actions that have taken place.

A member of the board of trustees is also appointed as Lead Trustee for Safeguarding. This role should be held by a counselling trustee. Their responsibilities include:

- Advisory to the Counselling Safeguarding Lead
- Taking action if the Counselling Safeguarding Lead has not or cannot
- Liaising with the Director on a need to know basis.

Our Lead for Safeguarding is:

Name: Judie Jones, Director

Email: director@ccc-counselling.org.uk

Phone: 07771 562054

Our Counselling Lead for Safeguarding is:

Name: Tina Williams, Clinical Services Manager

Email: csm@ccc-counselling.org.uk

Phone: 07407 895361

Our Lead Trustee/Deputy Safeguarding Lead is:

Name: Catherine Callow

Email: cctrustee@ccc-counselling.org.uk

Phone: 07587 181479

The Deputy should be available to support or cover for the two Leads. She will also handle any complaints or allegations against the Leads if appropriate.

This policy and procedures document now splits into two sections for counselling members and for the wider charity, with counselling first starting on Page 3 and the wider charity on Page 9.

The Counselling Safeguarding Protocol

CCC expects all those associated with the organisation to be aware of what applies to them when carrying out their duties in accordance with areas of safeguarding specific to their work.

Safeguarding encompasses:

- preventing harm and abuse by demonstrating high standards of professional care
- responding effectively to allegations of harm and abuse
- working closely with other relevant agencies and their procedures for safe and responsible lone working
- using learning to improve care for clients.
- In situations of severe risk, we may need to report the incident to the Charity Commission.

Therapists contribute significantly to the wellbeing of clients and safeguarding plays a vital role in defining that contribution. Appropriate confidentiality and boundaries around the therapeutic relationship, alongside mutual respect for skills and roles are essential elements of the therapeutic work.

What is expected of CCC members:

- All CCC members are expected to be able to demonstrate that they are aware of the relevant statutory framework, which sets out safeguarding principles for their client group(s) – and be confident that they can act in accordance with these principles.
- CCC requires all members to complete an on-line safeguarding course either with the CCC or another counselling organisation
- Supervisors have a responsibility to make sure that their knowledge is up-to-date, based on the relevant standards and statutory frameworks, on all matters relating to safeguarding.
- Clients and members of the public should be confident that CCC members meet the appropriate professional standards and will always endeavour to provide a safe, knowledgeable and accountable service.

Safeguarding guidelines for counselling

It is important that members keep up to date with the statutory regulations pertaining to safeguarding in your part of the UK as there are different interpretations and processes across the individual home nations.

Safeguarding practices and procedures are drawn up within a legal framework. Local Authorities have clearly laid out responsibility for making provision for these to be carried out. This includes the provision of a designated safeguarding lead professional who is available to support with enquiries or reported cases of disclosure, or where there is reasonable cause to suspect significant harm. All laws are drawn together under the Care Act 2014.

Clinical supervision is an ongoing requirement of psychotherapeutic practice and provides a space where safeguarding issues can be discussed.

However, even where procedure is clearly defined and psychotherapeutic support is in place, the therapist may at times meet dilemmas within the interface of safeguarding and psychotherapeutic practice that will require careful judgment and consideration and need to be referred to the Counselling Co-ordinator.

The following guidelines consider key points in relation to the interface between the requirements of safeguarding procedure and the role of the therapist. To this end the seven principles of ethical practice (avoiding harm, benevolence, candour, competence, honesty, human rights and social justice and personal accountability) help you to frame your responses to the Five Steps approach set out in these safeguarding guidelines.

It is recognised that each case will be unique, and the process of learning will be continuous.

Step one: be aware

- Abuse may be physical, psychological, sexual, financial, material, discriminatory, or involve neglect or coercion in a relationship.
- If working directly with a child or vulnerable adult you may hear or see signs that reasonably indicate preliminary evidence that they or another person have suffered, is suffering, or is likely to suffer actual abuse.
- You may hear or see signs that reasonably indicate preliminary evidence that the client has inflicted, is inflicting, or is likely to inflict actual abuse on a child or vulnerable adult. Note that this is possible whether your client is an adult or a child.
- You may also become aware of possible abuse via other means, for example in an enquiry email from a potential client.
- You have a responsibility to protect children, vulnerable adults, your client and yourself.

But also consider:

- proportionality and be measured: what is the weight of the evidence pertaining to the signs? In the case of an adult client reporting historical abuse where there is no

evidence or indication of present abuse, good practice would be that they should be facilitated to consider whether to report the matter or not rather than you making the decision to report.

- that there could also be circumstances when an adult client may disclose information about a present-day relationship that you may consider includes harmful or abusive elements. Remember adults with capacity can make choices; sometimes choices that you may consider harmful. Questions you could consider asking in this situation are: How harmful? Is it significant harm? What might be the reasons a client would not want to report? What might happen if you were to report and the client then denies it? As a therapist you may consider that there is a rationale not to report when the abusive behaviour is not significant but to work with the client so that they are no longer in a harmful relationship.
- that an adult's description of childhood events could be considered abusive in the current legislative context but would not have been at the time when the client was a child.
- that therapy can evoke a changing and complex kaleidoscope of 'memories', feelings and perceptions which are multi-layered. Experiences described may be actual, perceived, phantasy or an exploration, a wondering or a 'What if?'. Be aware that accounts offered by clients will need to be assessed against this landscape.
- the effect of allegations on all involved (not just on the client).
- your responsibility compared to that of others.
- the implications where alleged abuse involves a professional.

Step two: immediate response

During a therapy session you may become aware that a client is sharing or giving an indication of, a possible/probable safeguarding situation that meets the threshold of significant harm.

This is defined as 'the threshold that justifies compulsory intervention in family life in the best interests of the child. This covers physical, sexual and emotional abuse and neglect.' (The Children's Act 1989)

Your response may be:

- to listen and be empathic when a client is telling you something serious. If it proceeds to be a full or clear allegation clarifying questions should not be asked.
- to show empathy without collusion and listen actively to what is being said without asking leading questions.

- where partial or unclear comments are made, to seek to clarify, but be aware that the client may be indicating that they are not ready to share more detail at this stage of the therapeutic work and should not be pressured to do so. By clarifying you may contribute to a need to take action after the session. Any response considered, should be in the best interest of the child, adolescent or adult at risk.
- to show an expression of concern: reassure but do not promise inappropriate confidentiality.
- good practice is to make clear in an initial contract that where their safety or the safety of others is a concern, the therapist may need to talk with relevant people in order to ensure their safety. You may want to remind a client of this agreement.
- to make the client aware of any statutory responsibilities that would be invoked by specific disclosures.
- to provide support for the client to report (or similar).

(The categories were also enshrined in the Children's Act 2002 enacted 2005 and the inter-agency guidance Working Together to Safeguard Children 2015)

There are helpful definitions of abuse relating to children and adults to be found in Appendix 2 of the NHS Safeguarding Policy (June 2015).

In the case of adults, the threshold of significant harm has been replaced by the phase 'adult at risk' from: self-neglect, modern slavery, domestic abuse and exploitation (Adult and Care Act 2014).

Step three: think!

- If working in an organisation such as the NHS, a school, college or university or within an organisation in the private or voluntary sector e.g. the CCC, you have a responsibility to formally inform and consult the designated safeguarding person in that setting at the earliest opportunity.
- If in private practice, unless you are certain that no action needs to be taken, it is good practice to consult your supervisor to discuss your concerns.
- By giving yourself time to discuss in supervision, you can separate yourself from the emotion of the moment so that you can see things clearly, which allows for consideration of the many things that may need to be taken into account.
- If your assessment of risk suggests that you need to take urgent action and you are not able to contact your supervisor in time, you could call the local authority designated safeguarding lead professional or local authority duty care officer who will have experience of dealing with many cases and ask for advice on the case. Note that once the name of the client is given, the person you have contacted would be

required to take the case forward. In extreme circumstances where you perceive that someone is in imminent danger and that you are legally obligated to act, you would need to call the police.

- It is useful to have a pre-planned arrangement as to whom to call if your supervisor is unavailable.
- In ALL cases full notes should be taken of your decision, actions and reasons for them and the CCC Risk Form filled in and sent straight to the Counselling Co-ordinator.

Step four: act

Following the above steps your actions may be:

- in the first instance, to make a formal report to the designated safeguarding lead in your setting
- to make a formal report of the case to an employer/other service
- to discuss further with your client
- to formally contact children's or adult services
- to formally contact the police
- to do nothing – (the rationale for your decision should be recorded and where appropriate agreed with your supervisor)
- should you continue to have a well-reasoned concern which has not been taken up by the setting in which you are working, you should take the responsibility for reporting your concern to the relevant authority.

But also consider:

- how to respect the confidentiality of clients and treat information that does not need to be disclosed about them as confidential
- how you ensure that clients are informed about how and why information about them is collected, stored and shared with others in relation to matters of safeguarding
- how and when you inform clients that a disclosure could trigger further action by a relevant body that there would be the possibility of heightened risk to them by continuing to make such a disclosure.

You can:

- Share confidential information without consent with the appropriate person if it is required by law, or directed by the court, or if the benefit to the child or adult that

will arise from sharing that information outweigh both the public and the individual's interest in keeping the information confidential.

- Weigh the harm that is likely to arise from not sharing the information against the possible harm, both to the person and to the overall trust between yourself and your client, whether a child or an adult, from releasing the information.
- Discuss with the Counselling Co-ordinator after submitting a Risk Form.
- Discuss the case with the local authority safeguarding team if you are uncertain that the child or adult is at risk. They are the body that takes responsibility (ultimately passed to the courts) for any further action. In the first instance you may want to withhold personal details of the person at risk. In sharing concerns about neglect and abuse you are not making the final decision on how best to protect the individual.

Step five: Reflect

You may wish to review how you have dealt with a disclosure and the impact that it had on you as a practitioner by:

- use of supervision
- reviewing your recording process
- reviewing your own support strategies and processes
- noting your learning from the case.

Supporting Information

Further information can be found on the following websites;

- NSPCC www.nspcc.org.uk/preventing-abuse/safeguarding provides guidance and legislation information for England, Northern Ireland, Scotland and Wales
- Children's Acts and all relevant legislation at www.legislation.gov.uk
- Government publications on safeguarding can be found at gov.uk/publications

Your local authority will have a .gov.uk website address, for example: www.devon.gov.uk

Safeguarding for the wider Charity

Why do we need a Safeguarding Policy?

All organisations that work or come into contact with children, young adults and/or adults at risk need to have safeguarding policies and procedures in place.

Government guidance is clear that all organisations working with children, young people, adults at risk, families, parents and carers have responsibilities for safeguarding.

To undertake these responsibilities, we:

- have senior members of staff and trustees committed to safeguarding
- are clear about people's responsibilities and accountability
- undertake safer recruitment practices for all staff working with children & young people and adults at risk
- have procedures for safeguarding children and young people and adults at risk
- have procedures for dealing with allegations against, and concerns about any staff
- make sure relevant staff, paid and unpaid, have mandatory induction and further safeguarding training, reviews and support
- have working agreements with other organisations that include safeguarding if appropriate.

Definition of a child/young person

There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (Article 1, Convention on the Rights of the Child, 1989).

Definition of an adult at risk

There is no single law that defines an adult at risk across the UK. In general terms, an adult at risk is a person over the age of 18 years (16 in Scotland) and is:

- having needs for care and support, and;
- experiencing, or is at risk of, abuse and neglect and;
- as a result of those care needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

CCC's clients are not automatically deemed to be at risk. All counsellors must complete an assessment session when they first meet the clients in order to ensure that CCC is the most appropriate service for them. If at this stage the counsellor believes the adult to be at risk, they will refer to the separate safeguarding procedure for counsellors.

Data Protection

We will treat any personal information by which an individual can be identified (i.e. name, address, email etc.) in accordance with the provisions of Data Protection Act 2018 (DPA

2018), and the General Data Protection Regulation (GDPR) and will not share information with any third party, except where required by law.

Confidentiality

CCC fully abides by BACP guidelines about confidentiality and information sharing.

Information Sharing

Timely and accurate written records play an essential role in safeguarding individuals, who may have suffered, are suffering or are at significant risk of suffering harm. It is important that records are shared at the appropriate time when necessary. Within our organisation the decision to share written information, and with whom, will be undertaken by the Designated Safeguarding Lead or Counselling Safeguarding Lead as appropriate.

Safer Recruitment

Our organisation is committed to safer recruitment in line with the relevant legislation and guidance from government and Regulatory Authorities for recruiting all staff, paid or unpaid. We do this by:

- advertising vacancies and recruiting members with a clear commitment required to safeguarding
- assigning all posts detailed job descriptions
- obtaining full personal details including fitness to work with young people and adults at risk by application form (not CVs) with particular relevance to previous work with children, young people and adults at risk
- always taking up two written references, one from the most recent employer or counselling supervisor for members
- undertaking all interviews face to face, based on the job description or member agreement
- ensuring at least one person on each interview panel will have undertaken Safer Recruitment Training, in line with the relevant Regulatory Authority's safe recruitment guidelines.
- having sound procedures and recording for interviewing to ensure we are satisfied, and can evidence that the applicant is appropriate and suitable.

Any appointment will only be confirmed subject to:

- ✓ a satisfactory criminal records check in accordance with CCC's DBS policy, which requires Enhanced List as standard
- ✓ a follow up of written references by telephone if relevant
- ✓ a check of essential qualifications
- ✓ confirmation of the right to work in the UK if relevant
- ✓ fitness to work as relevant
- ✓ for counsellors, full induction training and all required recruitment confirmations complete.

Induction and Training

We have a clear induction and training strategy with clear job descriptions and responsibilities and all relevant procedures. All new staff, paid and unpaid, will receive induction training as soon as possible and sign to record they have:

- received and understood this policy
- been given any relevant resources
- understood the commitment to safeguarding training.

When needed, staff will receive further safeguarding training, at the appropriate level, as soon as possible. Updated training is required annually.

Recognising Abuse in Children Young People and Adults at Risk

The following list is for guidance only; it is not exhaustive and there are many other types of abuse. It is important to be observant, listen to what is being said and record. e.g. is what you are observing and being told about an injury consistent with the injury?

- Physical - Including hitting, slapping, pushing, kicking, restraint or inappropriate sanctions.
- Sexual - Including rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting.
- Psychological - Including and not limited to; emotional abuse, threats of harm or abandonment, controlling behaviour, intimidation and harassment.
- Financial or material – Including theft, fraud, exploitation and the misuse or misappropriation of property, possessions or benefits.
- Neglect or acts of omission - Including ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating.
- Discriminatory - Including racist, sexist behaviour or harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability, and any other forms of harassment, slurs or similar treatment.
- Institutional abuse - This can sometimes happen in residential homes, nursing homes or hospitals when people are mistreated because of poor or inadequate care, neglect or poor practice that affects the whole of that service.

Handling Disclosures

If the disclosure is made by a child, young person or adult at risk to someone other than a counsellor it is important to remember to:

- take what you are being told seriously
- stay calm and reassure
- do not investigate
- do not delay

and always

- seek advice from one of the Safeguarding Leads
- make a careful recording of anything you are told or observe, date and sign.

A disclosure may come from someone telling you:

- they have been or are being abused

- they have concerns about someone else
- they are themselves abusing or likely to abuse someone else.

Responding to Concerns

We ensure and emphasise that everyone in our organisation understands and knows how to share any concerns immediately with the Lead or Deputy for Safeguarding. Everyone including both the Lead and Deputy for Safeguarding will deal with concerns using the following:

Step One:

If you are worried a child, young person or adult at risk has been abused because:

- you have seen something
- someone says they have been abused
- somebody else has told you they are concerned
- there has been an allegation against a colleague
- there has been an anonymous allegation
- a child, young person or adult say they are abusing someone else

Step Two:

Check our safeguarding policy for guidance. Talk to the Counselling Safeguarding Lead or Designated Safeguarding Lead without delay.

Step Three:

The appropriate Safeguarding Lead should refer the concern to the relevant adult or children's social care service and/or the Police and follow up the referral in writing within 24 hours.

For England only in cases of allegations against a person with a "duty of care", towards a child the Local Authority Designated Officer (LADO) will co-ordinate the next procedural steps.

Under "whistle blowing", anyone can refer directly to the police or social care services and all relevant Authorities, when they are concerned the organisation is not managing safeguarding concerns appropriately.

**CONSULT,
MONITOR
AND RECORD**
Sign/Date/Time
Complete the At-Risk form and agree next steps

When the concern is about the welfare of a child or adult at risk from schools, colleges, health providers, GP practices, prisons or social care settings, that is not a counselling client, then you should refer to the organisation's Lead for Safeguarding in the first instance.

Record Keeping

At all times when required, and especially where there is a significant safeguarding concern, we are committed to keeping records which are:

- recorded on a safeguarding incident form
- of sufficient details of child, young person or adult at risk to identify individual who is subject of concern and any significant others if available
- accurate and factual, as a true record of:
 - what has been monitored/observed
 - what has been said and by whom
 - what has given cause for concern
 - what action has and/or will be taken including the reason for those actions
 - the reason stated for no action being taken and by whom
- non judgmental
- timely within 24 hours
- signed and dated by the writer and co-signed by the Counselling Safeguarding Lead and Designated Safeguarding Lead by electronic means if necessary
- shared as appropriate between the Counselling Safeguarding Lead and Designated Safeguarding Lead
- stored safely and securely by the appropriate Safeguarding Lead.

Handling Allegations / Dealing with Complaints / Disciplinary & Grievance Procedures

Our policies and procedures are in line with the statutory guidance, the relevant Regulatory Authority guidelines, our disciplinary, complaints and grievance procedures, these will be made available to everyone.

Where a complaint or allegation has been made with regards to any inappropriate behaviour or poor practice, the Lead or Deputy will may discuss the situation with social care services (the LADO in England) and / or the police before making an open decision about the best way forward.

In the exceptional circumstances one or either of the Safeguarding Leads are involved, the Lead Trustee for Safeguarding should be informed. If there is a belief that the concern has not been taken seriously or acted upon then any one can “Whistle blow”.

With regards to counsellor code of conduct procedures and staff disciplinary and grievance procedures, we will take no steps until we have fully discussed and agreed a strategy with social care services and / or the police, (the LADO, with regards to children England only). Any investigation will override the need to implement any such procedures. Our management are responsible for making referrals to the relevant:

- criminal records service
- Regulatory Authority
- professional body.

Photography & Filming Guidance

CCC does not expect any photography or filming to take place during its activities and operations. It is strictly prohibited for any filming to take place during a counselling session.

Activities, Events and Visiting Speakers/Activity Leaders

CCC does not allow visiting speakers to talk directly to our clients.

Should there be such a speaker or activity leader talking to staff or counsellors, we are committed to assessing the risk and to the following:

- ensuring that those who run activities have the expertise, knowledge and skills to do so properly
- completing a risk assessment which involves identifying risks and the means of reducing or eliminating those risks for all activities or events
- risk assessing any changes being made to activities or events involving
- having a written plan in place if event or activity has to be cancelled
- having a written plan in place in case of emergency including contact numbers
- implementing the required actions identified by the risk assessment process and reviewing the effectiveness of these on a regular basis.

Buildings and venues

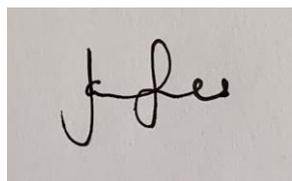
Safeguarding risk assessments will be carried out on all building and venues used by CCC. Risk assessments are undertaken by the organisation if CCC provides counselling at the premises of an organisational client.

Policy Date

This policy was agreed and disseminated on 9 May 2020 and will be reviewed annually or when there are substantial organisational changes.

Policy Review Date: November 2020

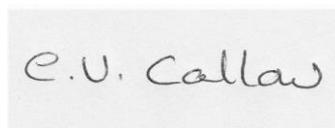
Signed:



Designated Safeguarding Lead: Judie Jones



Counselling Safeguarding Lead: Tina Williams



Lead Trustee for Safeguarding: Catherine Callow

Date: 13 May 2020