

# Safeguarding guidelines

These guidelines sit alongside the UKCP Safeguarding Protocol and The UKCP Ethical Principles and Code of Professional Conduct. They are to help you to manage your practice in relation to safeguarding and adhere to the standards set out by any organisation that you are working for. These guidelines are designed to inform and enable adherence to standards of good practice within a sound ethical framework.

It is important that you keep up to date with the statutory regulations pertaining to safeguarding in your part of the UK as there are different interpretations and processes across the individual home nations.

Safeguarding practices and procedures are drawn up within a legal framework. Local Authorities have clearly laid out responsibility for making provision for these to be carried out. This includes the provision of a designated safeguarding lead professional who is available to support with enquiries or reported cases of disclosure, or where there is reasonable cause to suspect significant harm. This is available to the general public and to all professionals including those working in private practice or working alone. (Email your Local Authority for specific information on Safeguarding.)

Clinical supervision is an ongoing requirement of psychotherapeutic practice and provides a space where safeguarding issues can be discussed. Those working in private practice or alone should consider any additional support or sources of information which they might need to have in place.

However, even where procedure is clearly defined and psychotherapeutic support is in place, the therapist may at times meet dilemmas within the interface of safeguarding and psychotherapeutic practice that will require careful judgment and consideration.

The following guidelines consider key points in relation to the interface between the requirements of safeguarding procedure and the role of the therapist. To this end the seven principles of ethical practice (avoiding harm, benevolence, candour, competence, honesty, human rights and social justice and personal accountability) help you to frame your responses to the Five Steps approach set out in these safeguarding guidelines.

It is recognised that each case will be unique, and the process of learning will be continuous.

## Step one: be aware

- Abuse may be physical, psychological, sexual, financial, material, discriminatory, or involve neglect.
- If working directly with a child or vulnerable adult you may hear or see signs that reasonably indicate preliminary evidence that they or another person have suffered, is suffering, or is likely to suffer actual abuse.

- You may hear or see signs that reasonably indicate preliminary evidence that the client has inflicted, is inflicting, or is likely to inflict actual abuse on a child or vulnerable adult. Note that this is possible whether your client is an adult or a child.
- You may also become aware of possible abuse via other means, for example in an enquiry email from a potential client.
- You have a responsibility to protect children, vulnerable adults, your client and yourself.

But also consider:

- proportionality and be measured: what is the weight of the evidence pertaining to the signs? In the case of an adult client reporting historical abuse where there is no evidence or indication of present abuse, good practice would be that they should be facilitated to consider whether to report the matter or not rather than you making the decision to report.
- that there could also be circumstances when an adult client may disclose information about a present-day relationship that you may consider includes harmful or abusive elements. Remember adults with capacity can make choices; sometimes choices that you may consider harmful. Questions you could consider asking in this situation are: How harmful? Is it significant harm? What might be the reasons a client would not want to report? What might happen if you were to report and the client then denies it? As a therapist you may consider that there is a rationale not to report when the abusive behaviour is not significant but to work with the client so that they are no longer in a harmful relationship.
- that an adult's description of childhood events could be considered abusive in the current legislative context but would not have been at the time when the client was a child.
- that therapy can evoke a changing and complex kaleidoscope of 'memories', feelings and perceptions which are multi-layered. Experiences described may be actual, perceived, phantasy or an exploration, a wondering or a 'What if?'. Be aware that accounts offered by clients will need to be assessed against this landscape.
- the effect of allegations on all involved (not just on the client).
- your responsibility compared to that of others.
- the implications where alleged abuse involves a professional.

## Step two: immediate response

During a therapy session you may become aware that a client is sharing or giving an indication of, a possible/probable safeguarding situation that meets the threshold of significant harm.

This is defined as 'the threshold that justifies compulsory intervention in family life in the best interests of the child. This covers physical, sexual and emotional abuse and neglect.' (The Children's Act 1989)

Your response may be:

- to listen and be empathic when a client is telling you something serious. If it proceeds to be a full or clear allegation clarifying questions should not be asked.
- to show empathy without collusion and listen actively to what is being said without asking leading questions.
- where partial or unclear comments are made, to seek to clarify, but be aware that the client may be indicating that they are not ready to share more detail at this stage of the therapeutic work and should not be pressured to do so. By clarifying you may contribute to a need to take action after the session. Any response should be in the considered best interest of the child, adolescent or adult at risk.
- to show an expression of concern: reassure but do not promise inappropriate confidentiality.
- good practice is to make clear in an initial contract that where their safety or the safety of others is a concern, the therapist may need to talk with relevant people in order to ensure their safety. You may want to remind a client of this agreement.
- to make the client aware of any statutory responsibilities that would be invoked by specific disclosures.
- to provide support for the client to report (or similar).

(The categories were also enshrined in the Children's Act 2002 enacted 2005 and the inter-agency guidance Working Together to Safeguard Children 2015)

There are helpful definitions of abuse relating to children and adults to be found in Appendix 2 of the NHS Safeguarding Policy (June 2015).

In the case of adults, the threshold of significant harm has been replaced by the phrase 'adult at risk' from: self-neglect, modern slavery, domestic abuse and exploitation (Adult and Care Act 2014).

## Step three: think!

- If working in an organisation such as the NHS, a school, college or university or within an organisation in the private or voluntary sector, you have a responsibility to formally inform and consult the designated safeguarding person in that setting at the earliest opportunity.
- If in private practice, unless you are certain that no action needs to be taken, it is good practice to consult your supervisor to discuss your concerns.
- By giving yourself time to discuss in supervision, you can separate yourself from the emotion of the moment so that you can see things clearly, which allows for consideration of the many things that may need to be taken into account.

- If your assessment of risk suggests that you need to take urgent action and you are not able to contact your supervisor in time, you could call the local authority designated safeguarding lead professional or local authority duty care officer who will have experience of dealing with many cases and ask for advice on the case. Note that once the name of the client is given, the person you have contacted would be required to take the case forward. In extreme circumstances where you perceive that someone is in imminent danger and that you are legally obligated to act, you would need to call the police.
- It is useful to have a pre-planned arrangement as to whom to call if your supervisor is unavailable.
- In ALL cases full notes should be taken of your decision, actions and reasons for them.

## Step four: act

Following the above steps your actions may be:

- in the first instance, to make a formal report to the designated safeguarding lead in your setting
- to make a formal report of the case to an employer/other service
- to discuss further with your client
- to formally contact children's or adult services
- to formally contact the police
- to do nothing – (the rationale for your decision should be recorded and where appropriate agreed with your supervisor)
- should you continue to have a well-reasoned concern which has not been taken up by the setting in which you are working, you should take the responsibility for reporting your concern to the relevant authority.

But also consider:

- how to respect the confidentiality of clients and treat information that does not need to be disclosed about them as confidential
- how you ensure that clients are informed about how and why information about them is collected, stored and shared with others in relation to matters of safeguarding
- how and when you inform clients that a disclosure could trigger further action by a relevant body that there would be the possibility of heightened risk to them by continuing to make such a disclosure.

You can:

- Share confidential information without consent if it is required by law, or directed by the court, or if the benefit to the child or adult that will arise from sharing that information outweigh both the public and the individual's interest in keeping the information confidential.
- Weigh the harm that is likely to arise from not sharing the information against the possible harm, both to the person and to the overall trust between yourself and your client, whether a child or an adult, from releasing the information.
- Discuss the case with the local authority safeguarding team if you are uncertain that the child or adult is at risk. They are the body that takes responsibility (ultimately passed to the courts) for any further action. In the first instance you may want to withhold personal details of the person at risk. In sharing concerns about neglect and abuse you are not making the final decision how best to protect the individual.

## Step five: Reflect

You may wish to review how you have dealt with a disclosure and the impact that it had on you as a practitioner by:

- use of supervision
- reviewing your recording process
- reviewing your own support strategies and processes
- noting your learning from the case.

## Supporting Information

Further information can be found on the following websites;

- **NSPCC** [www.nspcc.org.uk/preventing-abuse/safeguarding](http://www.nspcc.org.uk/preventing-abuse/safeguarding) provides guidance and legislation information for England, Northern Ireland, Scotland and Wales
- Children's Acts and all relevant legislation at [www.legislation.gov.uk](http://www.legislation.gov.uk)
- Government publications on safeguarding can be found at [gov.uk/publications](http://gov.uk/publications)
- Your local authority will have a .gov.uk website address, for example: [www.devon.gov.uk](http://www.devon.gov.uk).