

2.7 Crossline Safeguarding Policy

Protection of Children and Vulnerable Adults

This policy relates to any counsellor who is part of the Crossline team and is counselling young people and vulnerable adults. Each counsellor has the direct responsibility to keep young people and vulnerable adults with whom they have contact safe. A copy of the full Child and Vulnerable Adults Protection policy is available at Crossline.

All counsellors should be subjected to Disclosure and Barring Service (DBS) checks.

Crossline abides by the ACC Code of Ethics and Practice, is a member of Thirtyone:eight, previously known as CCPAS (The Churches' Child Protection Advisory Service) and is registered with ICO (Information Commissioner's Office).

Crossline is committed to listen to, relate effectively with and value children, young people and vulnerable adults ensuring their protection within Crossline.

The Children's Act 1989 makes it clear that the term 'child' used in the Act refers to any young person under the age of 18 years old. This document should be read in conjunction with Crossline's Manual and Policies.

Crossline Safeguarding Team and Contacts

Position	Name	Phone	Email
Senior Safeguarding Lead	Lindsey Kemp	07888 669344	lindsey0458@gmail.com
Safeguarding Coordinator	Rob Eldred	07815437428	contact@crosslinecounselling-maidstone.org
Safeguarding Deputy Coordinator	Elaine Day	07712 658780	finance@crosslinecounselling-maidstone.org

Safeguarding contacts

- NSPCC: Provides therapeutic work with children in groups to help them protect themselves. Tel.020 7825 2775. website: www.nspcc.org.uk.
- Childline 0800 1111
- Helpline for adults concerned about a child; 0808 800 5000
- Crossline is a member of Thirtyone:eight. They can be contacted for advice at PO Box 133, Swanley, Kent, BR8 7UQ. Tel: 0303 003 11 11 or STD. Email: info@ccpas.thirtyoneeight.org

Office opening hours - 9am to 5pm Mon-Fri with an out of hours emergency helpline.

Contact details for social services.

- **Concerned about an adult?** Call **03000 41 61 61** (text relay 18001 03000 41 61 61) or email social.services@kent.gov.uk.
- **Concerned about a child?** Call **03000 41 11 11** (text relay 18001 03000 41 11 11) or email social.services@kent.gov.uk.

If you need to contact social services outside of normal office hours call **03000 41 91 91**.

Protection for the child is of vital importance. Ensure that you are not alone with a child in a building - this is for your protection and the child's. If the child is 11 or under, we would require the parent/guardian to be on the premises. Inform the child where they will be.

Other Resources and Information

It is important that anyone counselling children or young people should read through and acquaint themselves with the information published by Thirtyone:eight together with the Briefing Paper on Counselling Children and Child Protection produced by the ACC.

These documents will be kept in the office and are not to be removed without the Coordinator's permission.

Kidscape: books, resources and training in the area of child self-protection, bullying and keeping children safe. www.kidscape.org.uk

Details of Record Keeping

All information relating to potential child abuse cases should be carefully logged as soon as possible after the event, noting date, time and place. It is important that what is recorded is kept factual and includes reported speech where appropriate. Any incident sheets should be passed to the Child Protection Co-ordinator for storage in a locked place. This information is important and can be used in evidence if court proceedings are necessary.

Crossline Procedures

Any concern at all regarding a child should be reported to the Child Protection Coordinator and an incident sheet filled out. The Child Protection Coordinator will make the final decision as to whether or not to refer the child to the appropriate agency. Where no clear disclosure has been made but there is serious concern, then the Child Protection Coordinator may telephone the NSPCC Help line on 0808 800 5000 informally for a child protection consultation and they will advise if the information warrants proceeding with a referral.

If for any reason the counsellor thinks that the child is about to disclose current abuse please tell the child that if such an issue is disclosed and has not been reported, that you are legally required to contact Social Services. Explain carefully what you propose to do and say.

Therapy for children following sexual abuse is often carried out by organisations such as NSPCC or an appropriately qualified social worker.

As this is a very specialised area it is agreed that Crossline counsellors will not commence counselling with a young person who is known to have been sexually abused unless this has occurred several years previously, and any court cases finalised.

Recognising and responding appropriately to an allegation or Suspicion of abuse

Understanding abuse and neglect

Defining child abuse or abuse against a vulnerable adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution, or a community setting. Very often the abuser is known or in a trusted relationship with the child or vulnerable adult.

In order to safeguard those in our organisation we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19 which states:

- 1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
- 2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

Also, for adults the UN Universal Declaration of Human Rights with particular reference to Article 5 which states:

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Detailed definitions, and signs and symptoms of abuse, as well as how to respond to a disclosure of abuse, are included here in our policy.

Definitions of abuse

Children

The four definitions of abuse below operate in England based on the government guidance Working Together to Safeguard Children (2010).

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

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 on the child's emotional development.

It may involve conveying to children that they are worthless or 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 or '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 overprotection 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 young person 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, sexual images, watching sexual activities, 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.

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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

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

Vulnerable adults

The following definition of abuse is laid down in No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health 2000):

Abuse is a violation of an individual's human and civil rights by any other person or persons. In giving substance to that statement, however, consideration needs to be given to a number of factors:

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Physical Abuse

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

Sexual Abuse

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

Psychological or Emotional Abuse

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the vulnerable adult. It is also behaviour that has a harmful effect on the vulnerable adult's emotional health and development or any other form of mental cruelty.

Financial or Material Abuse

This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions

Neglect or Act of Omission

This is the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. A vulnerable person may be suffering from neglect when their general well-being or development is impaired

Discriminatory Abuse

This is the inappropriate treatment of a vulnerable adult because of their age, gender, race, religion, cultural background, sexuality, disability etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.

Discriminatory abuse links to all other forms of abuse.

Institutional Abuse

This is the mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution (e.g., hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

Signs and symptoms of abuse - Children & Young People

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
- Cuts/scratches/substance abuse*

Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia*

Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.

- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses,
- Inadequate care, etc

*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

Signs and symptoms of abuse -Vulnerable Adults

Physical

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or over use of medication and/or medical problems unattended

Sexual

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

Psychological

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

Financial or Material

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

Neglect or Omission

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

Discriminatory

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance of care

Institutional

- Lack of flexibility or choice over meals, bed times, visitors, phone calls etc
- Inadequate medical care and misuse of medication
- Inappropriate use of restraint
- Sensory deprivation e.g., denial of use of spectacles or hearing aids
- Missing documents and/or absence of individual care plans
- Public discussion of private matter
- Lack of opportunity for social, educational or recreational

How to respond to a young person/vulnerable adult wishing to disclose abuse

Effective Listening

Ensure the physical environment is welcoming, giving opportunity for the child or vulnerable adult to talk in private but making sure others are aware the conversation is taking place.

- It is especially important to allow time and space for the person to talk
- Above everything else listen without interrupting
- Be attentive and look at them whilst they are speaking
- Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used
- Try to remain calm, even if on the inside you are feeling something different
- Be honest and don't make promises you can't keep regarding confidentiality
- If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.
- Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.

HELPFUL RESPONSES

- You have done the right thing in telling
- I am glad you have told me

- I will try to help you

DON'T SAY

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- **Why? How? When? Who? Where?**
- I am shocked, don't tell anyone else

Crossline Code of Practice

All counsellors involved with children must take care not to place themselves in a vulnerable position with regard to child protection. Preferably no physical contact unless there are other adults around. Some children may value a reassuring arm around them, but before you ask them be aware as to whether this is your need not theirs. If there has been abuse of any kind 'touch' can be very confusing for a child.

Recognising and responding to abuse

Concerns about a child's welfare and safety may come to light in several different ways. The child may report abuse to a counsellor, the counsellor needs to keep a note of any number of minor factors or anxieties that may accumulate over a period of time, which when considered together, raise serious concerns about the child's well-being.

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. They should not be taken in isolation.

Child Abuse Checklist;

Category A.

If the child or young person has caused concern in any of these areas, the case should immediately be reported to the Child Protection Co-ordinator and Social Services.

- Unexpected bruises, welts, lacerations, abrasions, burns or fractures.
- Being frightened of parents, carers or other persons with whom they are in contact.
- Unexplained difficulty in walking or sitting down.
- Pregnancy if under 16.
- Reporting of an assault.
- Physical rocking.

Category B.

- If the child or young person has caused concern in more than one of the following areas, then the case should be discussed with the Child Protection Co-ordinator and possibly then reported to Social Services.

- Sucking or biting.
- Inhibition of play.
- Inappropriate adult or infant behaviour.
- Impairment of intellectual, emotional, social or behavioural development.
- Pain or itching in the genital area, bizarre, sophisticated or age-inappropriate sexual behaviour or knowledge.
- Running away from home.
- Overly aware of adults.
- Feeling different from other children.
- Unusual avoidance of touch.
- Emotional withdrawal through lack of trust in adults.
- Over compliance with request of others.
- Frequent complaints of unexplained abdominal pains.
- Eating problems.
- Possessing money or 'gifts' that cannot be adequately accounted for.
- Poor hygiene.
- Lack of supervision, especially in dangerous activities for long periods.
- Unattended physical problems or medical needs.
- Regularly not collected on time from playgroup or school.
- Constant fatigue or listlessness.
- Poor relationship with caregiver.
- Flinching when approached or touched.
- Wary of adult contact.
- Difficult to comfort.
- Apprehensive when others cry.
- Afraid to go home.
- Regresses to childlike behaviour.
- Poor peer relationships.
- Panics in response to pain.

Category C.

If the child or young person is causing concern in any of the following areas, it may well be part of natural adolescence. BUT if it is linked with any items in Category B then the case should be discussed with the Child Protection Co-ordinator and possibly passed on to Social Services.

- Failure to thrive.
- Anti-social or destructive.
- Compliant, passive, aggressive or demanding.
- Sickness.
- Promiscuity.
- Sudden changes in behaviour.
- Substance abuse.
- Constant hunger.
- Stealing food.
- Inappropriate dress.

- Begging.
- Crying or irritability.
- Rebelliousness in adolescence.
- Behavioural extremes, aggressiveness, withdrawal or impulsiveness.
- Apathy.
- Depression.

What to do if you suspect that abuse may have occurred

1. You must report concerns as soon as possible to the Child Protection Coordinator who is nominated by Crossline to act on their behalf in referring allegations or suspicions of neglect or abuse to the statutory authorities. In the absence of the Coordinator the matter should be brought to the attention of the Deputy.

2. It is, of course, the right of any individual as a citizen to make direct referrals to the child protection agencies or seek advice from Thirtyone:eight. If you feel that the Coordinator and Deputy have not responded appropriately to your concerns, then it is open to you to contact the relevant organisation direct. We hope by making this statement that we demonstrate Crossline's commitment to effective child protection.

If a child has a physical injury or symptom of neglect, the Co-ordinator will:

1. Contact Social Services (or Thirtyone:eight/NSPCC) for advice if concerned about the child's safety.
2. Where emergency medical attention is necessary it will be sought immediately. The Coordinator will inform the doctor of any suspicions of abuse.
3. Do not inform the parents if you consider the child may be at risk of further abuse.
4. In other circumstances speak with the parent/carer and suggest that medical help/attention is sought for the child. The doctor (or health visitor) will then initiate further action, if necessary.
5. If appropriate the parent/carer will be encouraged to seek help from the Social Services Department.
6. Where the parent/carer is unwilling to seek help, if appropriate, the designated counsellor/Coordinator/Deputy Coordinator will offer to go with them. If they still fail to act, the coordinator should, in cases of real concern, contact Social Services for advice.
7. Where the Co-ordinator is unsure whether or not to refer a case to the Social Services, then advice from Thirtyone:eight/NSPCC should be sought and followed. Thirtyone:eight will confirm its advice in writing in case this is needed for reference purposes in the future.

In the event of allegations of sexual abuse the Coordinator will;

1. Contact the Social Services duty social worker for children and families or Police Child Protection Team directly. The Coordinator will NOT speak to the parent (or anyone else).

2. If, for any reason, the Coordinator is unsure whether or not to follow the above, then advice from Thirtyone:eight will be sought and followed. Thirtyone:eight will confirm its advice in writing in case this is needed for reference purposes in the future.
3. Under no circumstances will the Coordinator attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the Coordinator is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department whose task it is to investigate the matter under Section 47 of the Children Act 1989.
4. Whilst allegations or suspicions of sexual abuse will normally be reported to the Coordinator, the absence of the Coordinator or Deputy should not delay referral to the Social Services Department. The counsellor concerned is then responsible to take whatever action he/she feels is appropriate.
5. Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the Coordinator or Deputy as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department and should do so without hesitation.
6. The Trustees will support the Coordinator or Deputy in their role and accept that any information they may have in their possession will be shared in a strictly limited way on a need-to-know basis

Conclusion:

- If a child or vulnerable adult discloses abuse reassure them that you believe what they are saying and show acceptance.
- Let them know what you are going to do next and that you will let them know what happens (you might have to consider referring to Social Services or the Police to prevent a child or young person returning home if you consider them to be seriously at risk of further abuse)
- Contact the Co-ordinator or contact an agency such as Thirtyone:eight for advice or go directly to Social Services/Police/NSPCC.
- Consider your own feelings and seek support from your supervisor.

This policy was written using information from Thirtyone:eight