

Cukula Counselling Safeguarding Policy

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1. Abbreviations

The following abbreviations and acronyms are used in this document.

Acronym	Expanded title
ASB	Anti-Social Behaviour
Clients	An individual receiving a service
CPU	Child Protection Unit
DBS	Disclosure & Barring Service
DSL	Designated Safeguarding Lead
IAG	Information Advice and Guidance
LADO	Local Area Designated Officer
LSCB	Local Safeguarding Children Board (LCC)
NEET	Not in Employment, Education or Training
NFA	No Fixed Abode
NSPCC	National Society for the Prevention of Cruelty to Children (Registered Charity)

2. Introduction

2.1 'Staff' relates to anyone working within Cukula Counselling, be they a paid, full-time, part-time, sessional employee, a student or a volunteer.

2.2 There are four main elements to our policy:

- Raising awareness of safeguarding issues and equipping service users with the skills needed to keep them safe
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse
- Supporting vulnerable people who have been abused in accordance with their agreed protection/support plan
- A commitment to participating in a multi-agency approach to all safeguarding arrangements

2.3 Cukula Counselling fully recognises its responsibilities for safeguarding young people and adults with care and support needs who are accessing services.

a) The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience

of abuse or neglect.

b) The term 'children' refers to younger children who do not have the maturity and understanding to make important decisions for themselves. The term 'young people' refers to older or more experienced children who are more likely to be able to make these decisions for themselves.

2.4 This policy is linked to the LSCB (Local Safeguarding Children Board), LASG (Local Adult Safeguarding Board), The Local Authority Adult protection procedures and relevant guidelines.

2.5 Cukula Counselling fully recognises its responsibilities for Safeguarding Children, Young People and Adults with care and support needs, Cukula Counselling will ensure that:

- all staff and volunteers understand their responsibility for escalating safeguarding concerns through the designated channels with due care and urgency as necessary. The DSL will ensure that that concerns about abuse are discussed with and reported to the relevant local authority in circumstances where there is risk of significant harm at the earliest opportunity to do so.
- Service users, carers, partner agencies and parents have an understanding of the responsibility placed on Cukula Counselling and its staff for safeguarding vulnerable groups by setting out its obligations in appropriate publications staff and service user induction paperwork and website.
- Effective links are developed with relevant agencies and co-operate as appropriate with their enquiries regarding safeguarding matters at relevant meetings
- The duty of care towards its service users and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assisting staff to monitor their own standards and practice;
- Ensure all staff, students, sessional and volunteers participate in Safeguarding training as part of their onboarding
- Where an allegation is made against a member of staff, student, sessional worker or volunteer it is aware of and follows procedures set out by the LSCB and Community and Adult Care Directorate.

3. Procedures

3.1 Cukula Counselling's procedures will be reviewed every year and updated in accordance with changes to legislation.

3.2 When staff join Cukula Counselling they will be informed of the safeguarding arrangements in place. They will be given access to this policy, given Safeguarding training and informed of the escalation channels and procedures within the organisation in the event of a safeguarding concern

3.3 The induction programme will include basic safeguarding information, how to manage a disclosure, when and how to record a concern, to whom to report concerns and the management of allegations against staff.

4. Responsibilities

4.1 Safeguarding is everybody's responsibility. Day to day oversight of Safeguarding will be managed by the DSL The DSL will co-ordinate action on safeguarding and promoting the welfare of children, young people and adults within Cukula Counselling, ensuring that all staff know who the DSL is and who acts in their absence, and that they are aware of their responsibility to report and record any concerns.

5. Awareness Information

5.1 Cukula Counselling will ensure that all staff and volunteers receive comprehensive safeguarding training, that they are fully aware of the types and indicators of abuse, and that they know what course of action to take if abuse is suspected.

5.2 Cukula Counselling will also ensure that our service users are made aware of the types and indicators of abuse, and the actions that they or their parents or carers can take if they suffer or suspect abuse or neglect by a member of Cukula Counselling staff, a volunteer or any other person. Awareness information, named contacts and the complaints procedure are detailed on the website.

5.3 Abuse may be a single act or one that happens repeatedly. It may be planned or reactive as well as intentional or unintentional. It can also happen due to ignorance or due to the abuser needing help themselves.

5.4 Abuse normally occurs when a child, young person or adult who is in some way vulnerable is faced with a person or a set of circumstances with a potential for harm. Some factors that may place people at particular risk of being abused are described in the list below. However, the presence of one or more of these factors does not automatically imply that abuse has or may occur.

- Poor communication or a breakdown of communication
- Immobility
- Urinary or faecal incontinence
- An inappropriate or dangerous physical or psychological environment e.g. lack of personal space
- Living in the same household as a known abuser or a person who has a history of mental health problems, alcohol or drug misuse or sexual offending
- Mental health problems
- Learning disabilities
- Physical disabilities
- Dependence on others or vice-versa
- Unequal power relationships
- Considerable change in carer's lifestyle
- Emotional and social isolation
- Caring needs in excess of carer's ability to meet them

- Financial problems

6. SAFEGUARDING CHILDREN

6.1 Types and Indicators of child abuse

6.2 Abuse is a form 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. (Working Together to Safeguard Children 2018)

6.3 Children can be abused in different ways. Below are some of the different types of abuse and the indicators of abuse.

6.4 Physical Abuse

- A form of abuse which 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. (Working Together to Safeguard Children 2018)
- It isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries (NAHI). Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell – this is known as fabricated or induced illness (FI).
- There's no excuse for physically abusing a child. It causes serious, and often long-lasting, harm – and in severe cases, death.
- What causes physical abuse
- Adults who physically abuse children may have:
 - emotional or behavioural problems such as difficulty controlling their anger
 - family or relationship problems
 - experienced abuse as a child
 - parenting difficulties including unrealistic expectations of children, not understanding a child's needs or no idea how to respond to a child
 - health issues.

(Miller-Perrin and Perrin, 2013) 11

b) What are non-accidental head injuries (NAHI)

Babies and toddlers fall over and hit their heads, they may roll off of beds or run into the corner of furniture. But non-accidental head injuries are caused by:

- violent, sustained shaking
- being thrown vigorously
- being hit
- hitting a hard or soft surface.

An infant's brain is much more fragile than an adult's brain. Babies also have weak neck muscles and a large head compared to their body so violent or sharp movement of their heads can cause damage to their brains.

c) What is fabricated or induced illness (FII)

Fabricated or induced illness (FII) is when a parent or carer fakes, or creates, the symptoms of an illness in their child. This might include giving a child medicine, tampering with medical equipment or falsifying test results.

Although it's not very common, FII is a serious form of child abuse.

d) Signs and symptoms of physical abuse

- Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls.
- There's isn't one sign or symptom to look out for that will say a child is definitely being physically abused. But if a child often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

e) Physical Symptoms

- Bruises commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body
- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently bruises in the shape of a hand or object

f) Burns or scalds

- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds.

g) Bite marks

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.

h) Fractures or broken bones

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing
- Other injuries and health problems

i) scarring

j) effects of poisoning such as vomiting, drowsiness or seizures

k) respiratory problems from drowning, suffocation or poisoning

6.5 Emotional Abuse

a) The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

b) It may involve conveying to a child 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.

c) It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction

d) 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.

e) Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. (Working Together to Safeguard Children 2015)

f) Emotional abuse includes:

- humiliating or constantly criticising a child
- threatening, shouting at a child or calling them names
- making the child the subject of jokes, or using sarcasm to hurt a child
- blaming, scapegoating
- making a child perform degrading acts
- not recognising a child's own individuality, trying to control their lives
- pushing a child too hard or not recognising their limitations
- exposing a child to distressing events or interactions such as domestic abuse or drug taking
- failing to promote a child's social development
- not allowing them to have friends
- persistently ignoring them
- being absent
- manipulating a child
- never saying anything kind, expressing positive feelings or congratulating a child on successes
- never showing any emotions in interactions with a child, also known as emotional neglect.

g) Passive emotional abuse

- When a parent or carer denies their child the love and care they need in order to be healthy and happy its known as passive abuse.
- It's just as damaging, but it can be harder to spot than active abuse. The definitions for passive emotional abuse and emotional neglect are very similar. Five categories of passive emotional abuse have been identified (Barlow and Schrader McMillan, 2010):
- Emotional unavailability where a parent or carer is not connected with the child and cannot give them the love that they deserve and need
- Negative attitudes such as having a low opinion of the child and not offering any praise or encouragement
- Developmentally inappropriate interaction with the child either expecting the child to perform tasks that they are not emotionally mature enough to do or speaking and acting in an inappropriate way in front of a child
- Failure to recognise a child's individuality this can mean an adult relying on a child to

fulfil their emotional needs and not recognising that the child has needs

- Failure to promote social adaptation not encouraging a child to make friends and mix among their own social peers

h) Active emotional abuse

- When someone intentionally scares, demeans or verbally abuses a child it's known as "active" abuse. This requires a premeditated intention to harm a child.
- Active emotional abuse has been defined as: spurning (rejecting)
- Terrorizing
- Isolating
- Exploiting or corrupting.

(Barlow and Schrader McMillan, 2010)

- Sometimes a fifth category of "ignoring" is also included

(Cawson et al, 2000).

6.6 Sexual Abuse

a) 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.

b) 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)

c) Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (Working Together to Safeguard Children 2015)

d) A child is sexually abused when they are forced or persuaded to take part in sexual activities.

e) This doesn't have to be physical contact and it can happen online.

f) Sometimes the child won't understand that what's happening to them is abuse.

g) They may not even understand that it's wrong.

h) There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse.

- contact abuse involves touching activities where an abuser makes physical contact with a child, including penetration. It includes:
- sexual touching of any part of the body whether the child's wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina

or anus

- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off, touch someone else's genitals or masturbate.
- Non-contact abuse involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes:
 - encouraging a child to watch or hear sexual acts
 - not taking proper measures to prevent a child being exposed to sexual activities by others 16
 - meeting a child following sexual grooming with the intent of abusing them
 - online abuse including making, viewing or distributing child abuse images
 - allowing someone else to make, view or distribute child abuse images
 - showing pornography to a child
 - sexually exploiting a child for money, power or status (child exploitation).

6.7 Neglect

a) 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:

b) provide adequate food, clothing and shelter (including exclusion from home or abandonment);

c) protect a child from physical and emotional harm or danger;

d) ensure adequate supervision (including the use of inadequate care-givers); or

e) ensure access to appropriate medical care or treatment.

f) It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Working Together to Safeguard Children 2015)

g) Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse.

h) A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.

i) A child may be put in danger or not protected from physical or emotional harm.

j) They may not get the love, care and attention they need from their parents.

k) A child who's neglected will often suffer from other abuse as well. Neglect is dangerous and can cause serious, long-term damage - even death.

l) Types of neglect (Horwath, 2007)

- Physical neglect Failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child, or provide for their safety.
- Educational neglect Failing to ensure a child receives an education.
- Emotional neglect Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove.
- Medical neglect Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.

6.8 Child Sexual Exploitation

a) Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Working Together to Safeguard Children 2018)

b) Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

c) Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

d) Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs

e) Child sexual exploitation is a hidden crime. Young people often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening.

f) It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn't always involve physical contact and can happen online.

g) Child sexual abuse online

- When sexual exploitation happens online, young people may be persuaded, or forced, to:
 - send or post sexually explicit images of themselves
 - take part in sexual activities via a webcam or smartphone

- have sexual conversations by text or online.
- Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity.
- Images or videos may continue to be shared long after the sexual abuse has stopped.

h) Child sexual exploitation in gangs

- Sexual exploitation is used in gangs to:
 - exert power and control over members
 - initiate young people into the gang
 - exchange sexual activity for status or protection
 - entrap rival gang members by exploiting girls and young women
 - inflict sexual assault as a weapon in conflict.
- Girls and young women are frequently forced into sexual activity by gang members. Research by Beckett (2012) found girls considered to be engaging in casual sex were seen as forfeiting their right to refuse sex.
- The majority of sexual exploitation within gangs is committed by teenage boys and men in their twenties (Berelowitz et al, 2012).

i) In law, there's no specific crime of child sexual exploitation. Offenders are often convicted for associated offences such as sexual activity with a child.

6.9 Domestic Abuse

a) Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

b) Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

c) Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships

d) Domestic abuse can include:

- sexual abuse and rape (including within a relationship)
- punching, kicking, cutting, hitting with an object
- withholding money or preventing someone from earning money
- taking control over aspects of someone's everyday life, which can include where they go and what they wear

- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill or harm them, a partner, another family member or pet.

e) Children and young people witnessing domestic abuse

- Witnessing domestic abuse is really distressing and scary for a child, and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might:
 - see the abuse
 - hear the abuse from another room
 - see a parent's injuries or distress afterwards
 - be hurt by being nearby or trying to stop the abuse

f) Teenagers experiencing domestic abuse

- Domestic abuse can happen in any relationship, and it affects young people too.
- They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

7. Radicalisation & Prevent

a) Radicalisation is considered by the NSPCC to be a child protection issue and a form of abuse.

b) Radicalisation is defined as causing someone to become an advocate of radical political or social reform by supporting terrorism and violent extremism.

c) Radicalisation of children and young people may include encouraging them to undertake violent activities on the grounds of religious belief. This may include attacks on others including suicide attacks.

d) There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

e) Children and young people are vulnerable to exposure to or involvement with groups or individuals who advocate violence as a means to a political or ideological end, including family members or friends, religious schools or groups, or through social media and the internet. This creates risk of a child or young person being drawn into criminal activity and exposure to significant harm.

f) Examples of extremist causes that have used violence to achieve their ends include animal rights, the far right and international terrorist organisations such as Al Qaeda and ISIS.

g) The following factors may make people vulnerable to exploitation by radicalisers:

- Identity crisis
- Personal crisis
- Personal circumstances
- Unemployment or under-employment
- Criminality

h) The following behavioural signs may indicate radicalisation:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- Expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

i) The 'Prevent' strategy

- There is a cross-Government strategy to stop people becoming terrorists, known as 'Prevent'. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. Three national objectives have been identified for the Prevent strategy
 - Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it
 - Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
 - Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.
- If you believe that someone vulnerable is being exploited or radicalised, use the established safeguarding or duty of care procedures to escalate the concerns to the appropriate leads.

j) Further information

- Preventing Individuals from being drawn into serious and organised crime:

<https://www.gov.uk/government/publications/individuals-at-risk-of-being-drawn-into-serious-and-organised-crime-a-prevent-guide>

k) Further Training <https://www.elearning.prevent.homeoffice.gov.uk/>

7.2 Who can abuse children and young people

a) The abuser is usually well known to the child or young person being abused. They may be:

- a partner, another child or relative
- a friend or neighbour
- a paid or volunteer care worker
- a teacher or social worker, or other professional
- children and young people with caring duties may also be abused by a parent they provide care for

b) Often, the people who abuse children and young people are exploiting a special relationship. They are in a position of trust or authority, whether through family bonds, friendship or through a paid professional or voluntary role, and they exploit that trust and authority.

c) Sometimes however abuse is not intentional. It can be because someone lacks the skills or external support necessary to adequately care for another person. We call this passive abuse because it is unintentional. That does not mean that the impact on the child or young person is any less, but it can help us to understand how best to address the abuse.

7.3 Where does abuse occur?

- Abuse can occur anywhere:
 - in the child or young person's own home
 - in a leisure centre
 - in a club or educational trip
 - in a school or college
 - in a hospital

8. Reporting concerns about Children and Young People

8.1 Gloucestershire

a) If a staff member is concerned about the welfare of someone under 18 they should discuss their concerns with the DSL. You will need to discuss the factors involved and what, if any, measures are already in place.

- Has the child an existing social worker? Should any report or referral be directed to the social worker?
- Is any referral a medical one rather than social care?
- Is the child already accessing Mental Health Services? Should a referral be made to Mental Health Services?
- What support is Cukula Counselling or other agencies currently offering and should any report be communicated to the lead agency or professional? For example, CAF Coordinator or similar.

- If none of the above, then a referral to the Children and Families Helpdesk will be needed on 01452 426565.
- If it is considered that the child may be suffering or at risk of significant harm call the Children's Helpdesk on 01452 426565
- In an emergency or Out of Hours If you have reason to believe that a child or young person is at immediate risk from harm contact the Police on 999

8.2 Other counties

Locally established safeguarding and reporting procedures will be followed and added to this policy when Cukula Counselling begins service delivery in a new county.

9. SAFEGUARDING VULNERABLE ADULTS

9.1 Types and Indicators of Abuse

Adults in need of support and care can be abused in different ways. Below are some of the different types of abuse and the indicators of abuse.

9.2 Physical Abuse

a) Any physical pain, suffering or injury which is inflicted by a person who has responsibility, charge, care or custody of, or who has a position of or expectation of trust to an individual, constitutes physical abuse. This includes but is not limited to assault, physical restraint, hitting, slapping, burning, pushing, kicking, misuse of medication, rough handling, deprivation of care and necessities.

b) Physical abuse includes injuries that are not explained satisfactorily where there is concern that the injury was inflicted intentionally.

c) Physical abuse can also include situations where people are caused unreasonable physical discomfort through the deliberate withholding of care, or the application of inappropriate techniques or treatments. Deprivation of food and water and involuntary isolation and confinement i.e. vulnerable adult is locked in their room and not allowed visitors or being subject to inappropriate drugs or the deprivation of prescribed drugs. An overlap with neglect can be a feature of physical abuse.

d) Possible Indicators of Physical Abuse

- The signs of physical abuse are often evident but can also be hidden by the abuser or the victim. Evidence to look out for include:
 - Any injury not fully explained by the history given
 - Self-inflicted injury
 - Unexplained bruises and welts on in various stages of healing or not properly treated
 - Unexplained burns, especially on soles of feet, palms and back
 - Immersion burns, rope burns, electrical appliance burns
 - Unexplained fractures to any part of the body

- Broken eyeglasses or frames
- Lack of personal care and hygiene
- Inadequate or inappropriate clothing
- Soiled clothing or bed
- Dehydration and/or malnourished without illness-related cause
- Inappropriate use of medication, overdosing or under-dosing

9.3 Psychological or Emotional Abuse

a) Psychological abuse or emotional abuse is one of the most common types of abuse. It constitutes any behaviour by another that results in psychological harm to an individual. It invariably involves identifying something - a person or an object - that matters to a vulnerable adult and then threatening to endanger it unless the vulnerable adult complies with demands. The most common examples are threatening access to grandchildren (if someone lives at home) or denying access to family visits (if someone lives in a residential home). Psychological abuse does not usually occur in isolation and often it is linked to financial abuse. 30

b) Psychological abuse includes but is not limited to harassing, ignoring, blaming, humiliating, threatening harm or abandonment, contact deprivation, controlling, intimidation, harassment; coercion, verbal abuse/insults, racial slurs, lack of privacy, lack of respect of cultural diversity, denial of dignity.

c) Possible indicators of Psychological or Emotional Abuse

- Psychological abuse can have a profound impact on someone's mental health; they can feel trapped, threatened, humiliated, used or a combination of all these. Most signs therefore relate to someone's mental state, and changes in behavior, including:
 - Hesitation to talk openly
 - Helplessness
 - Implausible stories
 - Confusion or disorientation
 - Anger without apparent cause
 - Sudden change in behaviour
 - Emotionally upset or agitated
 - Unusual behaviour (sucking, biting, or rocking)
 - Unexplained fear
 - Denial of a situation
 - Extremely withdrawn and non-communicative or non-responsive

9.4 Financial / Material Abuse

a) This involves the individual's resources being inappropriately used or manipulated to the advantage of another person. It is often justified by the abuser by thinking that they deserve the money because they have earned it, that it is their rightful inheritance or by thinking that the vulnerable adult just 'doesn't need it'.

b) It includes the withholding of money or inappropriate or unauthorised use of a person's money or property to the disadvantage of the adult to whom it belongs. It can include but is not limited to, theft, fraud, forgery, embezzlement, exploitation, misuse of funds / property / possessions.

c) Possible Indicators of Financial Abuse

- Signatures on cheques etc., that do not resemble the vulnerable adult's signature, or signed when the vulnerable adult cannot write;
- Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the vulnerable adult;
- The inclusion of additional names on a vulnerable adult's bank account;
- Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills;
- Abrupt changes to, or the sudden establishment of, wills
- The sudden appearance of previously uninvolved relatives claiming their rights to a vulnerable adult's affairs or possessions
- The unexplained sudden transfer of assets to a family member or someone outside the family;
- Unusual concern by someone that an excessive amount of money is being expended on the care of the vulnerable adult;
- Power of Attorney obtained when person is unable to comprehend.
- Person lacks belongings or services, which they can clearly afford
- The unexplained disappearance of funds or valuable possessions such as art, silverware, or jewellery;
- Deliberate isolation of a vulnerable adult from friends and family, resulting in the caregiver alone having total control.

9.5 Sexual Abuse

a) Any sexual act that a person takes part or is forced to take part in without their informed consent constitutes sexual abuse. This is defined as the involvement of adults in sexual activities which either

b) they do not want and have not consented to

c) they cannot understand

d) take place where the other party is in a position of trust, power or authority

e) It includes but is not limited to rape, sexual harassment, fondling, inappropriate touching, use of sexual or offensive language.

f) Possible Indicators of Sexual Abuse

- As with other forms of abuse, the behaviour of the vulnerable adult, even if they have confusion will indicate that something is wrong.
- Full or partial disclosure or hints of sexual abuse
- Wetting/soiling
- Torn, stained or bloody clothing
- Love bite
- Marked changes in behaviour
- Person reporting that they have bruises around the breasts or genital area

g) If you suspect sexual abuse

- do not wash the vulnerable adult or their clothing
- call the police immediately as they have the skills, expertise and equipment to respond appropriately and sensitively

9.6 Neglect

a) Neglect is the deprivation of help to perform activities of daily living. It can also be the failure to intervene in behaviour which is dangerous to the individual or to others. Not all neglect is intentional. It can occur when the caregiver cannot cope or does not have the necessary resources or support.

b) It may include but is not limited to failing to provide basic necessities such as food, heat, comfort, clothing, hygiene, medical treatment, mental stimulation. Also failing to provide access to health or social care and failing to recognise or be aware of a person's cultural needs and norms.

c) Possible Indicators of Neglect or Omission to Act

- Neglect will often manifest in the physical, social or health circumstances of the vulnerable adult and can include:
- Dirt, faecal or urine smell, or other health and safety hazards and unsanitary and unclean conditions in vulnerable adult's living environment
- Rashes, sores or lice on the body
- An untreated medical condition
- Inadequate heating
- Clothing is inadequate or in bad condition, smelling of staleness and urine

- Evidence of malnutrition or dehydration
- Poor personal hygiene
- Failure to ensure appropriate privacy and dignity
- There is evidence of the withholding of medication or over-medication
- There is evidence of a lack of assistance with eating and drinking;

d) In considering neglect, it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a vulnerable adult's circumstances and condition. If there is doubt, employees should refer to the Mental Capacity Act 2005, where it recognises the right to make unwise decisions at times.

9.7 Modern Slavery

a) Modern Slavery encompasses slavery, servitude, forced or compulsory labour, human trafficking, sexual exploitation (including escort work, prostitution and pornography), and debt bondage. Criminals coerce, deceive and force individuals against their will into a life of abuse, servitude and inhuman treatment.

b) The Modern Slavery Act 2015 came into force on 31st July 2015 which encourages agencies to work together to safeguard victims and prosecute perpetrators.

c) Possible Indicators of Modern Slavery:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes 34
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

9.8 Self-Neglect

a) The Care Act statutory guidance 2014 defines self-neglect as; "Self-neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding" 'Self-neglect is defined as 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.'

(Gibbons, S. 2006. 'Primary care assessment of older people with self-care challenges.'

Journal of Nurse Practitioners, 323-328.)

b) The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect

- Assessment- (Care Act Section 9 and Section 11) The Local Authority must undertake a needs assessment, even when the adult refuses, where-
 - it appears that the adult may have needs for care and support,
 - and is experiencing, or is at risk of, self-neglect.
 - This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.
- Enquiry- (Care Act Section 42) The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when:
 - the Local Authority has reasonable cause to suspect that an adult in its area
 - has needs for care and support,
 - is experiencing, or is at risk of, self-neglect, and as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it.

9.9 Domestic Violence or Abuse

a) Domestic Violence or Abuse is a pattern of controlling and aggressive behaviours from one adult towards another within the context of an intimate relationship.

b) It can be physical, sexual, psychological or emotional abuse. Financial abuse and social isolation are also common features. The violence and abuse can be actual or threatened and can happen once every so often or on a regular basis.

c) It can happen to anyone, and in all kinds of relationships - heterosexual, lesbian, gay, bisexual and transgender. People suffer domestic violence regardless of their gender, social group, class, age, race, disability, sexuality or lifestyle. The abuse can begin at any time - in new relationships or after many years spent together.

9.10 Organisational or Institutional Abuse

a) Organisational or Institutional abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals. It can take place within settings and services that adults at risk live in or use, and it violates the person's dignity, resulting in a lack of respect for their human rights.

b) Organisational or Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice. It can take the form of an organisation failing to respond to or address examples of poor practice brought to their attention.

c) It can take place in day care, care homes, hostels, supported housing, hospitals and sheltered and supported housing. It can be difficult to identify the difference between a poor service and organisational abuse.

d) Due consideration should be given to the Deprivation of Liberty Safeguards where a

person is deemed to be under the continuous supervision and control of others and is not free to leave.

9.11 Discriminatory abuse

a) Discriminatory abuse is when someone picks on or treats someone unfairly because something about them is different; for example, it may be:

- Their clothes
- Their weight
- Their race or skin color
- Their religion or culture
- Gender presentation
- Sexual orientation
- Their age
- Their health or disability

9.12 Harassment

a) Harassment covers a wide range of offensive behaviour. It is commonly understood as behaviour intended to disturb or upset. In the legal sense, it is behaviour which is found threatening or disturbing.

b) Sexual harassment refers to persistent and unwanted sexual advances, typically in the workplace, where the consequences of refusing are potentially very disadvantageous to the victim.

c) Harassment can include antisocial behaviour targeted at vulnerable people in the community, by neighbours or others, because the victims are different; this links closely with discriminatory abuse.

9.13 Who can abuse Adults in need of support and care

a) The abuser is usually well known to the person being abused. They may be:

- a partner, child or relative
- a friend or neighbour
- a paid or volunteer care worker
- a health or social worker, or other professional
- older people may also be abused by a person they care for

b) Often, the people who abuse adults are exploiting a special relationship. They are in a position of trust, whether through family bonds, friendship or through a paid caring role, and they exploit that trust.

c) Sometimes however abuse is not intentional. It can be because someone lacks the skills or external support necessary to adequately care for another person. We call this passive

abuse because it is unintentional. That does not mean that the impact on the vulnerable adult is any less, but it can help us to understand how best to address the abuse.

9.14 Where does abuse occur

- Abuse can occur anywhere:
 - in someone's own home
 - in a carer's home
 - in a day centre
 - in a residential home, or a nursing home
 - in a hospital

10. Reporting Concerns about Vulnerable Adults

10.1 You do not need to have the client's consent to make an initial call to Adult Social Care as you are not making a referral at this stage. Capacity to consent and consent itself will be explored if it is felt that the concern needs to be progressed.

10.2 Gloucestershire

a) If a staff member is concerned that someone over 18 is being neglected, harmed or suffering Domestic Abuse they should call the Adults Helpline 01452 426868 (non-emergency) Follow the advice given and report to the DSL the concerns and the agreed course of action.

b) In an emergency or Out of Hours If you have reason to believe that the adult is at immediate risk from harm contact the Police on 999 Follow the advice given and report to the DSL the concerns and the agreed course of action.

10.2 Other counties

Locally established safeguarding and reporting procedures will be followed and added to this policy when CUKULA COUNSELLING begins service delivery in a new county.

11. Managing a Disclosure

11.1 Cukula Counselling is in the unique position to observe behaviour over time and often develop close and trusting relationships with adults, children and young people. If someone discloses directly to a member of staff, the following procedures will be followed:

- a) Listen carefully to what is said and get medical attention if needed;
- b) Ask only open questions such as, "how did this happen?", "what was happening at the time?" or "anything else you want to tell me?"
- c) Do not ask questions which may be considered to suggest what might have happened, or who has perpetrated the abuse e.g., "did your dad hit you?"
- d) Do not force someone to repeat what he/she said in front of another person;
- e) Do not promise to keep the disclosure secret. At no time should you promise confidentiality.

f) Following a risk assessment, where the abuse is in relation to a child, assuming that the child is not placed in further risk of abuse, ensure the parent/carer is aware of your concerns and make sure that they are aware that you have an obligation to report your concerns to the local authority

11.2 Following a disclosure, the member of staff should talk immediately to the DSL and record their concerns, utilising the reporting procedure set out.

11.3 One of the key challenges in relation to work with vulnerable adults relates to capacity and consent as set out within the Mental Health Act (2005). In considering what action should be taken about alleged or suspected abuse, two key questions need to be addressed:

- Did the vulnerable adult give meaningful consent to the act, relationship or situation which constitutes the alleged or suspected abuse?
- Does the person now give meaningful consent to any preventable action, investigation? (Caveat – You don't need consent to seek advice from Adult Social Care)

11.4 It is necessary to determine both whether the person could consent and whether they did consent to the act taking place. Abuse may occur when any of the following conditions apply:

- The person does not consent
- The person is unable to consent, either because of issues of capacity or because the law does not permit the vulnerable adult to give consent to a particular act or relationship
- Other barriers to consent exist for the vulnerable adult; e.g. where the person may be experiencing intimidation or coercion or is intoxicated so that informed consent cannot be given

11.5 You do not need to have the client's consent to make an initial call to Adult Social Care as you are not making a referral at this stage. Capacity to consent and consent itself will be explored if it is felt that the concern needs to be progressed.

11.6 The person may ask you not to tell anyone else about the abuse. Always be honest and never make promises you can't keep. Explain that you may need to share what you are told, but only to people who need to know. Never promise to keep anything confidential.

12. Information Sharing Confidentiality

12.1 Cukula Counselling recognises that all matters relating to Adult and Child Protection are confidential.

12.2 Cukula Counselling will disclose any information about concerns to other members of staff on a need-to-know basis only.

12.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard adults, children and young people.

12.4 In the case of a serious concern for the immediate safety of the child or adult or where medical intervention is required the member of staff should contact emergency services straight away. A concern should still be reported to the DSL who will coordinate adherence

to this policy including external reporting.

12.5 All staff must be aware that they cannot promise service users or their families/carers confidentiality of any kind.

13. Record Keeping

13.1 Any member of staff receiving a disclosure of abuse from an adult, child or young person, or noticing signs or symptoms of possible abuse, or has concerns about the welfare of any vulnerable person should following the disclosure inform their Safeguarding Lead to discuss the disclosure or concern. The Safeguarding Lead will direct the staff member with regards to following up the conversation in writing setting out expected timescales

13.2 Staff are then required to make notes as soon as possible after the event, writing down exactly what was said, using the persons own words as far as possible. All notes should be timed, dated and signed, with name printed alongside the signature.

13.3 All records of a safeguarding nature should be filed within the existing client file. Where concerns are about a sibling or child of a client, the concern should still be filed within the client to whom they are related file.

14. Whistleblowing

25.1 Cukula Counselling recognises that service users, their family and parents/carers cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues either employed by Cukula Counselling or from an external agency.

15. Prevention

15.1 Cukula Counselling recognises that it plays a significant part in the prevention of harm to adults, children and young people by providing them with good lines of communication with trusted staff, supportive friends and an ethos of protection.

15.2 Cukula Counselling will therefore:

- Establish and maintain an environment where children, young people and adults feel secure, are encouraged to talk and are always listened to;
- Ensure everyone knows that there are staff in the organisation whom they can approach if they are worried or in difficulty;
- Include opportunities that equip children, young people and adults with the skills they need to recognise and stay safe from abuse in any support package.

16. Abuse of Trust

16.1 Cukula Counselling recognises that adults working in the organisation are in a relationship of trust with the children, young people and adult with care and support needs in their care and acknowledge that it is a criminal offence to abuse that trust.

16.2 Cukula Counselling acknowledges that the principle of equality embedded in the legislation of the Sexual Offenders Act 2003 applies, irrespective of sexual orientation; neither homosexual nor heterosexual relationships are acceptable within a position of trust.

16.3 Cukula Counselling recognises that the legislation is intended to protect young people

who are over the age of consent, but less than 18 years of age and adults with care and support needs. However, any relationship with any Cukula Counselling client is deemed to be inappropriate and an abuse of trust, regardless of age or vulnerability.

16.4 Cukula Counselling recognises that any form of relationship with a service user will be considered as gross miss-conduct. The following are examples of such actions.

a) Relationships between a Cukula Counselling employee and any child up to age 18

b) It is illegal for a person in a position of power to groom or have a sexual relationship with a child under 18yrs of age. Any Cukula Counselling employee would be deemed to be in a position of power because of their position and the work that they undertake.

c) Cukula Counselling staff are deemed to be in a position of authority. Any action which causes doubt to be cast in regards to their suitability to undertake such a role will be a breach of this policy. Such acts could be: (the list is not exhaustive):

- Grooming any child under 18 even if they are not a Cukula Counselling employee
- Having what is deemed to be an inappropriate relationship with a child regardless of whether they are a Cukula Counselling service user or client or not.
- Be convicted, reprimanded or cautioned for an offence against a child or as a perpetrator of domestic abuse or violence
- Supplying any child under 18 with alcohol or drugs (illegal or controlled) regardless of whether they are a Cukula Counselling client or not
- Supplying prescription medication where the staff member is not trained or authorised to do so
- Supplying any child under 18 with tobacco products
- Be deemed to have relationships with any clients or close relatives of clients of Cukula Counselling through personal social media sites or similar.
- Be deemed to have inappropriate relationships with any child under 18 through social media sites or similar
- Behave in a way towards a child under 18 that calls into question their suitability to work in a position where they support vulnerable people or children, regardless of whether they are a Cukula Counselling client or not.

16.7 Use of social networking sites. Employees are not permitted to 'make friends' with clients or close relatives or friends of clients on social networking websites. Where this has taken place inadvertently the staff member MUST remove the client, close relative or friend of clients from their personal social media Friends List.

16.8 Cukula Counselling also recognises that any form of inappropriate relationship, or a relationship or action that calls into questions a staff member's suitability to work with children/young people or adult with care and support needs. With a child under the age of 18, regardless of whether they are a Cukula Counselling client of not, will be considered as gross misconduct.

17. Racist Incidents and Discriminatory Abuse

30.1 Cukula Counselling acknowledges that repeated racist incidents or episodes of discriminatory abuse, or a single serious incident, may lead to consideration under safeguarding procedures.

18. Communication with children, young people and adult service users (including the use of technology)

18.1 In order to make best use of the many social benefits of new and emerging technologies, Cukula Counselling's service users and clients need opportunities to use and explore the digital world. E-safety risks are posed more by behaviours and values than the technology itself.

18.2 Staff should ensure that they establish safe and responsible online behaviours, working to local and national guidelines and Cukula Counselling's acceptable use policy which detail how new and emerging technologies may be used.

18.3 Communication with children, young people and adults with care and support needs, or any adult that is a Cukula Counselling service user both in the 'real' world and through web based and telecommunication interactions should take place within explicit professional boundaries. This includes the use of:

- a) computers
- b) tablets
- c) phones
- d) texts
- e) e-mails
- f) instant messages
- g) social media such as Facebook and Twitter, chat-rooms, forums, blogs, websites, gaming sites
- h) digital cameras
- i) videos
- j) web-cams and other hand held devices

(Given the ever changing world of technology it should be noted that this list gives examples only and is not exhaustive.)

18.4 Staff should not request or respond to any personal information from CUKULA COUNSELLING service users or clients other than which may be necessary in their professional role. They should ensure that their communications are open and transparent and avoid any communication which could be interpreted as 'grooming behaviour'

18.5 Staff should not give their personal contact details to Cukula Counselling service users or clients for example, e-mail address, home or mobile telephone numbers, details of web based identities. If Cukula Counselling service users or clients locate these by any other means and attempt to contact or correspond with the staff member, the staff member should not respond and must report the matter to their manager. The Cukula Counselling service user or client should be firmly and politely informed that this is not acceptable.

18.6 In any communication with Cukula Counselling service users or clients all staff have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children, young people and adults with care and support needs. They should adopt high standards of personal conduct in order to maintain confidence and respect of the general public and those with whom they work.

18.7 This means that staff should:

- a) not seek to communicate/make contact or respond to contact with Cukula Counselling service users or clients outside of the purposes of their work
- b) not give out their personal details
- c) use only equipment and Internet services provided by Cukula Counselling
- d) ensure that their use of technologies could not bring Cukula Counselling or associated partners into disrepute

19. Relevant Legislation

People have fundamental rights contained within the Human Rights Act 1998. We recognise our obligations to uphold these rights and protect service users who are unable to do this for themselves. Other legislation of particular relevance to safeguarding vulnerable groups includes the:

- Children Act 2004
- Mental Health Act 1983
- Mental Capacity Act and DoLs 2005
- NHS Act 2006
- Safeguarding Vulnerable Groups 2006
- Equality Act 2010
- Domestic violence protection orders 2010- 2015
- Care Act 2014
- Deprivation of Liberty Safeguards Supreme Court Ruling 2014
- Modern Slavery Act 2015
- Freedom of Information Act 2000
- Working together to Safeguard Children 2018

35. Related Documents

- a) CUKULA COUNSELLING Safeguarding Training
- b) South West Child Protection Procedures
- c) Working Together to Safeguard Children 2018
- d) Multi-Agency Policy and Procedures for the West Midlands

- e) MARMAP Information for Service Users and Carers
- f) Safeguarding Adults (Advice for the protection of adults at risk of abuse)
- g) Local Authority Allegations Management procedures
- h) Social Care Institute for Excellence (SCIE)
- i) Incident Procedure