

Stop.Breathe.Think. Safeguarding: Children, Young People & Vulnerable Adults Policy & Procedures

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Review of the Policy

This policy document is to be kept up to date. The policy will be reviewed annually by the Director, Head of Service & Safeguarding Lead who will review the contents and operation of the policy.

Last reviewed date: 12/02/2024

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SECTION A: Policy

1.0 SCOPE

This policy applies to all existing and future staff, trustees and counsellors at Stop.Breathe.Think.

There is separate guidance on the responsibilities of trustees with regard to safeguarding children and young people which is set out in:

<https://www.childrenengland.org.uk/everyones-business-safeguarding-for-trustees>

1.1 Review

The effectiveness of this policy will be formally reviewed annually. This will be through a combination of reviewing changes to best practice guidance, analysing safeguarding data from within the organisation and an annual discussion at Board level. The leads for responsibility for initiating policy review within Stop.Breathe.Think. is the Director, Operations Director & Head of Service.

1.2 Policy Statement

Stop.Breathe.Think. supports a large number of vulnerable children and young people across the UK. We are committed to safeguarding all the people we support. All staff are trained to recognise the different forms of abuse that children, young people and adults may face, and to ensure that appropriate action is taken to protect them and others from suffering harm from abuse.

1.3 Clear focus on the needs of our clients. We recognise that:

- In accordance with the Ethical Framework for the Counselling Professions, we put all of our clients first by making them our primary concern when working with them, including protecting their safety.
- We recognise that certain client groups are especially vulnerable, such as children and young people, and vulnerable adults, and we affirm that their welfare is paramount.
- Everyone, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- Working in partnership with children, young people, their parents, carers and other



agencies is essential in promoting young people’s welfare.

1.4 The purpose of this policy is:

- To provide protection for the children, young people and vulnerable adults who receive services from Stop.Breathe.Think.
- To give staff guidance on procedures they should adopt if they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of, harm.
- This policy aims to reflect both the six Safeguarding Principles and the concept of Making Safeguarding Personal.
- The six principles of safeguarding are:

Accountability	Accountability and transparency in delivering safeguarding.
Empowerment	People are encouraged to make their own decision
Prevention	It is better to take action before harm occurs.
Protection	Support and representation for those in greatest need
Proportionality	The least intrusive response appropriate to the risk presented.
Partnership	Services offer local solutions to working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

1.5 Within this policy

- A Child/Children refers to anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.
- A young person is a collective term for people of 16 to 25 years of age.
- Staff refers to all individuals engaged by Stop.Breathe.Think. in any capacity, be this full-time, part- time, including senior managers and the Board of Trustees.
- The terms counsellor and therapist are used interchangeably throughout.
- All staff will report any suspicions, allegations or the witnessing of any type of abuse

to a child. Where there is concern of immediate risk, reporting action (e.g., calling the police by dialling 999) must be taken immediately. In all other cases, staff should report their concerns to the Designated Safeguarding Lead as soon as possible to enable a safeguarding report to be made within 24 hours of the contact with the client and/or person at risk.

- All staff will receive Stop.Breathe.Think. Safeguarding Training upon induction from the Designated Safeguarding Lead, this is updated annually.
- All accusations, disclosures and incidents will be taken seriously and acted on immediately.
- The information contained in this policy shall be communicated to the people we support (adults and children) regularly by means of verbal discussion, and within the contract/consent.
- Safeguarding is everyone's responsibility.

1.6 How we will safeguard vulnerable clients

- Valuing them, listening to and respecting them.
- Adopting child protection guidelines through procedures and a code of conduct for staff.
- Recruiting staff safely, ensuring all necessary checks are made including enhanced DBS checks.
- Sharing information about child protection and good practice with children and staff.
- Sharing information about concerns with agencies who need to know.
- Involving parents and children appropriately.
- Providing effective management for staff through support and training.
- Ensure our Trustees are annually informed of changes to best practice, policy and attend any relevant training.

We are also committed to reviewing our policy and good practice annually; this will be carried out by the Designated Safeguarding Lead (DSL).

2.0 LEGAL FRAMEWORK FOR SAFEGUARDING

2.1 Safeguarding Children

[Working Together to Safeguard Children – 'A guide to inter-agency working to safeguard and promote the welfare of children' Dept. for Children, Schools and Families](#) (Published March 2015, updated December 2023):

- *Protecting children from maltreatment*
- *Preventing impairment of children's health or development*
- *Ensuring that children grow up in circumstances consistent with the provision of safe and effective care*
- *Taking action to enable all children to have the best outcomes*

2.2 Safeguarding Adults

The Care Act 2014 states- The aims of safeguarding adults are:

- *To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs*
- *To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal"*
- *To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible*
- *To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect*

2.4 Staff responsibilities

- No member of staff is to investigate any allegation, disclosure or incident; instead, best practice indicates this must be immediately reported as per the below procedures.
- If a child or a vulnerable adult is in imminent danger staff are to take immediate action by calling 999 to help keep a child safe.
- If the situation is not an emergency, staff will work to this policy and guidance notifying the police, social care team/school/youth organisation, depending upon the outcome of the conversation with the DSL or Head of Service.
- Maintain and update their safeguarding training.
- Follow the procedures for reporting in the sections below (see Appendix 1)

2.5 Management Responsibilities

- All appropriate staff will attend relevant safeguarding training, as decided by Stop.Breathe.Think. This training and the implementation of learning should be reviewed in regularly.
- To ensure that all aspects of this policy are kept up to date in line with current

- Failure to immediately report any disclosures or suspicions of child abuse may result in disciplinary action and/or legal liability.
- Safeguarding is a priority and will be discussed regularly throughout Stop.Breathe.Think. at all levels, from team to Board meetings.
- Making safeguarding and promoting the welfare of children and vulnerable adults an integral feature in human resources management, including following safe recruitment and selection procedures.

2.6 Role of Safeguarding Leads

Within Stop.Breathe.Think we have a Designated Safeguarding Lead who will perform the following functions within Stop.Breathe.Think:

- Championing safeguarding throughout the organisation.
- Ensuring that organisational policy and procedures are properly applied and implemented.
- Providing advice, information and guidance for staff within the organisation.
- Being the person within the organisation to whom all allegations or concerns are reported where possible.
- Referring allegations in accordance with this procedure.
- Ensuring that risk assessments are undertaken when required.
- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome.
- Ensuring that all information is kept securely.
- Reviewing the Child and Adult Safeguarding Policy and Procedures annually as a minimum with the Stop.Breathe.Think senior team.
- Ensuring appropriate and relevant training programmes are in place.

SECTION B: PROCEDURES

3.0 CHILDREN AND YOUNG PEOPLE

3.1 Types of abuse



Stop.Breathe.Think. adopts the definition of abuse as stated in [Working Together to Safeguard Children \(2015, 2023\)](#)

“The abuse or neglect of a child can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, in a community or institutional setting, by those known to them or, much more rarely, by a stranger.”

Stop.Breathe.Think. recognises that an abusive relationship often includes the misuse of power by one person over another and is most likely to take place in situations where one person has power over another.

For example, where one person is dependent on another for their physical care or due to power relationships in society e.g., between a professional worker and a person we support, a man and a woman and a person belonging to the prevailing race / culture and a person belonging to an ethnic minority.

Stop.Breathe.Think. staff are aware that abuse can be caused by anyone: a family member, a partner, carer or other. We recognises that there are different forms and indicators of abuse. Not all indicators associated with these particular categories have to be present for abuse to be confirmed. Many situations involve combinations of different abuse.

3.2 Definitions of what constitutes abuse

Taken from “Working Together to Safeguard 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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying</p>

	<p>(including internet bullying e.g., via Facebook and via telephone technology e.g., via SMS messaging), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>
Sexual Abuse	<p>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.</p> <p>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.</p> <p>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).</p> <p><i>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</i></p>
Online Sexual Abuse	<p>Online abuse can happen on any device that connects to the internet, abuse can happen through text, email, app, online chats and gaming sites. Abuse can include children and young people being persuaded or forced to show sexually explicit images of themselves or take part in sexual activities or conversations. This also includes exposing/flashing or showing a child or young person pornography. Staff should educate the children they work with to keep them safe.</p>
Financial (Material) Abuse	<p>Young people could also face financial abuse, such as being manipulated for the financial gain of another, or discrimination. It includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits</p>
Child Criminal Exploitation	<p>Child Criminal Exploitation (CCE) can be understood as: the exploitation of children and young people aged under 18 years in the storage, distribution and selling of illegal drugs, under violent coercion or exploited through the use of debt or promise of cash or drugs. Patterns of grooming behaviour by adults can be seen to be similar to those associated with sexual exploitation (CSE). There will be a power imbalance and children and young people should not be viewed as at fault, 'choosing a lifestyle' or making an informed choice.</p> <p>Criminal exploitation is not restricted to drugs; some children are transporters of cash as well as firearms and weapons and are coerced into carrying out theft and burglaries. Many children and young people subject to CCE are exploited by criminal gangs.</p>

<p>Bullying</p>	<p>The anti-bullying alliance defines bullying as: ‘ <i>the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. It can happen face to face or online</i>’.</p> <p>‘Bullying behaviour can be:</p> <p>Physical – pushing, poking, kicking, hitting, biting, pinching etc.</p> <p>Verbal- name calling, sarcasm, spreading rumours, threats, teasing, belittling.</p> <p>Emotional – isolating others, tormenting, hiding books, threatening gestures, ridicule, humiliation, intimidating, excluding, manipulation and coercion.</p> <p>Sexual – unwanted physical contact, inappropriate touching, abusive comments, homophobic abuse, exposure to inappropriate films etc.</p> <p>Online /cyber – posting on social media, sharing photos, sending nasty text messages, social exclusion</p> <p>Indirect- Can include the exploitation of individuals.</p> <p>The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm).</p>
<p>Disability</p>	<p>It is worth bearing in mind, that according to OFSTED many children with special needs or physical disabilities are “falling through the gaps” in the UK Child Protection system despite being at greater risk than other young people. Often experts were so preoccupied with providing support to parents that they failed to appreciate that children were at risk, the study concludes.</p> <p>Studies have suggested that disabled children are more than three times more likely to experience abuse than their peers. Despite this, they are proportionately less likely to be subject to special Child Protection arrangements than other needy children.</p>

NB: Bullying is not defined as a form of abuse in “Working Together” but there is clear evidence that it is abusive and will include at least one, if not two, three or all four, of the defined categories of abuse. For this reason, it is included here.

*For possible indicators of abuse refer to **Appendix 3**.*

Protecting Children online

Digital resilience framework Digital resilience helps individuals recognise and manage the risks they come across when they socialise, explore or work online The UK Council for Internet Safety has developed a Digital Resilience framework. The implementation of the Framework should be seen as additional support to existing statutory obligations. Close consideration

should be given to the role of the Framework in relation to safeguarding for vulnerable children or adults in which additional safety and protection may be a requirement.

The helpline is available to anyone working with children and young people dealing with any online safety issues. <https://saferinternet.org.uk/professionals-online-safety-helpline>

3.3 The Prevent Duty

From July 2015 all providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, to have 'due regard to the need to prevent people from being drawn into terrorism'.

This duty is known as the Prevent duty. **The Prevent duty's aim** is to help stop vulnerable people from being exploited and drawn into terrorism.

Key legal definitions for the Preventing extremism duty include British values and extremism.

What are British values?

These are defined as: 'Democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs.'

Mutual respect and tolerance includes encouraging students to respect other people with particular regard to the protected characteristics of the Equality Act (2010).

What is extremism?

Extremism as is defined in law as: 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs.'

We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.'

From the Counter-terrorism and Security Act 2015 www.legislation.gov.uk

Channel

Individuals who are judged to be vulnerable to exploitation by extremists may be offered tailored support by the Channel Panel. Channel assesses vulnerability in relation to three criteria. The three criteria are:

1. engagement with an extremist group
2. cause or ideology intent to cause harm
3. and capability to cause harm.

The Channel process deals with all forms of extremism and individuals from all backgrounds. Any referral is screened to check that there is a genuine vulnerability around radicalisation and the referral is not malicious or misinformed.

What are British values? British values have been defined in law as:

Democracy will include encouraging learners to take part in democratic processes and understand how democracy influences all our lives e.g. through laws.

The rule of law will include encouraging learners to research health and safety laws which regulate industry or review the health and safety processes relevant to their work.

Individual liberty will include encouraging learners to discuss the extent that this exists or is limited by regulation.

Mutual respect and tolerance will include encouraging learners to respect other people with particular regard to the protected characteristics of the Equality Act [2010].

They might also discuss their own freedom of choice in terms of future education and career choices. Source: Prevent duty Guidance for Further education, July 2015.

3.4 FGM

Female Genital Mutilation also known as female circumcision, cutting or sunna. Is the deliberate mutilation of female genitalia. This is often the removal or cutting of the labia and clitoris. The World Health Organization describes **FGM** as any procedure that injures the female genital organs for non-medical reasons.

- Duty to pass any information on in relation to under 18 years. A crime has taken place so Police must be involved. Please let your Safeguard Lead know the details immediately if you have a concern.
- UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean.
- Non-African communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

FGM is illegal in the UK

It is an offence to:

- perform FGM (including taking a child abroad for FGM)
- help a girl perform FGM on herself in or outside the UK
- help anyone perform FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident
- fail to protect a girl for whom you are responsible from FGM

Anyone who performs FGM can face up to 14 years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

If you are in the UK and are concerned that a young person may be taken overseas for the purpose of FGM please call the police by dialling 999.

- If you are abroad and require help or advice please call the Foreign and Commonwealth Office on +44 (0) 20 7008 1500
- You can also access help and support from: NSPCC FGM Helpline: 0800 028 3550

- Childline Tel: 0800 1111 www.childline.org
- Equality Now (in Nairobi and London) Tel : +44(0) 20-7304 6902 www.equalitynow.org

3.5 County Lines

The UK Government defines county lines as: *“County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.”*

Ministry of Justice, County Lines Exploitation Document Oct 2019

County lines drug dealing is a national issue involving organised drug dealing networks exploiting children and vulnerable adults to move, hold and sell Class A drugs across the UK, using dedicated mobile phone lines to take orders. Although Class A drug supply underpins county lines offending, exploitation remains integral to the business model and county lines offenders recruit, transport and exploit children and vulnerable adults to carry out activity including preparing, moving, storing and dealing illegal drugs. The victims are often children, commonly males aged 15 to 17 years, who are groomed with money, gifts or through sexual and violent relationships, and forced to move, store and deal, Class A drugs.

Children as young as 11 years of age have been reported as being exploited. It is important to stress here that child victims can be both male and female. Methods of control include:

- Debt bondage, including staged robberies
- Sexual abuse, particularly against females, including for blackmail and humiliation purposes
- Violence (real and threatened) is used to coerce victims to become dealers, enforce debts, and use victim’s accommodation as an operating base
- Kidnap against victims and their families
- County lines and the associated violence, drug dealing and exploitation has a devastating impact on children, vulnerable adults, families and local communities.
- Signs to look out for a young person’s involvement in county lines activity often leaves signs. A person might exhibit some of these signs, either as a member or as an associate of a gang dealing drugs. Any sudden changes in a person’s lifestyle should be discussed with them. Some potential indicators of county lines involvement and exploitation are listed below, with those at the top of particular concern:
- persistently going missing from school/home/care and / or being found out-of-area

- Children travelling to locations, or being found in areas they have no obvious connections with, including seaside or market towns
- Unwillingness to explain their whereabouts
- Unexplained acquisition of money, clothes, accessories or mobile phones which they are unable to account for
- Excessive receipt of texts or phone calls
- Children having multiple mobile phone handsets or sim cards
- Withdrawal or sudden change in personality, behaviour or language used
- Relationships with controlling or older individuals and groups
- Leaving home or care without explanation
- Suspicion of physical assault or unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results or performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

Please note this list is not exhaustive, and you should seek advice from the Stop.Breathe.Think. Safeguarding Leads if you are concerned. These are safeguarding issues and should be reported to your Safeguarding Lead immediately. Stop.Breathe.Think. need to be aware of the prevalence and magnitude of Child Sexual Exploitation (CSE) in county lines activity for both female and male children.

The Government definition of CSE in the Department for Education Child Sexual Exploitation: Definition and a guide for practitioners 2017, local leaders and decision makers working to protect children from child sexual exploitation is:

“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.

Further details can be read in the county lines government guidance document:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839253/moj-county-lines-practical-guidance-frontline-practitionerspdf.pdf

Further information on safeguarding children from extra-familial harms can be found in the Department for Education's Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

3.6 Anti-Slavery Statement

Stop.Breathe.Think. oppose Modern Slavery and Human Trafficking in all its forms

Stop.Breathe.Think. has a zero-tolerance approach to modern slavery and is committed to preventing acts of slavery and human trafficking from occurring within its business.

3.7 Protecting the people we support from abuse

Stop.Breathe.Think. recognises that there are a number of associated risks with the delivery of our services which involves substantial unavoidable access to children. We take our responsibilities to protect the people we support from any risks our staff may potentially pose very seriously. We take a number of steps to ensure that the people we support are adequately safeguarded.

- Stop.Breathe.Think. is committed to achieving best practice in respect to the safe recruitment of employees, counsellors and trustees.
- Stop.Breathe.Think. is committed to working within best practice as established by the Disclosure and Barring Scheme (DBS)

LADO Local Authority Designated Officer

The Local Authority Designated Officer (LADO) should be told when it's been alleged that someone who works with children has: behaved in a way which has harmed or might harm a child or possibly committed a criminal offence against a child.

3.8 Code of Conduct and Good Practice

The following behaviours must be avoided by all staff working with children and young people:

- Making sexual or other inappropriate comments, including the use of swear words.
- Giving out personal details, including home address and or telephone number.
- Use of personal camera equipment (including phones) to take photographs of children/young people (If appropriate, and with the correct prior consent in place, a phone or camera may be used to take photographs of a piece of work if it is

important to keep a record and this must be uploaded on to IAPTUS and deleted from device).

3.9 Staff Training

The Designated Safeguarding Lead attends a Level 4 in Safeguarding Training every year. Her highest therapy qualification is level 7, counselling BA is a level 6 and children's qualification is a level 5.

Deputy Designated Leads – the Stop.Breathe.Think. Head of Service and Operations Director to take part in Level 3 Safeguarding Training every 2 years.

All counsellors complete Stop.Breathe.Think. Safeguarding Training as part of their induction from the Designated Safeguarding Lead. Counsellors also attend mandatory monthly meetings, where safeguarding updates are shared with the team. They also receive annual Safeguarding training from the Designated Safeguarding Lead.

Stop.Breathe.Think. Admin attends introduction to Safeguarding training every 2 years, along with an annual Safeguarding training session delivered by the Designated Safeguarding Lead.

4.0 REPORTING SAFEGUARDING ISSUES

4.1 Child Safeguarding

If a therapist supports a child/family, and it appears as if a child's developmental needs are not being met by universal services alone, then they will encourage the family to request additional support through the submission of an Early Help Assessment (EHA). An EHA cannot be submitted to request additional support without the family's consent. If the client agrees the therapist/ Stop.Breathe.Think. Admin or DSL will initially contact the EHA team to establish if an EHA has already been started.

4.2 Child Protection

If a therapist suspects that a child is suffering, or at risk of suffering significant harm, deliberate and repeated self-harm and/or at high risk or very high risk of harm to others, then they should follow Stop.Breathe.Think Safeguarding procedures (**see APPENDIX 1**).

NB: Where a child is self harming, this does not automatically mean that a referral to social care or CAMHS is needed. If the child is under 16 you should support them in telling their parent/caregiver unless to do so would put them at further risk. You should inform their parents if they are unable to. You can explore the possibility of informing their GP and always complete a safety plan, exploring other safe adults in their life.

Concerns, disclosures or allegations may come from an adult about a child known to them. This may be in relation to their own child or other children. In this instance the following guidelines still apply, however any information to aid referral must be gathered from the adult reporting the concern, rather than directly from the child. The source of this information must be made clear in any discussions with Safeguarding Lead and in any referrals that follow.

The following section provides clear guidelines for counsellors and therapists to follow if they have concerns about a child or young person (either directly observed or from a third party). Stop.Breathe.Think. has a duty to act on reports or suspicions of abuse and believes that the safety of the child should override any doubts, hesitations, or other considerations (such as the potential to have a negative impact on professional relationships with a client). When worrying changes are observed in a child or young person's behaviour, physical condition, or appearance, or where oversexualised in session may indicate abuse, staff will take action.

4.3 Taking action

In this situation the therapist will contact the police immediately (if immediate risk) and/ Children and Young People's Social Care as soon as possible thereafter and no later than within 24 hours (**See flowchart at APPENDIX 1**).

The therapist can make contact with the Stop.Breathe.Think. DSL or if they are unsure or wish to discuss further; they may also discuss with their Clinical Supervisor within 24 hours.

If a referral is made direct to Children and Young People's Social Care this link will enable you to find the child or young persons local authority <https://www.gov.uk/find-local-council> completed within 24 hours. And this link will Find a local NHS urgent mental health helpline in England <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>

Parents/carers will need to be informed about any referral to Children & Young People's Social Care unless to do so would place the child at an increased risk of harm

Please refer to Appendix 4 below to understand how Stop.Breathe.Think. seeks client and/or parental consent at the start of counselling, so that when a safeguarding consent arises, the role of the therapist is to remind the client or parent about the policy and that Stop.Breathe.Think. need to make a report to keep the client safe.

4.4 Information Collection

In any case where an allegation is made by a child or adult, or a therapist has concerns, a record must be made. Details must include, as far as practical:

- Name, full address and telephone number of the child

- Age and date of birth
- Address and contact numbers for parent or carer, where known
- Date and time of alleged incident(s)
- Where appropriate, current location of child and if known, current location of alleged abuser (if known)
- Nature of injury or behaviour
- If the child arrived with an injury
- Child's explanation of what happened in their own words
- Any other persons' explanation of what happened, if appropriate
- Date and time of the record
- Any questions that were asked
- Name and signature of the person recording the incident
- Child's first language
- Parent/carer's first language, if known
- Action taken and people contacted since concern arose, including any information given to or received by the parents or carers
- Any immediate or impending danger to the child
- Any specialist needs of the child and/or the parent e.g., interpreter or signer

Information should be based on facts. It should not include assumptions and may be required by a social worker, the police or a court at some future time.

4.5 Dealing with Disclosure and Record Keeping

- All records, information and confidential notes should be kept on IAPTUS.
- Only designated persons will have access to these cases.
- Never guarantee absolute confidentiality, as safeguarding will always have precedence over any other issues.
- Listen to the child, rather than question them directly.
- Offer them reassurance without making promises and always take what the child says seriously.
- Allow the child to speak without interruption.
- Accept what is said – *it is not* your role to investigate or question.
- Do not overreact.

- Alleviate feelings of guilt and isolation, while passing no judgement
- Advise that you will try to offer support, but that you must pass the information on
- Explain what you have to do and whom you have to tell.
- Record the discussion accurately, as soon as possible after the event.
- Use the child's words or explanations – do not translate into your own words in case you have misconstrued what the child was trying to say.
- Contact the DSL or Head of Service for advice /guidance.
- If Safeguarding Lead is not available, or it is inappropriate to approach them, the member of staff with the concern should make direct contact with the relevant organisation themselves.
- In these circumstances the therapist should contact their clinical Supervisor if they need to discuss the case.
- Record any discussions or actions on IAPTUS within 24 hours in accordance with Stop.Breathe.Think. procedure
- When working with a victim of crime, please see pre trial therapy policy Link to pretrial therapy (**APPENDIX 5**)

4.6 Working with schools

Where staff are working with children and young people in schools, they will adhere to the individual schools' safeguarding protocols in the first instance. This means the therapist will inform the DSL/Child Protection Lead within the school of any disclosures²¹ of abuse, self-harm, etc., by children and young people, on the same day.

Staff should also inform the Stop.Breathe.Think. DSL as soon as possible.

Where the relevant member of school staff is unavailable, such as during the school holidays, the therapist should contact the Stop.Breathe.Think. DSL. This should also be recorded by the therapist of the case record on IAPTUS.

4.7 Logging a Cause for Concern or Safeguarding disclosure

All safeguarding concerns are logged here:

https://forms.office.com/Pages/ResponsePage.aspx?id=TAsteZA9-0K_fhxdr1a8_pAA3KfeN8xIoUvgbi_ADQxUN0RSVIMxSFlyT1FUWjdZNORLNTdXTTFBRCQIQCN0PWcu

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1. Click the link to the MS form
2. Complete the MS form
3. If appropriate complete a safety plan
4. Inform the safeguarding lead a form has been completed

This MS form will collect all the information the safeguarding team need.

4.8 Logging a Safeguarding Report on the IAPTUS

1. Complete notes as you normally would – see IAPTUS guide
2. Upload any safety plan you have completed with the client (for a copy of our safety plan please email admin@stopbreathethink.org.uk)
3. If risk levels has changed (increased) update risk level.

5.0 VULNERABLE ADULTS

5.1 Context

Safeguarding for adults is defined as protecting an adult's right to live in safety free from abuse and neglect. Adult safeguarding is about preventing and responding to concerns of abuse or harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly with dignity and respect.
- Protected when they need to be.
- Able to easily get the support, protection and services they need.

5.2 Legislation

Section 42 of the Care Act (2014) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

The Care Act guidance supports the need for safeguarding to be person led and outcome focused. This means engaging the person in conversation about how best to respond to their safeguarding situation in a way that embraces choice and control as well as maintaining a focus on improving their quality of life, wellbeing and safety. The concept of Making Safeguarding Personal is about leadership and creating a culture that places the client at the centre of all interventions and decisions.

5.3 Definitions of what constitutes abuse

Neglect	This is the persistent failure to meet an adult's basic needs both physical and or emotional/psychological. It may, for example, involve failure to provide clothes, shelter and food or failure to keep them clean or protect them from physical harm or danger. It may also include neglect of, or unresponsiveness to, the person's basic emotional needs and their developmental needs.
Physical abuse	This is causing physical harm to an adult such as by hitting, shaking, pushing, beating, pinching, burning, restraining unnecessarily, or other form of physical harm. Harm can also be caused when a parent or carer fabricates symptoms of ill health or causes actual ill health in a vulnerable adult, child or young person in their care.
Sexual abuse	This is forcing an adult to engage in sexual activities. These may include rape, sexual assault, prostitution, and may also include non-contact abuse, such as involving the person in creating or looking at pornographic material. Sexual abuse includes activities such as sending inappropriate messages and online or face-to-face grooming. Sexual abuse usually comes to light in a different way from physical abuse or neglect.
Emotional or psychological abuse	This involves a pattern of behaviour where a person consistently rejects, belittles, controls, frightens or deceives another, often within a 'caring' or 'loving' relationship. There can be extra difficulty in identifying an emotionally abusive relationship because emotional or psychological abusers may be unaware of what they are doing. They may believe what they are doing is for the benefit of their victim. Emotional abuse is present in all abuse but can also stand alone.
Financial or material abuse	This is when a person is prevented from accessing their own money, benefits or assets or is subject to undue pressure, duress, threat or undue influence in connection with loans, wills, property inheritance or financial transactions. It may involve exploitation of a person's money or assets or missing personal possessions, an unexplained lack of money or inability to maintain a lifestyle, unexplained withdrawals of money from accounts or involve the person allocated to manage financial affairs being evasive or uncooperative.

Modern slavery	This includes human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography as well as debt bondage (being forced to work to pay off debts that realistically they will never be able to clear). The person may appear malnourished, unkempt or withdrawn. They may be isolated from the community or present as being under the control of others. There may be an avoidance of eye contact and the person may appear frightened or hesitant to talk to other people.
Self-neglect	This is characterised by poor personal hygiene, unkempt appearance, lack of essential food clothing or shelter, malnutrition, hoarding, non-compliance with health or care services, an inability or unwillingness to take medication or treat illness or injury.
Discriminatory abuse	This may manifest itself as any of the other categories of abuse previously stated. What is distinctive, however, is that discriminatory abuse is motivated by oppressive and discriminatory attitudes towards a person's disability, physical or learning disability, mental ill-health or sensory impairment, race, gender, age, religion, cultural background, sexual orientation, political convictions, appearance or other aspects.

5.4 When to take Action.

There will be instances where the adult for whatever reason chooses not to seek further help; where you have significant reason to believe they are at immediate risk, then a call to the Police 999 should be made. For possible signs and symptoms of adult abuse (see **Appendix 3**).

Where you have a concern, which is not an immediate risk to life, the therapist should discuss with the client actions required to safeguard the individual. As a result, you may identify a need to contact the GP/Crisis Team or to raise a concern with their local social care. Please follow safeguarding flow chat Appendix 1

Please refer to **Appendix 4** below to understand how Stop.Breathe.Think. contracts client at the start of counselling and so that when a safeguarding consent arises, the role of the counsellor is to remind the client about the policy and that Stop.Breathe.Think. have and the need to make a report in order to keep the client safe.

5.5 Logging a Cause for Concern or Safeguarding disclosure

All safeguarding concerns are logged here:

https://forms.office.com/Pages/ResponsePage.aspx?id=TAsteZA9-0K_fhxdR1a8_pAA3KfeN8xloUvgbi_ADQxUN0RSVIMxSFlyT1FUWjdZN0RLNTdXTTFBRCQIQCN0PWcu

5. Click the link to the MS form
6. Complete the MS form
7. If appropriate complete a safety plan
8. Inform the safeguarding lead a form has been completed

This MS form will collect all the information the safeguarding team need.

5.6 Logging a Safeguarding Report on the IAPTUS

1. Complete notes as you normally would – see IAPTUS guide
2. Upload any safety plan you have completed with the client
3. If risk levels has changed (increased) update risk level.

6.0 ALLEGATIONS MADE AGAINST STOP.BREATHE.THINK. STAFF

6.1 Required action

Stop.Breathe.Think. will initiate these procedures where it is alleged that a person who works with children either at work, at home or in another setting has:

- Behaved in a way which has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way which indicates that they are unsuitable to work with children or young people.

6.2 Possible courses of action

Where such allegations are made, consideration will be given to the following strands:

1. The police investigation of a possible criminal offence
2. Enquiries and assessment by Children's Social Care Services as to whether the child is in need of protection or in need of services.

3. Consideration of disciplinary action in respect of the individual
4. LADO The Local Authority Designated Officer (LADO) is the person who should be notified when it has been alleged that a professional or volunteer who works with children has, behaved in a way that has harmed a child, or may have harmed a child, possibly committed a criminal offence against or related to a child. Each local authority has a LADO, this link will help you identify the local authority <https://www.gov.uk/find-local-council>

6.3 Processes

- Ensure that you read guidance on the local authority guidance on LADO before proceeding:
- The DSL should be informed immediately. In the case of an allegation involving a counsellor or Stop.Breathe.Think. staff in a position of trust. The Director and the Board of Trustees should be contacted and informed of the issue.
- The DSL should contact the Local Authority Designated Officer (LADO) immediately and within 24 hours.
- DSL completes the relevant paperwork from the local authority as appropriate.
- The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told as soon as possible after observing the incident/receiving the report.
- This discussion should take place within one working day and must consider how to take matters forward with a disciplinary process parallel with a criminal process and/or whether any disciplinary action will need to await the completion of the police enquiries and/or prosecution, and/or the LADO's recommendations.
- Regardless of whether a Police and/or Children Services investigation follows, Stop.Breathe.Think. will ensure that an internal investigation takes place. This may involve an immediate suspension and/or ultimate dismissal or termination of contract for Sessional staff dependent upon the nature of the incident.
- Where the involvement of Children's Service is not required as the child is not believed to be at risk of Significant Harm, but a police investigation will continue, the Local Authority Designated Officer (LADO) will conduct a discussion with the Police, the DSL and any other agencies involved with the child to evaluate the allegation and decide how it should be dealt with.
- Where there is cause to suspect that a child is suffering or is likely to suffer Significant Harm, a referral will be made to Children's Services.
- Where a decision is made that neither the Children's Services nor the Police are

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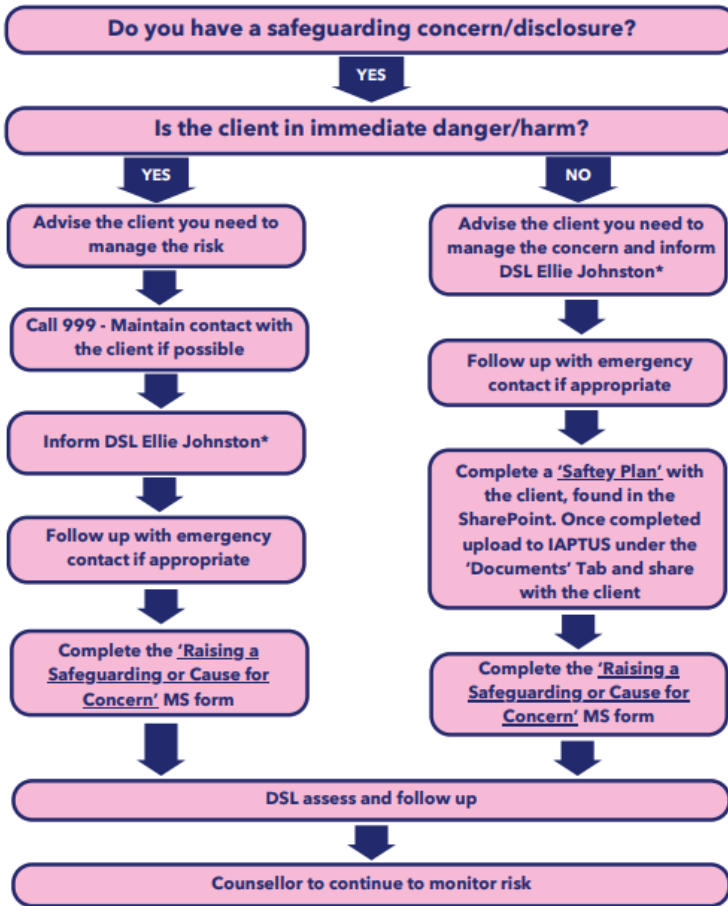
required to continue any involvement, the LADO will discuss next steps with the DSL in sufficient time so that appropriate action can be taken within three working days.

- In those circumstances options open to Stop.Breathe.Think. ranging from taking no further action to summary dismissal or a decision not to use the person's services in future i.e., termination of contract. If an individual (paid staff member, sessional therapist, trainee or unpaid volunteer) is removed from Stop.Breathe.Think. and the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service and their professional body.

-

Appendix 1: Reporting a CYP Safeguarding Concern

Safeguarding Protocol



Resources for counsellors

[NHS find an urgent mental health helpline - www.nhs.uk](https://www.nhs.uk)

[Local Authority - www.gov.uk/find-local-authority](https://www.gov.uk/find-local-authority)
[signposting/other local support - Hub of hope](#)

***Ellie Johnston DSL - Clinical and Safeguarding Lead**
07494870490
Ellie@stopbreathethink.org.uk

When advised by SBT admin team please contact Nadine for Safeguarding and Clinical Support:

07816943232
Nadine@stopbreathethink.org.uk

Safeguarding support hours:
9.00-19.00 Monday to Thursday
9.00- 17.00 Fridays.



Appendix 2: Common signs which may indicate Child Abuse.

Unexplained changes in behaviour or personality
Becoming withdrawn
Seeming anxious
Becoming uncharacteristically aggressive
Lacks social skills and has few friends, if any
Poor bond or relationship with a parent
Knowledge of adult issues inappropriate for their age
Running away or going missing
Always choosing to wear clothes which cover their body.

NB: These signs don't necessarily mean that a child is being abused, there could be other things happening in their life which are affecting their behaviour – but it is important to assess the situation.

You may also notice some concerning behaviour from adults who you know have children in their care, which makes you concerned for the child/children's safety and wellbeing.

Additional signs of online abuse

Becomes increasingly secretive about their use of technology
Hide what they have on screen when someone enters the room
Become more possessive of their device(s)
Spend more or less time online than usual
Show sudden, unexplained personality changes
Be upset or angry after being online



Appendix 3: Some Signs and Symptoms of Abuse in an Adult

This list is not exhaustive, and it is important to remember that individually they may not give rise to concern but a persistent presentation of a combination of these signs and symptoms may indicate ongoing abuse

Becoming withdrawn
Withdrawing from friends and family
Losing interest in hobbies, job etc.
Low self-esteem/confidence
Depression
Anxiety
Self-harm
Suicidal thoughts
Suicide attempts
Other mental health issues
Slower than normal development
Running away from home
Rapid weight loss or gain
Repeated illnesses
Alcohol misuse
Drug misuse
Sudden changes in behaviour – becoming too withdrawn or erratic
Evident bruising, scratches, cuts or other marks and injuries

Appendix 4: Client Consent

To start counselling clients need to provide SBT with an emergency contact. This MUST be someone over the age of 18, or your referral will be rejected.

Parental/guardian consent is required for anyone under 16 to access SBT. If the client is under 16 we will contact the parent or legal guardian to gather consent for client to access this service. If the client is 16 or older the emergency contact will only be contacted if there is an emergency.

When a client begins counselling with SBT, they will need to read and agree to a 'Client Contract & GDPR statement' (see below). At their first meeting with the service (intake assessment) the intake counsellor will read the Client Contract & GDPR statement to ensure the client has understood the conditions of engaging with the service and in any instances where confidentiality may be broken. The intake counsellor will gain verbal consent from the client.

Client contract

This is the contract you need to read through with each young person during their Intake session followed by the GDPR statement on the next page:

In order to start counselling, we just need to go through a few key points with you.

1. Counselling lasts 50 minutes per session, unless you request shorter sessions.
2. You are entitled to 6 sessions of therapy.
3. To cancel or reschedule a session, at least 24 hours notice must be given by to the counsellor or administrator.
4. A late cancellation or a no show will count as one of the allocated sessions.
5. Two late cancellations or no shows, we will have to stop the counselling.
6. If you stop counselling because of late cancellations or no shows, re-referring in the future is possible but a drop in call with one of our administrators to discuss commitment to the service and the sessions will be required.
7. If you are late, the session will still end at the agreed time, and you will receive a shorter session.
8. If either you or the counsellor feels that the working relationship has broken down, then a referral will be made back to admin@stopbreathethink.org.uk and you will be allocated a new counsellor reconnect with you.
9. Sessions will not take place if you are under the influence of either alcohol or drugs.
10. A maximum of two weeks absence of regular sessions, due to illness or holiday, will be accepted. However, after this time appointments will not be held open for you and will need to re-referring yourself to admin@stopbreathethink.org.uk when you are ready to return.
11. Counsellor and client to agree the most suitable method of contact between sessions.
12. If cut off during a session, the counsellor will try to reconnect using the same method of communication. If this is unsuccessful the counsellor will contact the client on the emergency contact details provided.
13. All information shared during your counselling sessions is confidential, meaning this stays between you and your counsellor. If your counsellor feels

you are at risk to yourself or somebody else, they may break confidentiality to seek further support for you. Your counsellor will let you know if they are going to do this

GDPR statement

I now need to read the following GDPR statement, this just explains how we use your personal data:

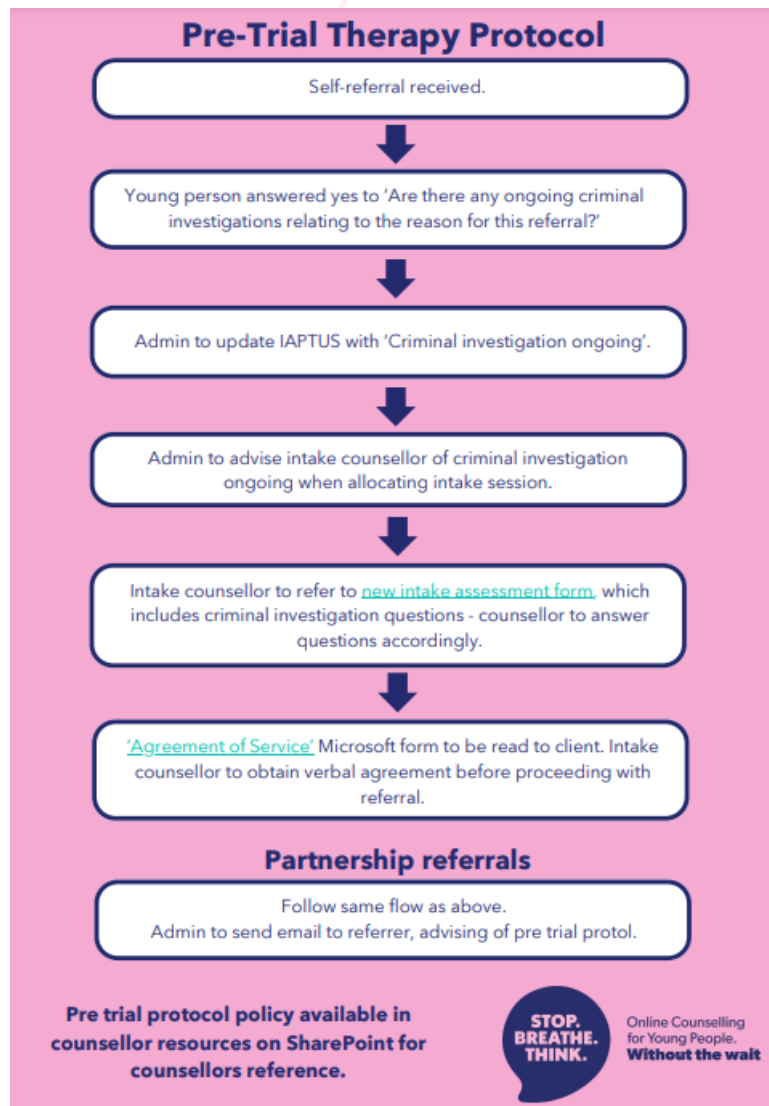
Your personal data is important to Stop.Breathe.Think. We only store what we see as the minimum required information about you and your sessions. This is stored on our secure, private, GDPR compliant, clinical system called Iaptus. In addition to the information collected from your referral and intake, which includes your email, phone number, address, GP details and emergency contact, Stop.Breathe.Think keeps a very brief factual overview of what is bringing you to counselling from each of your sessions. These notes and your contact details are kept on Iaptus.

We gather anonymous data and insights into the support we are providing to young people via Iaptus and the information you provide helps us to understand the impact the service is having. The data we generate is not identifiable to you. All clients are given a unique reference code to ensure an extra layer of security and anonymity.

Stop.Breathe.Think keeps client records for up to 7 years, after which they will be destroyed. Please know you have the right to request and check any information Stop.Breathe.Think keeps about you. You can do this by emailing admin@stopbreathethink.org.uk and we will respond within 7 working days.

By starting counselling with Stop.Breathe.Think you agree to the terms I have just read to you. A written copy has been provided in the Welcome PDF which you would have received via email from one of our administrators.

Appendix 5: Pre-Trial Therapy Protocol & agreement of service



Agreement

*"As I/the
been alerted
team that
are currently
open/ongoing
investigation,*

of Service

*therapist have
by our admin
you/the client
involved in a
criminal*

Stop.Breathe.Think. will work with you within pre-trial therapy protocol.

An important part of therapeutic contracting pre-trial includes introducing you/the client, to the concepts of record keeping, information sharing, confidentiality and disclosure of notes as part of the criminal justice process.

I/the therapist should explain to you/the client, that pre-trial therapy is the provision of therapy while a criminal investigation is still underway and before an allegation has gone to trial.

Therapy sessions will focus on the impact of the incident on the you/the client.

I/the therapist will not ask the you/the client to recall the detail of the allegation. If a you/the client want to talk about your/their abuse, you/the client should not be stopped. However, you/the client should be reminded that any new information about the allegation under investigation or new disclosures will need to be recorded and shared.

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I/the therapist cannot use certain techniques, including group therapy, hypnotic age regression, deliberate attempts to recover forgotten memories, leading questions and recovered memory therapies.

I/the therapist will record minimal session notes during pre-trial therapy.

Confidentiality applies unless the you/the client give your/their consent for information to be shared with a third party or if you/the client disclose that you/they or someone else are at risk and need safeguarding.

Do you/the client agree with this Agreement of Service?