

CTC Psychological Services

Empathy • Experience • Expertise

Over 30 Years Experience

Expert Witness

Assessment

Therapy &

Training

SAFEGUARDING

MAY 2022

COMPANY POLICY

Safeguarding Policy

This policy should be read in conjunction with our organisation's policies on Privacy, Confidentiality & Consent, and Information Sharing

Introduction

CTC Psychological Services LLP [CTC] (hereinafter referred to as The Service) is an independent organisation providing psychological services such as adoption support, assessment and therapy to children, families, adults and organisations, for which we also provide supervision and training. We are committed to the welfare and safeguarding of children, young people and adults across all our services.

Aim of this Policy

The aim of this policy is to ensure that all members of our staff are aware of their duty of care with regard to the safeguarding of children, young people and adults at risk. This includes Child Protection issues, and awareness of the definitions, risks and signs of abuse. This policy applies to all the staff of our service, including volunteers and trainees on placement.

It is important that all of our staff are aware of how this policy links with the other policies of our service, such as Privacy, Confidentiality and Consent, Information Sharing, Equality and Diversity and Health and Safety. The policy is supported by Human Rights Legislation and the Children Act 1989 and 2004.

Structure of Responsibility re Reporting Safeguarding Concerns

If you have suspicions regarding abuse then report the information to the Designated Safeguarding Lead [DSL], Dr Jeanie McIntee or, in her absence, the Safeguarding Deputy, Julian Long.

Dr Jeanie McIntee

Designated Safeguarding Lead [DSL]

Partner/Registered Manager/Head of Service

Consultant Clinical & Forensic Psychologist & Psychotherapist

Julian Long

Safeguarding Deputy

Partner/Responsible Individual

Psychotherapeutic Counsellor

All other Members of the CTC Staff Team

Including volunteers and trainees on placement

Duty of Care to Children, Young People and Adults at Risk

Everyone has a responsibility to safeguard against the abuse of people who use our service, and to ensure that our policies and practices serve to minimise the risk of abuse, through the appropriate reporting of concerns regarding the safety or wellbeing of Service Users.

Adults at Risk are people who are over 18 years of age and receiving help, or who may need help and services to live in the community. They may be unable to take care of themselves or protect themselves from harm or exploitation by other people. Abuse can take place

in any setting, public or private, and can be perpetuated by anyone. It may be a single act or repeated acts that result in harm, contravene human rights or take advantage of someone's vulnerability.

Children can be hurt, put at risk of harm or abused, and it is the duty of all staff of our service to:

- Protect children from mistreatment;
- Prevent impairment of children's health and development;
- Ensure that children grow up, learn, play and socialise in circumstances consistent with promotion of safe and effective care;
- Take action to enable all children and young people to have the best outcome.

Government guidance makes it clear that safeguarding of vulnerable people is a shared responsibility, and depends upon effective joint working between agencies and professionals that have different roles and expertise. The action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play (Working Together to Safeguard Children, HM Government, July 2018).

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action (Working Together to Safeguard Children, HM Government, July 2018).

Categories of Abuse

The main categories of abuse relating to Adults at Risk are:

- **Physical abuse**, such as hitting, slapping, burning, pushing, restraining, giving too much medication or giving the wrong medication, inappropriate restraint or inappropriate physical sanctions;
- **Psychological abuse**, such as shouting, swearing, frightening, blaming, ignoring or humiliating, emotional abuse, threats of harm or abandonment, deprivation of contact, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks;
- **Financial abuse**, such as the illegal or unauthorised use of a person's property, money, pension book or other valuables, theft, fraud and exploitation, coercion in relation to an adult's financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include 'cuckooing' where a person's property is taken over and used for illegal activities;
- **Sexual abuse**, such as forcing a person to participate in any sexual activity without their consent, including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting;
- **Neglect**, such as depriving a person of food, heat, clothing, comfort or medication, wilfully ignoring medical or physical care needs, failing to provide access to appropriate health and social care, including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication;
- **Discrimination**, such as racist, sexist and other forms of harassment, Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy

and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010);

- **Domestic Abuse.** The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour-based violence, abuse or violence between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality (Gov. UK, 2013). The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015), and recognition of violence against women, domestic abuse and sexual violence (VAWDASV) is part of the Social Services and Well-being (Wales) Act 2014;
- **Female Genital Mutilation [FGM].** FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not a requirement for adult women. If a professional has safeguarding concerns about an individual who has experienced FGM, a referral should be made in line with usual local safeguarding arrangements (Gov.UK, 2012);
- **Self-Neglect** covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings, and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern;
- **Organisational abuse.** An incident or a series of incidents involving ongoing ill-treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes and practices within an organisation, eg this may range from isolated incidents to continuing ill-treatment in an institution or in relation to care provided in one's own home;
- **Modern Slavery.** The Modern Slavery Act 2015 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. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation, such as forced prostitution, forced labour, forced begging, forced criminality, forced marriage, domestic servitude, and forced organ removal. Trafficking can occur within the UK as well as in countries outside the UK.

In relation to children, the different categories of abuse are:

- **Physical abuse**, when a child is physically hurt or injured by hitting, shaking, squeezing, burning, biting, attempting to drown or suffocate, giving the child inappropriate substances such as alcohol, drugs and poison or there is a failure to prevent harm or physical injury to the child;
- **Sexual abuse**, when someone exploits a child sexually, which can take the form of grooming, sexual touching or intercourse, or exposes a child to any form of inappropriate sexual behaviour or pornographic material;
- **Emotional abuse**, a persistent and severe emotional influence that can affect a child's development, including rejection, the withholding of love, aggression towards the child, over-protection or actions that influence self-esteem;
- **Neglect**, when a child's basic needs are not being met, such as the need for food, shelter, clothing and health, or when they are left unsupervised or alone in situations that are inappropriate generally, or for their age.

Recognising Possible Signs

It is necessary to understand and recognise potential signs that may be associated with abuse, in order to identify possible issues relating to safeguarding.

- **Physical abuse:** there may be visible physical signs, such as injuries that the individual cannot explain, or that are not treated properly, or that are on parts of the body where accidental injury is unlikely, such as cheeks, chest and thighs. There may also be bite marks, cigarette burns, bruising that reflects hand marks, broken bones or scalds. Behaviourally, children may present as aggressive or display moods that are out of character. They may demonstrate a fear of being at home or being in the presence of their parents, a reluctance to get undressed or show arms and legs even when it is hot, or possibly over compliance with parents;
- **Sexual abuse:** physical signs of this form of abuse may be pain, itching, bruising, bleeding or recurrent discharge in genital or anal areas, having a sexually transmitted disease, stomach pains or discomfort when walking or sitting down. Children may show a change in behaviour, fear of a particular person, they may self-harm, have nightmares, engage in substance misuse, demonstrate eating problems, sexualised behaviour or drawings, functioning above their age-appropriate level, a reluctance to get undressed or they may allude to having secrets;
- **Emotional abuse:** Children may demonstrate delayed physical and/or emotional development or develop speech disorders. Behaviourally, individuals who have experienced emotional abuse may display compulsive nervous behaviour, fear of making mistakes, self-harm, lack of self-esteem or have a need for excessive approval, attention and affection;
- **Neglect:** physical signs of neglect may include unkemptness in physical appearance, constant hunger or stealing/searching for food, being underweight, depressed or having inappropriate or untreated health issues. Behaviourally, children who suffer from neglect may appear tired much of the time, they may be frequently late or miss school, fail to attend appointments, have few friends, steal or be left unsupervised.

How to Respond to Signs or Suspicions of Abuse

If you have suspicions regarding abuse then report the information to the Safeguarding Lead (Dr Jeanie McIntee) or to the Safeguarding Deputy in her absence (Julian Long). Discuss your concerns and agree an appropriate way forward. Keep a written record of your concerns. A safeguarding report must be completed on the same day along with a record, verbatim, as to what the client or others and CTC staff said and did. Make yourself available to the person about whom you are concerned, and be prepared to listen.

How to Respond to an Allegation or Disclosure of Abuse

If a Service User discloses abuse, whether recent or historical, it is important to remain calm, listen without interrupting, demonstrate that you understand and are taking what they are saying seriously, and sensitively alleviate any feelings of guilt, so that they do not feel as if it is their fault or feel guilty for showing or telling you or the person to whom they disclosed.

Remember to be mindful of your body language. Avoid conveying any sense of shock, or any expressions or comments that may be perceived as judgement, or commenting on any alleged abuser(s). Do not promise that you can keep it a secret and do not probe for further information. This means that you reflect back exactly what has been said or shown to you. You may ask questions for clarification only. An appropriate question could be "Can you tell me a little more about that?". Avoid asking questions that suggest a particular

answer. Asking those sort of questions would be likely to invalidate any future legal action or process as it could be claimed that you have asked leading questions and that it has compromised the evidence.

Remember to tell the person concerned that, in the interest of their safety, you may have to talk about this with other trusted persons. This will be done in their best interest.

Following a disclosure you should report it to the Safeguarding Lead (or Safeguarding Deputy in their absence) as a matter of urgency, to discuss appropriate procedures or strategies on how to proceed. This disclosure should be made using the Witness Safeguarding Incident Report form which should be submitted, in writing, to the Safeguarding Lead as soon as possible. Make a detailed record of your observations and the content of the discussion, using the discloser's own words as far as possible, and record who was present during the disclosure. Guidance can be found on the Witness Safeguarding Incident Report Form.

Following the submission of the Witness Safeguarding Incident Report Form. A new case will begin on the Safeguarding Log. The log will be updated as and when necessary actions occur.

Remember that when reporting incidents or concerns they should be submitted in writing as soon as possible. Reports that are written soon after a disclosure are more likely to be accurate. Use the exact words of the person concerned as far as possible and be as detailed as possible. The person who witnesses the incident or concern should be the person who writes the report.

Who Should You Speak to Regarding Concerns?

If you have concerns about any safeguarding matter you should speak to our Designated Safeguarding Lead (or Safeguarding Deputy in their absence) without delay. They may then discuss the situation with parents/professionals first (dependent on the nature of the concern) to establish whether concerns have an appropriate explanation. If concerns are still present following these discussions, the Head of Service or appropriate deputy will notify the relevant Social Worker or Manager (or the Safeguarding Hub in relation to cases in which Children's Services are not involved). Consent of the child and or parent/carer should be sought if appropriate before contacting Children's Services, though not in a case where this would put a child at greater risk. In the event that the matter requires urgent action and you are unable to contact a CTC Safeguarding Officer, you must notify the Social Worker or Manager or Duty Team, without delay.

Recording Information

You must record any safeguarding concern in the relevant case file but also put the concern in writing to the Designated Safeguarding Lead (or Safeguarding Deputy in their absence) by using the Witness Safeguarding Incident Report Form.

This form is located: **Qunote/Key Docs & Templates/CTC Procedures/Safeguarding Witness-Incident Form 2022**

In order for information to be accurate this should be recorded as soon as possible, and should include as much as possible of the exact words used by the person concerned.

You may be asked, or may need to discuss the matter with Children's Services (or the Safeguarding Hub in cases not involving Children's Services), and to put the concern in writing to them. You should speak to a senior member of staff as soon as possible after the

concern has been raised and you should make a written record as soon as possible. This information will be kept securely, in line with our Data Protection Policy.

All relevant information and actions are to be added to the Safeguarding Log as soon as they occur.

Use of Recording Devices, Camera, Video etc:

- In relation to children, staff must obtain permission from the person with parental responsibility for the child, and additionally permission from the child where the child is old enough or capable of understanding the request. Where possible, written consent is required.
- The Local Authority has shared Parental Authority for LAC children and consent must be obtained via Children's Services.

Allegations against a Staff Member of our Service

If an allegation is made against you, report the matter immediately to the Safeguarding Lead (or Safeguarding Deputy in their absence). The matter will be thoroughly investigated, in accordance with our Complaints Procedure, and you will receive support during this process. You have a responsibility to notify your professional body of a complaint made against you, such as the HCPC or the BPS, and you are also advised to notify your professional liability insurer.

- Any allegations made against a member of staff/volunteer should be discussed with the Local Authority Designated Officer [LADO].
- The individual receiving the allegation must ensure the safety and wellbeing of the child and that they are away from the individual against whom the allegation has been made.

Review

This policy will be reviewed annually to ensure that it remains up to date and reflects the needs and practices of our service. It may also be reviewed in the interim if legislation changes or if there is any indication that practices should be altered.

Last Reviewed : May 2022

Next Review : May 2023

CTC PSYCHOLOGICAL SERVICES LLP
WELDON HOUSE
20 WALPOLE STREET
CHESTER
CH1 4HG

Talk to us:

01244 390121

Write to us:

ADMIN@CTCPS.CO.UK

Visit us:

WWW.CTCPS.CO.UK



Click the links
for more information



PSYCHOLOGICAL SERVICES

Empathy • Experience • Expertise

© ctcps 2022