



Safeguarding Policy

Mountains and Valleys Christian Counselling (MVCC) - Daventry

1. Purpose

The purpose of this safeguarding policy is to outline the responsibilities and procedures for safeguarding at Mountains and Valleys Christian Counselling (MVCC), based in Daventry. MVCC is owned and operated by Nicola Merrigan and Jaki North, who are the sole practitioners and jointly take the lead role in safeguarding. This policy ensures that all safeguarding concerns are recognised, responded to, recorded, reported, and reviewed in accordance with statutory guidance.

2. Definitions

2.1 Adult at Risk

An adult at risk is defined by the Care Act 2014 as someone aged 18 or over who has care and support needs, is at risk of being abused or neglected and is unable to protect themselves from abuse, neglect, or exploitation because of those needs.

2.2 Children and Young People

Children and young people under the age of 18 remain the responsibility of their parents or guardians. Any safeguarding concerns will be acted upon using the procedures outlined in this policy. *We will not be working with people under the age of 18.*

2.3 Abuse

Abuse is any action that violates a person's human or civil rights. It can be physical, emotional, sexual, financial, or neglectful. Abuse may be intentional or unintentional and can occur in any setting.

3. Responsibilities

Safeguarding is the responsibility of Counsellors, Nicola Merrigan and Jaki North. They will act as joint Safeguarding Leads and ensure that all safeguarding concerns are handled appropriately.

4. Recognition of abuse

MVCC recognises that all people whatever their age, culture, physical or intellectual ability, mental well-being, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse. All suspicions and allegations of abuse will be taken seriously; and responded to swiftly and appropriately.

It is not always easy to recognise a situation where abuse may occur or has already taken place. MVCC acknowledges that staff, whether in a paid or voluntary capacity, are not experts at such recognition. If any member of staff or volunteer believes that someone is at immediate risk of harm or abuse, or radicalisation, they must take immediate and reasonable steps to protect that person. Any disclosure pertaining to the parameters listed above will be taken seriously by MVCC and acted upon.

Anyone working or volunteering for MVCC is expected to report to and discuss any concerns to the relevant person. Nicola Merrigan and Jaki North take joint responsibility for safeguarding and must discuss concerns with each other without delay. Nicola and Jaki will decide if any relevant agency/authority needs to be made aware.

MVCC also recognises the risk around radicalisation and our responsibility to report concerns to PREVENT to keep our clients, staff and volunteers safe.

[Prevent | Northamptonshire Police](#)
[Making a referral to Prevent - GOV.UK](#)

4. Procedures for Disclosures

If a safeguarding concern is disclosed, the following steps must be taken:

- Listen carefully and avoid leading questions.
- Reassure the individual and explain that the information must be shared.
- Do not show shock and do not promise to keep anything secret.
- Reassure the client that they have done the right thing in talking to you.
- Record the disclosure using the Safeguarding Incident Report Form.
- Jaki/Nicola will share the safeguarding concern with each other to decide if an outer agency/authority needs to be contacted.
- Contact the appropriate authority (Adult Social Care, MASH, Prevent, or Police) within

one working day.

- Maintain confidentiality.

5. Consent and Mental Capacity

Safeguarding decisions must consider the individual's ability to give informed consent. If the person lacks capacity, action must be taken in their best interest in line with the Mental Capacity Act 2005. The decision about whether to move forward with a course of action will be decided by both Jaki & Nicola.

It is important that, prior to making a referral to Adult Social Care or the police, timely consideration has been given to the ability of the person at risk to understand the concerns, and whether they have an ability to give consent to concerns being raised with other agencies.

It is always essential in safeguarding to consider whether the person at risk is able to give informed consent. If they can, their consent should be sought prior to making a referral. Where an adult at risk, with mental capacity, has decided that they do not want action to be taken and there are no public interest considerations, their wishes must be respected.

An allegation of abuse or neglect of a person at risk, who does not have capacity to consent on issues about their own safety, will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests will be made in line with the Mental Capacity Act 2005 and Mental Capacity Act Code. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity. In such circumstance an alert to the Adult Social Care Department must be made.

When consent is withheld, or the person is not able to freely give their consent to information about their disclosure, there will need to be certain safety considerations. Consent can be overridden if there is any potential risk to children and/or adults with care and support needs involved, if there is an overriding public interest or a justification to disclose the information under (section 29(3) Data Protection Act 1998).

Note: Consent is not needed (but preferred where possible) if the client is at risk of suicide, see Staying Safe from Suicide Policy.

6. Reporting and Confidentiality

Jaki and Nicola will report safeguarding concerns to each other within 24 hours and all safeguarding concerns must be recorded and stored securely. Electronic records will be saved in a secure folder with restricted access. Paper records will be scanned and stored

electronically. Only Nicola Merrigan and Jaki North will have access to these records. Information will be shared only when necessary and in accordance with GDPR. A Safeguarding Incident Form is at the end of this document.

Jaki and Nicola both have responsibility to ensure all safeguarding concerns are recorded, monitored, and secured. MVCC are committed to confidentiality and have procedures in place to meet the General Data Protection Regulation 2018 (GDPR) including collecting only necessary personal information, secure storage of data and sharing only necessary information. Full details can be found in our data protection and confidentiality policy and procedures.

7. Raising an alert with adult social care, MASH or the police

Jaki/Nicola will raise an alert with the Adult Social Care Department, MASH, 'Prevent' or the police if appropriate, which will require information to be shared. This should happen where appropriate within one working day of disclosure by telephone and followed up with completion of the online referral form.

Raising an alert with Prevent

'Prevent' is one part of the government's overall counter-terrorism strategy, CONTEST. The aim of 'Prevent' is to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable those who have already engaged in terrorism to disengage and rehabilitate

Jaki/Nicola MVCC's Safeguarding Leads will raise an alert with 'Prevent' if appropriate.

Help with making a referral to prevent:

[Making a referral to Prevent - GOV.UK](#)

Making a referral to prevent for Northamptonshire:

[Prevent | Northamptonshire Police](#)

8. Allegations against staff or volunteers

Although this is a sensitive and difficult issue, there may be circumstances where allegations are in respect of staff or volunteers. In this instance, those reporting should always consult Jaki & Nicola and avoid discussions with colleagues as there is a need to

protect the human rights of all concerned, including the individual against whom the allegation is made.

If the allegations relate to any of the safeguarding team, then the individual should contact Association of Christians in Counselling: 024 7644 9694

If the member of staff remains in the workplace, safeguards will be put in place to protect the member of staff and the person at risk involved. Jaki/Nicola will keep both the member of staff, the person at risk and, if appropriate, any other professional involved up to date regarding timescales of meetings and the procedures being put in place.

9. Recruitment of staff and volunteers

Anyone may have the potential to abuse in some way and it is important that all reasonable steps are taken to ensure that unsuitable people are prevented from working with MVCC. It is essential that the same procedure is used consistently whether staff be paid or unpaid in part-time or full-time employment.

All potential volunteers and staff working for MVCC will complete an application form and provide an up-to-date CV. MVCC will obtain a satisfactory Disclosure and Barring Service (DBS) check at an appropriate level. Two references will be taken up and recorded.

MVCC have effective measures in place to ensure the confidentiality of information received in relation to applicants is treated in the strictest of confidence. All volunteers and employees will sign a declaration form to confirm they have read and understood the safeguarding and confidentiality policies.

10. Training and Awareness

Both owners (Jaki & Nicola) will complete safeguarding at least every 3 years and will ensure they remain up to date with current guidance. Safeguarding will be reviewed annually and updated as needed.

Jaki & Nicola will ensure that staff, volunteers, and the public have access to the policy and procedures as well as an understanding that each individual, whether paid or unpaid has a duty to inform a Safeguarding Lead, who will in turn, inform the Adult Social Care department, MASH, PREVENT or the Police if there are concerns about abuse. This safeguarding policy will be updated immediately if there is a need to make changes, (for example change of named staff), and will be reviewed on an annual basis.

MVCC will ensure that all staff and volunteers are up to date with the latest safeguarding training.

Staff and volunteers have a duty to ensure they are informed and/or trained to an appropriate level. All volunteers and employees will attend MVCC approved safeguarding training. Safeguarding will be frequently and be part of MVCC's culture.

11. Preventive Measures

- Treat everyone with respect and dignity.
- Maintain professional boundaries.
- Use appropriate language and behaviour.
- Consideration about physical contact.
- Challenge inappropriate attitudes or behaviours.
- Do not trivialise abuse.
- Speak to someone if you have concerns.
- Avoid lone working with clients but we acknowledge this is not always possible see lone working policy

12. Forms of Abuse

It must be recognised that the list below is not exhaustive, and the presence of one or more of the indicators is not proof that abuse is actually taking place. Some forms of abuse will overlap with others; the category of abuse is not as relevant as the abuse itself. It is not the responsibility of those working in MHCS to decide that abuse is occurring, but it is our responsibility to act on any concerns.

Physical abuse

The deliberate hurting or injuring of someone. This may be by hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or other physical harm.

Indicators: Physical marks may be noticed or clothing such as scarves or glasses may be used to attempt to conceal injuries. No explanation for injuries or inconsistency with the account of what happened. There may be bruising, cuts, welts, burns or loss of hair in clumps. Behaviour may be subdued in the presence of a particular person. They may also fail to seek medical treatment or change GP frequently.

Domestic abuse

Victims of domestic abuse may show signs of physical injuries, excuses for frequent injuries, stress, anxiety, or depression, missed appointments, personality changes, being

jumpy or nervous. Domestic abuse is not just physical; people may be controlled, manipulated, surveilled, subject to coercive control and be made to endure the other forms of abuse also mentioned in this document.

Indicators: Their perpetrator may bring them to appointments and wait for them. They may receive excessive phone calls or texts.

Sexual abuse

Sexual abuse is rape, attempted rape or sexual assault, Inappropriate touch anywhere, any sexual activity that the person lacks the capacity to consent to, Inappropriate looking, sexual teasing or innuendo or sexual harassment, sexual photography or forced use of pornography or witnessing of sexual acts or Indecent exposure.

Indicators: They may self-harm, experience anxiety and or depression and act worried or nervous. There may be evidence of physical injuries.

Psychological or emotional abuse

Enforced social isolation – prevention of access to services, educational and social opportunities and seeing friends, minimising hurt or experience, preventing the expression of choice and opinion, intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse, addressing someone in a patronising or infantilising way, threats of harm or abandonment.

Indicators: The person may have become withdrawn. Their mental health may deteriorate. They may experience low self-esteem. There may be false claims, by someone involved with the person, to attract unnecessary treatment.

Financial or material abuse

Theft of money or possessions, fraud, preventing a person from accessing their own money or benefits, using another person's bank account, cards, or documents, moving into a person's home and living rent free without agreement or under duress, unauthorised use of a car.

Indicators: Missing personal possessions, unexplained lack of money, rent arrears and eviction notices.

Modern slavery

Human trafficking, forced labour, domestic servitude, sexual exploitation, forced criminality, being forced to work to pay off debts that realistically they never will be able to.

Indicators: They may be dropped off and collected, there may be another person always present posing as a member of the family, lack of ID.

Discriminatory abuse

Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)

Indicators: Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic, denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader.

Organisational abuse

Run-down or overcrowded premises, authoritarian management, lack of leadership and supervision, insufficient staff or high turnover resulting in poor quality, abusive and disrespectful attitudes towards service users, volunteers or staff, lack of respect for dignity and privacy, failure to manage service users with abusive behaviour, not offering choice or promoting independence, not taking account of individuals' cultural, religious or ethnic needs, failure to respond to abuse appropriately, failure to respond to complaints.

Indicators: Service users reluctant to use the service MVCC provides, dirty and unkempt environment, poor morale among staff and volunteers, lack of people willing to volunteer, high staff and volunteer turnover. Poor record-keeping and missing documents. Poor confidentiality. Lack of management overview and support.

Neglect, acts of omission

Failure to provide or allow access to food, shelter, clothing, heating, personal or medical care, or providing care in a way that the person dislikes. Not taking account of individuals' cultural, religious, ethnic, educational, social, or recreational needs. Ignoring or isolating the person. Preventing the person from making their own decisions. Failure to ensure privacy and dignity.

Indicators: Inadequate or dirty clothing, poor physical condition or personal hygiene, bad odour, untreated injuries and medical problems, poor living conditions. Uncharacteristic failure to engage.

Self-neglect

Lack of self-care to an extent that it threatens personal health and safety. Neglecting to care for one's personal hygiene, health, or surroundings. Inability to avoid self-harm. Failure to seek help or access services to meet health and social care needs. Inability or unwillingness to manage one's personal affairs.

Indicators: Self-harm marks or scars. Very poor personal hygiene. Unkempt appearance. Lack of essential food, clothing, or shelter. Living in squalid or unsanitary conditions. Neglecting household maintenance. Hoarding. Collecting many animals in inappropriate

conditions. Non-compliance with health or care services. Inability or unwillingness to take medication or treat illness or injury.

Honour based violence

Honour based violence is when family members or acquaintances believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. This includes forced marriage and female genital mutilation (FGM).

Indicators: Disclosure and self-identification of victims and survivors.

Forced marriage

Forced marriage is a marriage in which one or more of the parties is married against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or another third party in finding and choosing a spouse.

Indicators: Disclosure and self-identification of victims and survivors.

Female genital mutilation (FGM)

A procedure where the female genitals are deliberately cut, injured, or changed, but there's no medical reason for this to be done. It is also known as female circumcision, sunna, gudniin, halalays, tahur, megrez and khitan, among others. Young girls are often taken abroad in the summer holidays for this. Countries affected are Benin, Ghana, Kenya, Iraq, Niger, Togo, Burkina Faso, and Tanzania.

Indicators: Disclosure and self-identification of victims and survivors.

Cyber abuse

Cyber abuse is behaviour that uses technology to threaten, intimidate, harass, or humiliate someone — with the intent to hurt them socially, psychologically, physically, or to exploit them financially. It can take place on social media, through online chat and messaging services, text, messages, emails, on message boards and in online forums that allow people to publicly comment.

Indicators: The person may have become withdrawn, especially after looking at their phone or computer. Their mental health may deteriorate. They may experience low self-esteem.

Spiritual abuse

A form of emotional and psychological abuse characterised by a systematic pattern of coercive and controlling behaviour in a religious context. Spiritual abuse can have a deeply damaging impact on those who experience it.

Indicators: Fear of disobeying a religious leader. Disclosure.

Radicalisation

The government's Prevent Duty Guidance defines radicalisation as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups". This also applies to animal rights groups.

Indicators: There may be a change in the person's clothing choices. They may talk about a new religion or new way of eating such as veganism.

County lines

County lines are a network between an urban centre and county location where drugs are sold, often over a mobile phone. Children and vulnerable people are used to transport drugs, cash or even weapons. It can involve intimidation, blackmail, and serious violence.

Indicators: Disclosure and self-identification of victims and survivors. New and expensive belongings/clothing.

Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation such as to deal, store or take drugs.

Indicators: Disclosure and self-identification of victims and survivors.

Safeguarding Incident Report Form

**Mountains and Valleys Christian Counselling
Daventry**

Please complete this form as soon as possible after any safeguarding concern is raised.

Date of Incident:

Time of Incident:

Location of Incident:

Name of Person Reporting:

Role of Person Reporting:

Name of Person at Risk:

Details of Concern (include what was said, observed, and by whom):

Actions Taken (include who was informed and any immediate steps taken):

Safeguarding Lead Informed (Nicola Merrigan / Jaki North):

Signature of Person Reporting:

Date of Report:
