Body Stress Release Association (UK) Safeguarding Policy

Introduction

Safeguarding is the assessment of risk and resultant actions that prevent harm and abuse occurring to specific clients, namely children and those identified as vulnerable adults. It is also the assessment of risk to the practitioner of being accused of inappropriate behaviour or abuse.

The precautions and action taken under the Safeguarding Policy are there to ensure that the client's experience of Body Stress Release (BSR) is positive and enjoyable, safe and suitable.

This document will concentrate on the precautions and actions to be taken when:

- Working with children and young people.
- Working with vulnerable adults.
- Practitioners work alone.

In order to understand the obligations for safeguarding the practitioner needs to have an understanding of who the Safeguarding regulations might apply to, situations which may require a chaperone to be present, the signs and symptoms to allow the practitioner to recognise abuse, and the means and information to act on and report these signs of abuse.

Contents

BSRAUK- Safeguarding Policy Statement

The BSRAUK acknowledges the duty of care to safeguard and promote the welfare of children and vulnerable adults. BSRAUK is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and the requirements of The British Complementary Medicine Association and the Body Stress Release Constitution.

The Aim of the Safeguarding Policy

The Safeguarding Policy recognises that the welfare and interests of children and vulnerable adults is paramount in all circumstances. It aims to ensure that all clients within vulnerable groups:

- Have a positive and enjoyable, safe and suitable experience of BSR with qualified practitioners who are members of the BSRAUK.
- That their experience is within a safe and suitable environment for that child or vulnerable persons. Sessions may have to be adapted to suit specific needs of the child or vulnerable adult.
- That the safeguarding measures are there to protect clients from abuse whilst attending BSR and are there to protect the individual from abuse that may potentially be occurring to them outside of their BSR sessions.

The BSRAUK acknowledges that some children, including disabled children and young people or those from ethnic minority communities, can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

As part of our Safeguarding Policy the BSRAUK will:

1. Promote and prioritise the safety and wellbeing of children, young people and vulnerable adults.
2. Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate guidance.
3. Learn opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children, young people and vulnerable adults.
4. Ensure appropriate action is taken in the event of incidents / concerns of abuse and support provided to the individual / s who raise or disclose the concern.
5. Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored.
6. Ensure robust safeguarding arrangements and procedures are in operation to protect its members and practitioners as well as the identified vulnerable groups.

Children and Young People

- A child is defined by law as a person under the age of 18 years old.
- A young person is defined as a person aged between 14 and 17 years old.

Chaperones

All clients that are under the age of 18 years old must have a chaperone, their guardian or parent present in the room at all times. Documentation and the details of the chaperone must be recorded on the client record card.

A chaperone is an adult, usually a friend or family member of the client. The chaperone is there to provide support and reassurance to the client but will also provide protection to the practitioner against allegations of improper conduct.

Chaperones are a requirement when working with children and young people and for those identified as vulnerable adults. Informed consent is a legal requirement. It reflects ethical practice and adherence to the BSR professional codes of conduct. Consent is written and recorded and offers protection for client and practitioner.

It is suggested that the attendance of a chaperone could be offered for all clients, not just those that are children, young people or vulnerable adults. This includes occasions where the practitioner may themselves feel vulnerable to abuse or accusation from their client.

Children Accompanying an Adult Client

Whilst in your practice, children and young people must be accompanied by an adult at all times. If the adult client has brought a child with them, a discussion needs to take place to ensure that the child or young person remains the responsibility of the client. The practitioner can refuse to take the session if it is felt that the child will be unsafe, disruptive or a danger to themselves or others.

Vulnerable Adults

A vulnerable adult is any person aged 18 years of age or over who may have a physical or learning disability, a person who may have to depend on others to take care of their needs or is a person that is unable to protect him or herself against significant harm or exploitation.

Reporting of Safeguarding Incidents and Concerns

It is the responsibility of every citizen and thus every practitioner to report on to the appropriate authorities concerns raised about the safety of individuals they encounter within their practice.

There is no dedicated or appointed Safeguarding Officer for BSRAUK, however any safeguarding issues you report to local authorities or the NSPCC should be recorded with the Chairperson of BSRAUK. Action taken as a result of these cases can help to inform future actions and risk assessment by practitioners. Confidentiality and the regulations under GDPR must be maintained.

There are local services that you can contact who can respond to signs and allegations of abuse. In this way abuse can be prevented before it occurs, and the risk of further abuse can be minimised once it has occurred.

Sharing Client Data

The practitioner and client relationship is based on trust. As per the GDPR Data Protection Regulations 2018, all information regarding the client is treated as confidential and must only be used for the purpose for which it was given.

Practitioners must not discuss or share any details regarding the client with any third party, except with the express permission of the client, unless there is a requirement by law, or if the practitioner believe there to be a safeguarding issue regarding children, young people or vulnerable adults.

What to do

Practitioners who have children or vulnerable adults as their clients have a duty to safeguard and promote their welfare. They must ensure that the process of the BSR sessions are safe and appropriate.

Practitioners must determine whether the session and releases can be conducted safely and that they are appropriate for the individual. The way in which the BSR session is conducted may need to be altered to ensure this. If no suitable alterations can be made for the session, the session may need to be declined. Details of the actions taken to reduce any risk should be recorded.

If the practitioner believes the client may be at significant risk of serious harm, if the client may cause serious harm to others, or the practitioner has concerns for the welfare of a client who is a child, young person or vulnerable adult, their relevant personal details should be shared with the proper authorities, such as social services or the emergency services.

Who to Contact

- In an emergency, contact the police or ambulance service telephone: 999
- If the person is not in immediate danger, contact the police, telephone: 101
- If a child is in immediate danger contact NSPCC, telephone: 0800 800 5000, email: help@nspcc.org.uk

Talk to someone you trust. In the first instance this may mean talking in confidence to another BSR practitioner.

If a practitioner has reason to be concerned about the welfare of a child or vulnerable adult, they must contact a relevant charity, such as the NSPCC, or social services for advice.

All local councils have safeguarding teams in place and potentially may have ways to report safeguarding issues online.

Further useful information

Safeguarding Children
https://www.nspcc.org.uk/preventing-abuse/safeguarding/

The Children's Act 1989
http://www.legislation.gov.uk/ukpga/1989/41/contents

The Protection of Children Act 1999
http://www.legislation.gov.uk/ukpga/1999/14/contents

Safeguarding Vulnerable Groups Act 2006
http://www.legislation.gov.uk/ukpga/2006/47/contents

Working together to safeguard children
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Mental Capacity Act 2005
https://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Health Act Code of Practice
https://www.gov.uk/government/news/new-mental-health-act-code-of-practice

Types of abuse

Abuse is a violation of an individual's human rights by any other person or persons. Some typical examples are:

Physical Abuse: Including hitting, slapping, kicking, misuse of medication, inappropriate restraint or inappropriate sanctions.

Discrimination: This includes abuse based on a person's ethnic origin, religion, gender, age, sexual orientation, or disability.
Psychological Abuse: This can involve bullying, verbal abuse, humiliation, or threatening or coercive behaviour.

Financial or Material Abuse: Theft, fraud, exploitation or misuse of possessions.

Sexual Abuse: This can be direct, or indirect, sexual activity where the vulnerable person cannot, or does not, give their consent. This includes FGM (female genital mutilation).

Neglect or Acts of Omission: Repeated deprivation of help or assistance that a person at risk needs which, if withdrawn, will cause them sufferance.

Signs and Symptoms of Abuse

Indicators of Abuse

Indicators by themselves rarely prove abuse has occurred. Any indicator should be seen as suggestive of, and not proof that abuse has occurred. Any one or group of indicators could arise from other causes other than abuse, for example pre-existing health conditions, or injuries resulting from play or sporting activities etc.

Being able to recognise a number of signs or symptoms of abuse displayed by your client should give rise to concern and lead to further investigation. It is important to bear in mind that abuse may be as a result of deliberate intent, negligence, or ignorance.

The following lists of indicators are not exhaustive but can be used as a tool in the assessment of a safeguarding risk. Some of the indicators may relate to more than one type of abuse.

Indicators of Physical Abuse

- Any injury not fully explained by the case history provided.
- Injuries inconsistent with the lifestyle of the child or adult at risk.
- Bruises or cuts on face, lips, mouth, torso, arms, back, buttocks, thighs.
- Injuries forming regular patterns or reflecting the shape of an article.
- Burns, especially on soles, palms or back, including friction burns.
- Multiple fractures and injuries at different stages of healing.
- Marks on body, including slap marks, finger marks.
- Enforced misuse of illegal or legal substances and medication.
- Inappropriate restraint.

Discriminatory Abuse

- Lack of respect shown to an individual.
- Failure to respect dietary needs.
- Failure to respect cultural and religious needs.
- Signs of a substandard service offered to an individual.
- Exclusion from rights and services afforded to others e.g. health, education, employment, criminal justice.

Psychological Emotional Abuse

- Change in appetite or sudden change in behaviour.
- Emotional withdrawal, low self-esteem, deference, passivity and resignation.
- Unexplained fear, defensiveness, ambivalence.
- Receipt of malicious texts, emails while using social networking websites.

Financial or Material Abuse

- Unexplained sudden inability to pay for bills or maintain lifestyle.
- Person lacks belongings or services they can clearly afford.

- Recent acquaintances express sudden or disproportionate affection for a person with money or property.
- Power of attorney obtained when the person is unable to comprehend or give consent.
- Withholding money without legal reason.
- Person managing financial affairs is evasive or uncooperative.
- Selling or offering to sell possessions of a vulnerable adult, who does not have the capacity to consent or know the full value of those possessions.

Sexual Abuse

- Significant change in sexual behaviour, overtly sexual language or outlook.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- Bed wetting or soiling.
- Signs of withdrawal, depression and stress.
- Full or partial disclosure or hints of sexual abuse.
- Pain or itching, bruises or bleeding in genital area.
- Sexually-transmitted disease, urinary tract or vaginal infections in someone who is unable to consent. to sexual intercourse.
- Psychosomatic disorders - stomach pains, excessive period pains.

Neglect (including self-neglect for vulnerable adults*)

- Inappropriate, old or shabby clothing.
- Poor personal hygiene.
- Inadequate physical living environment.
- Inadequate diet.
- Untreated injuries or medical problems.
- Failure to engage in social interaction.
- Failure to give prescribed medication or treatment.
- Failure to care for themselves so that health or well-being declines quickly.
- Eccentric behaviour that impacts on the wellbeing of the individual.

Indicators of Institutional Abuse

- Inappropriate physical restraint or intervention.
- Lack of respect shown to the person.
- Denial of visitors or phone calls.
- Restricted access to toilet facilities or to appropriate medical or social care.
- Lack of privacy or failure to ensure appropriate privacy or personal dignity.
- Lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food.
- Lack of personal clothing and possessions.
- Not considering an individual’s mental capacity and their best interests.
- Poor professional practice. Lack of response to complaints.