

WILLOW THERAPY

CHILD PROTECTION STATEMENT SAFEGUARDING POLICY



The safety and welfare of all children is central to Willow Therapy Tring therapeutic services in Hertfordshire. We are all responsible for the protection of children and all concerns about a child's safety or well being will be followed up and dealt with as quickly and as sensitively as possible. We will seek to ensure a safe environment for all children using Willow Therapy Tring services. Counsellors accept and recognise our responsibilities to develop awareness of the issues which cause children harm.

All Counsellors at Willow Therapy Tring are independent practitioners with individual personal liability insurance and enhanced DBS. All Counsellors are members of the British Association of Counsellors and Psychotherapists (BACP) and abide by their ethical framework.

Principles

1. Willow Therapy Tring is committed to provide high quality therapeutic services to children and families.
2. The needs of a child are our first concern and we will always act to ensure their safety and protection. Our code of practice is outlined in Appendix 1.
3. The best results for children are achieved in partnership with their parents/carers and we will work in this way at all times, unless we feel that this would cause a child further harm.
4. If we are concerned that a child is being abused or harmed in any way we will report this to the relevant Services such as Child and Family Services or Social Services.
5. Any help offered should be the best for that child or family and we will work openly and flexibly with parents/carers, children and other agencies to ensure that this happens.
6. We recognise some groups of children may be more vulnerable to abuse, for example disabled children, and the policy and procedure applies to all children irrespective of gender, ethnicity, disability, sexual orientation or religion.
7. Safeguards will be put in place to maximise a child's right to protection and children will know that they have the right to:

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Be safe - Teach children that everyone has rights. Tell children that no one should take away their right to be safe.

Protect their own bodies - Children need to know that their body belongs to them, particularly their private parts covered by their underwear.

Say NO - Tell children that it is all right to say no to anyone if that person tries to do something to them they feel is wrong. Most children are taught to listen to and obey adults and older people without question. Disabled children in particular may be taught to be compliant.

Get help against bullies - Tell children to enlist the help of friends or say no without fighting - and to tell an adult. To tell - You must assure children that no matter what happens you will not be angry with them and that you want them to tell you of any incident that frightens or confuses them or makes them unhappy.

To be believed - When children are told to go to an adult for help they need to feel they will be believed and supported. This is especially true in the case of sexual abuse which children very rarely lie about. If the child is not believed when he or she tells, the abuse may continue for years and result in suffering and guilt for the child.

Not to keep secrets - Teach children that some secrets should never be kept, no matter if they promised not to tell. Child abusers known to the child often say that a kiss or touch is 'our secret'. This confuses the child who has been taught to keep secrets. Teaching children the difference between secrecy and privacy.



The purpose of this child protection policy is:

1. To ensure that all children using WT therapeutic services are kept safe and that concerns about a child are followed up in the right way and to ensure that everyone including parents/carers, WT Counsellors and children know what should happen and what is expected of them.
2. Keeping children safe: Safe staffing Recruitment of WT Counsellors will follow the policy and procedures of WT. This includes undertaking checks with the Criminal Records Bureau, health checks and taking up two references. All appointments are subject to this vetting procedure and a probationary period. Counsellors will be made aware of child protection procedures, health & safety and safe practice issues of part of their induction. All Counsellors will be required to undertake basic child protection training twice yearly. All counsellors will receive regular supervision from their private supervisor. Please see Appendix 2, which outlines appropriate behaviour when in contact and supervision of children. If anyone has a concern about a Counsellor and their behaviour towards a child or children, the Safeguarding Officer should be informed immediately. Appropriate action will then be taken to ensure the safety of children.

Safe environment All premises and equipment used will be assessed to ensure safety and suitability. When children are attending WT therapeutic services the level and quality of Counsellors will conform to the BACP Ethical Framework for Good Practice in Counselling and Psychotherapy and to the Code of Ethics and Practice for Counsellors. Creative therapy takes into account the age, ability and needs of the children attending and WT ensures safety and supervision at all times. WT Child Protection Policy Introduction. Before a child enters therapy we will ensure that we have necessary information about the child, including contact number for emergencies and parents/carers will also be given information about the service. Children often need and enjoy close contact with those caring for them, counsellors will be aware of boundaries and will ensure if receiving hugs children are comfortable with this and that it is carried out in the open, in the presence of other adults. When therapeutic service involving both children and their parents/carers are provided, parents/carers will be made aware of their own responsibilities and those of WT Counsellors. An awareness of safety will be promoted at all times.

3. **Dealing with concerns:** Identifying concerns, many concerns about children arise on a day to day basis, a child may have an accident at home or at WT, they may be tired, ill or behaving differently. In most cases these can be dealt with quickly and easily by discussions between Counsellors and parents/ carers, further advice or help may be offered, when needed. Where appropriate these may be recorded in the accidents and incidents log book and accident forms completed or by filling a Record of concern. Sometimes concerns can be more worrying because it is clear that the child may be affected by what is happening to them. The child may be being harmed or hurt in some way.



There are many ways in which children can be harmed;

Physical abuse - Physical abuse can include, hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or other wise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns symptoms or deliberately causes ill health to a child.

Neglect - Neglect is the persistent failure to meet a child's basic physical and or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent/carer failing to provide adequate food, clothing and shelter, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Sexual abuse - Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration for example, rape or buggery, or none penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities or encouraging children to act in sexually inappropriate ways.

Emotional abuse - Emotional abuse is the persistent ill treatment of a child such as to cause severe and persistent adverse effects on a child's emotional behaviour. It may involve conveying to the child that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or development inappropriate expectations being imposed on the child. It may involve causing the child to frequently feel frightened or in danger, or the exploitation or corruption of the child. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur in isolation.

Please see Appendix 3 for full definitions of abuse.



Concerns about a child may come to the attention of WT Counsellors in a number of ways:

- Through observation of the child. A child's behaviour may indicate that it is possible that he/she is being abused.
- The child may disclose abuse.
- Information may be given by parents, other people or agencies.
- A child may show some signs of physical injury of which there seems to be no satisfactory explanation.
- Something in the behaviour of one of the workers or young person, or in the way the worker or young person relates to a child, alerts them or makes them feel uncomfortable in some way.
- Observing one child abuse another. There may be barriers to children telling, the power of relationships between adults and children should not be underestimated nor should the deliberate and skilled way that abusers target their victims.

Children may not tell because they:

- Are scared because they have been threatened.
- Believe they will be taken away from home.
- Believe they are to blame.
- Think it is what happens to all children.
- Feel embarrassed.
- Feel guilty.
- Don't want to get the abuser into trouble.
- Have communication or learning difficulties.
- May not have the vocabulary for what happened.
- Are afraid they won't be believed.
- Believe they have told an adult, by dropping hints but haven't been believed so don't bother to try again.



Child abuse thrives on secrecy and needs to be handled in a sensitive, accepting way. In order to achieve this adults may have to overcome certain barriers also as:

- Sometimes it may be hard to believe what the child is saying.
- It may be difficult that the suspicion may be about someone that is known.
- 'The fear of getting it wrong'.
- The fear of what consequences there may be for 'getting it wrong' for the child, for the family and for themselves.
- Worry that it may make it worse for the child.
- Believe that the services are stigmatising.
- Simply do not want to become involved.
- Do not have the necessary information on what to do or who to contact.

Responding to a concern

It is not the responsibility of WT Counsellors to investigate allegations or concerns but to identify concerns and pass them onto Child and Family services/Social Services or the Police. WT counsellors do have a duty to follow WT CP procedures. If a Counsellor has a concern about a child, they should:

- Take appropriate action if the child is in need of urgent attention.
- Collect as much factual information as possible about the situation - this may be from the child, parent, carer or other workers and should include date and time of the incident or disclosure, parties who were involved, what was said or done and by whom and any further actions. It may also be helpful to record perception of emotional and physical presentation, this will all be recorded **on a record of concern sheet**.
- Be open about the concern and make it clear they will have to tell others.
- Take their concerns to their line manager as soon as possible and within the same working day or session or go to another WT Counsellor if their line manager is not available.
- Complete the appropriate WT form after discussion with the manager.

It is the responsibility of WT manager to consider the information and to decide what action needs to be taken.



This should be clearly recorded on the form and if the manager needs help in making a decision, they should speak with a supervisor or Child and Family Services or the duty officer in Social Services. If no further action is considered necessary the reasons why should be documented and the form should be placed on file and recorded by administrative staff. Wherever possible, parents should be made aware of this record.

If the concern is to be managed within WT, either by monitoring the situation or by working with the child and parents/carers on specific issues, it should be made clear to all relevant Counsellors and to parents what is being done and what is expected of them. The Line Manager should review what has been happening within an agreed period of time.

Referral to Social Services

The appropriate forms should be completed as far as possible; this will ensure that all the information is to hand when making the referral. The Counsellor should not delay if all information is not available. A referral should be made to the Social Worker involved with the family or to the Duty Officer, if the family's Social Worker is not available or if no Social Worker is involved. The WT Counsellor and the Social Worker should agree what will happen next. The appropriate forms should be completed and signed and sent to Social Services within 24 hours of the telephone referral. A copy should be placed in the family file and a further copy given to the Line Manager. If a WT Counsellor is not already working with the family, the manager should identify a Counsellor to follow up the referral and ensure any agreed action is taken. The parents/carers of the child should be involved as far as possible, unless it has been decided that this would put the child at risk. They should be clear about any decisions made and what will happen next. The manager should support the Counsellor in making the decision and be available to give advice and guidance, as necessary.

- 4. Working with Social Services and other agencies.** WT provide universal, non-stigmatising therapeutic services to families with children. Families choose to use our services and to attend sessions. If Social Services, other agency or court have concerns about a child, the family can be encouraged or supported to use our services but they have a choice to refuse.

We will always work within the principle stated at the beginning of this policy; we will work with parents/carers in an open and honest way and, as far as possible offer support which is flexible to meet the needs and wishes of the family. Parents/carers will be involved in making decisions and with any work or contact involving other agencies, unless this would put the child at risk. Although Social Services may be the accountable body for WT therapeutic services, the therapeutic services is not part of the core Social Services activities. **The WT Counsellors do not have statutory responsibilities, nor do they have access to information held by Social Services on their data bases.**

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WILLOW THERAPY (WT) CHILD PROTECTION POLICY INTRODUCTION



WT does not carry out risk assessments on behalf of Social Services or court process, it may be possible to support families while they are going through an assessment, if they would like this to happen. If individual work to help a family is taken, the roles of each agency involved will be agreed and set out with the family, including what information will be recorded and shared.

APPENDIX 1

Code of Practice Willow Therapy Tring, Hertfordshire will :

- Treat all children and young people with respect.
- Provide an example of good conduct you wish others to follow.
- Respect a young person's right to personal privacy / encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like.
- Remember that someone else might misinterpret your actions, no matter how well intentioned.
- Be aware that even physical contact with a child or young person may be misinterpreted.
- Recognise that special caution is required when you are discussing sensitive issues with children or young people.
- Challenge unacceptable behaviour and report all allegations/suspensions of abuse in any form.

YOU MUST NOT

- Have inappropriate physical or verbal contact with children or young people.
- Allow yourself to be drawn into inappropriate attention seeking behaviour/make suggestive or derogatory remarks or gestures in front of children and young people.
- Jump to conclusions about others without checking facts.
- Either exaggerate or trivialise child abuse issues.
- Show favouritism to any individual.
- Rely on your good name or that of WT to protect you.
- Believe 'it could never happen to me'.
- Take a chance when common sense, policy or practice suggests another more prudent approach.



You should give guidance and support to inexperienced Counsellors.

APPENDIX 2

Protecting Children and Workers

A. Contact with children. You can reduce likely situations for abuse of children and help protect your Counsellors from false accusations by making sure that everyone is aware that, as a general rule, it doesn't make sense to spend excessive amounts of time alone with children, away from others.

B. Relationships with children. You should make it clear to all Counsellors within WT that they should never:

- Engage in rough physical games including horse-play.
- Engage in sexually provocative games.
- Allow or engage in inappropriate touching of any form.
- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments about or to a child, even in fun.
- Let allegations a child makes be ignored or go unrecorded.
- Do things of a personal nature for children that they can do themselves

C. Restraint. Restraint is where a child is being held, moved or prevented from moving, against their will, because not to do so would result in injury to themselves or others or would cause significant damage to property. Restraint must always be used as a last resort, when all other methods of controlling a situation have been tried and failed. Restraint should never be used as a punishment or to bring out compliance (except where there is a risk injury). Only Counsellors who are properly trained in restraint techniques should carry it out. A young person should be restrained for the shortest period necessary to bring the situation under control. All such incidents should be entered into the 'Restraint Log Book', detailing the facts of the behaviour, witnesses, who restrained the young person and how, what other methods had been tried and what follow up action took place. A restraint policy applies to all young people equally, regardless of age or sex. It is acceptable for a member of the opposite sex to restrain a child because it is being used to prevent a serious injury.

D. Intimate care. It may sometimes be necessary for your Counsellors to do things of a personal nature for children, particularly if they are very young or disabled. These tasks should only be carried out with the full understanding and consent of parents.



At WT in some cases parents of vulnerable children will be asked to remain on site. In any emergency situation that requires help, parents should be fully informed, as soon as reasonably possible.

E. Relationships of trust. This statement recognises that genuine relationships do occur between the different levels of Counsellors and participants in a group but that no intimate relationship should begin whilst the counsellor is in a 'position of trust' over them. The power and influence that an older Counsellor has over someone attending a group or activity cannot be under-estimated, If there is an additional competitive aspect to the activity and the older person is responsible for the young person's success or failure to some extent, then the dependency of the younger member upon the older will be increased. It is therefore vital for Counsellors to recognise the responsibility they must exercise in ensuring that they do not abuse their position of trust. Young people aged 16-18 can legally consent to some types of sexual activity; however, in some provisions of legislation they are classified as children. In certain circumstances the 'abuse of trust' is a criminal offence (Sexual Offences (Amendment) Act) 2000 UK wide.

Supervision of children

- Children must be supervised at all times, preferably by one or more adults.
- Children must not be left unsupervised at any venue whether it be indoors or out.
- Counsellors should know at all times where children are and what they are doing.
- Any activity using potentially dangerous equipment should have constant adult supervision.
- Dangerous behaviour by children should not be allowed.



APPENDIX 3

Definition of Abuse

Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is significantly at risk. You do, however, have a responsibility to act if you have a concern. The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse.

A. Physical abuse. Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely, e.g. cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken. The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body.
- Bruising which reflects hand marks or fingers (from slapping or pinching).
- Cigarette burns.
- Bite marks.
- Broken bones.
- Scolds.

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation.
- Aggressive behaviour or severe temper outbursts.
- Flinching when approached or touched.
- Reluctance to get changed, for example wearing long sleeves in hot weather.
- Depression.
- Withdrawn behaviour.



B. Emotional Abuse. can be hard to measure, and often children who appear to be well cared for may be emotionally abused by being taunted, putdown or belittled. They may receive little or no love, affection or attention from parents or carers. Emotional abuse can also take the form of children not being allowed to mix/play with other children. The physical signs of emotional abuse may include:

- A failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. hospital or away from parents' care.
- Sudden speech disorders.
- Development delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- Neurotic behaviour, e.g. hair twisting, rocking.
- Being unable to play.
- Fear of making mistakes.
- Self-harm.
- Fear of parents being approached about their behaviour.

C. Sexual abuse. Adults who use children to meet their own sexual needs abuse both boys and girls of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously. The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal areas.
- Bruising or bleeding near genital/anal areas.
- Sexually transmitted diseases.
- Vaginal discharge or infection.
- Stomach pains.
- Discomfort when walking or sitting down.
- Pregnancy.



Changes in behaviour which can also indicate emotional abuse include:

- Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn.
- Fear or being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond their age or development level.
- Sexual drawings or language.
- Bedwetting.
- Eating problems such as overeating or anorexia.
- Self-harm or mutilation, sometimes leading to suicide attempts.
- Saying they have secrets that they can't tell anyone about.
- Substance or drug abuse.
- Suddenly having unexplained sources of money.
- Not allowed to have friends (particularly in adolescence).
- Acting in a sexually explicit way towards adults.

D. Neglect. This can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children. The physical signs of abuse may be:

- Constant hunger, sometimes stealing food from other children.
- Constantly dirty or 'smelly'.
- Loss of weight, or being constantly underweight.
- Inappropriate dress for particular conditions.



Changes in behaviour which can also indicate emotional abuse include:

- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments.
- Having few friends.
- Mentioning their being left alone or unsupervised.
- The above list is not meant to be definite but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.
- There may well be other reasons for changes in behaviour, such as death or the birth of a new baby in the family, relationship problems between their parents/carers etc



Facts about abuse

- Most children are abused by adults they know and trust.
- The reported cases of child abuse are just the tip of the iceberg of the cruelty, exploitation and neglect to which children in our society are subjected.
- Disabled children are more vulnerable to abuse. They are more dependent on intimate care and sometimes less able to tell anyone or escape from abusive situations.
- Children very rarely make false accusations that they have been abused and in fact frequently deny the abuse or take mmback an accusation after they have made it.
- Children who talk about the abuse fear the consequences of telling - if things are bad, perhaps they may get worse.
- Children and young people who are abused can be very good at masking or hiding their unhappiness and distress.
- Abuse has serious long-term harm effects on children and young people. If untreated, the effects of abuse on children can be devastating and continue into adulthood.
- Social Services will only remove children where there is actual, or a risk of, significant harm and if the child is in real danger of further abuse.
- Child sexual abuse is equally as common among all social classes, professions, cultures and ethnic groups.
- Child sex abuse is an abuse of power - it is an abuse of power adults have over children.
- In most reported incidents of sexual abuse the abuser is someone known to the child.
- It is not only men who sexually abuse children - women also abuse but the most commonly quoted figure is that around 90% of all child sex abuse is by men, most of whom are heterosexual.
- A child is never to blame for sexual abuse.
- There are rarely any obvious signs that a child has been sexually abused. Child abuse is very hard to 'diagnose', even for professionals.
- The majority of calls to help-lines from children relate to bullying.
- If unchecked, bullying can be profoundly damaging to the victim in both the short and the longer-term, emotionally, physically or both.
- Bullying can leave children with feelings of worthlessness and self-hatred; of isolation and loneliness.
- At its worst, bullying can result in a child attempting suicide.
- Violence between parents (domestic violence) can have a profoundly diverse affect on children, causing intense anxiety, fear and occasionally physical injury.
- Recent research has shown that children's development can be adversely affected by serious parental mental illness without appropriate or effective treatment, and by problem alcohol or drug abuse.