Scarborough Counselling & Psychotherapy Training Institute

Safeguarding policy and procedure

Safeguarding Policy Statement – Adults.

The purpose of this policy statement is to protect vulnerable adults who receive SCPTI services. Our overarching philosophy is that we expect every therapist to have professional supervision and the appropriate qualifications, including training in safeguarding. Moreover, all practicing therapists will be expected to provide evidence of their insurance and their DBS check, and membership of a governing body. All therapists who work from the Institute will have had to go through the above procedure and have the appropriate training background and qualifications to be competent in the services that they are offering. This is regularly monitored and reviewed by SCPTI especially during -reaccreditation applications and ongoing overseeing of SCPTI training programmes and student assessments.

It is a mandatory requirement for SCPTI students to be accessing regular supervision whereby they must explore any safeguarding concerns they may have regarding their client work.

A placement student will have discussions with their placement provider regularly on the importance of swift action in case of concerns over potential safeguarding issues with their clinical placements.

Whistleblowing.

SCPTI has an open culture where people feel able, positively supported, and encouraged to raise their concerns, even when they relate to the practice of their staff. This includes support for whistle-blowing and any such concern would be referred to and addressed by the Quality & Ethics Committee.

Safeguarding Policy Statement – Children.

This safeguarding policy was drawn upon the basis of legislation, policy and guidance that seeks to protect children and young people in England. A summary of the key legislation and guidance is available from: www.nspcc.org.uk/childprotection

The purpose of this policy statement is to protect children and young people who receive SCPTI services. We will provide parents, therapists, trainees and staff the overarching principles that guide our approach to child protection. This policy statement applies to anyone working on behalf of SCPTI, including senior managers, paid staff, therapists and trainees.

We believe that:

- children and young people should never experience abuse of any kind.

- we have a responsibility to promote the welfare of all children and young people to keep them safe, and to practise in a way that protects them.

We recognise that:

- the welfare of the child is paramount.

- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, have a right to equal protection from all types of harm or abuse.

- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

- valuing, listening and respecting them.

- developing child protection and safeguarding policies to reflect best practice.

-Ensuring that all trainees and therapists are accessing supervision and recommend they seek and complete their own specific safeguarding training to enhance safe practice.

- using our safeguarding procedures to share concerns/relevant information with agencies who need to know. Involving children and young people, parents and carers, appropriately.

- creating and maintaining an anti-bullying environment, ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.

- developing and implementing an effective online safety policy and related procedures.

- recruiting staff and volunteers safely, ensuring all necessary DBS checks are made.

- support, training and quality assurance measures.

- implementing a code of conduct for staff, trainees and therapists.

- using our procedures to manage any allegations against staff, therapists and trainees appropriately.

- ensuring that we have effective complaints and whistleblowing measures in place.

- ensuring that we provide a safe physical environment for our children, young people, staff, therapists and trainees, by applying health and safety measures in accordance with the law and regulatory guidance.

- recording and storing information professionally, confidentially and securely.

Appropriate SCPTI safeguarding lead

Due to SCPTI courses not including the child and adolescent psychotherapy qualifications, we provide one safeguarding lead for adults and any issues surrounding children and YP who access our building or who relate to adult clients if and when safeguarding issues arise. This individual is a highly qualified clinician, with experience to provide safeguarding support. All placement therapists need to seek out the lead contact details within their organisation and must contact the safeguarding lead with any concerns over safeguarding issues.

Therapists can also seek safeguarding support from their own clinical supervisor should SCPTI safeguarding lead be unavailable and vice versa.

SCPTI Safeguarding Lead:

Emily Rooney

07983731162

psychotherapywithemily@gmail.com

Responding to concerns and disclosures.

The procedural process that the lead person follow is on SCPTI website so that therapists, and clients are aware of 'what happens next' when seeking support.

For advice and guidance, you can also call **NSPCC Helpline 0808 800 5000**

If you need to make a direct referral to Social Services, follow the 'make a referral' link on www.safeguardingchildren.co.uk

Assessment of clients.

At SCPTI, all clients that seek a therapist and are assessed by senior SCPTI therapists will undertake a "risk assessment" as part of the assessment where areas of concern will be

taken into consideration. If at the assessment the assessor thinks that there is a high risk of harm to life and/or suicide or, these high-risk clients will not be passed to trainee therapists.

Therapist's procedures

The therapist's procedures outline's what therapists need to do in a range of situations in order to best protect the client within the therapeutic setting.

As with all these procedures, the first step at a general level is **Supervision**.

Supervision's major focus is to help the therapist to provide their best services for the client. It is in the supervision hour that the therapist brings their anxieties, worries and concerns to the supervisor.

As well as the above, the therapist will endeavour, through supervision, to develop their skills in the area of therapy and therapeutic discourse. This will include learning how to work with clients effectively, techniques and treatment planning towards resolution.

If the client discloses that they are being abused, harming themselves or have been abused in the past:

- The first port of call is to gently enquire and check out what you have heard to make sure you are understanding correctly - this is not interrogation - though you need to be specific to make sure of the facts. This needs to be done in a relational manner.

- Remember that the information you will be hearing in this context may be difficult for them to talk about and they will have taken a lot of courage for them to disclose at this level, so it is imperative that you treat the person in an empathic manner with a great sense of integrity, authenticity and respect.

- It is vital that you do not lead the client to the conclusion that they were being, or were, abused. For example, do not put thoughts into the client's head.

- If there is a risk to the person, or you are not sure if there is a risk to the person, it is imperative you speak to your personal supervisor as soon as possible to discuss the situation fully. (In specific situations you may decide to contact the safeguarding lead at SCPTI). This needs to be recorded in your own notes.

- If there is a risk you may need to disclose - dependent on level of risk, ie if you think they are of harm to themselves or other people, you will need to disclose this immediately. If there is no immediate risk, then discuss it at your next scheduled personal supervision.

- All actions that you have taken have to be noted in your client records and you need to tell your supervisor of these actions, with dates and times against each of the actions.

If the client discloses that they are abusing:

- Check out what you have heard to make sure you have understood them correctly and remind them of the contracting about confidentiality and its limits.

- Try to get them to take the appropriate action, for example with your support contacting the police.

- You will need to disclose the information that is being given to you and you must make this clear to your client.

- If the risk is significant and imminent you will need to disclose it straightaway to your personal supervisor/ SCPTI safeguarding lead and/or social services or the police.

- Offer to continue to support the client through the ongoing therapy if appropriate and safe to do so.

- If you no longer feel safe to work with the client, seek advice from the SCPTI safeguarding lead and/or your supervisor.

- Make sure that you made notes of all your appropriate actions, with dates and times and who you spoke to, including discussions with your client, supervisor and safeguarding lead.

-Ensure that you as a therapist seek your own support to explore the impact, if any, that the disclosure is having on you.

If the client discloses that a Third Party is Abusing:

- check out what you have heard to make sure you have understood correctly.

- Encourage them to take appropriate action.

- Whether or not they are prepared to take appropriate action speak to your supervisor and the safeguarding lead at SCPTI as soon as possible.

- In your client notes you need to record all discussions with the client, supervisor and the safeguarding lead with dates and times.

Suicidal ideation, suicide, self-harm and risk.

According to WHO, there are 700 000 deaths caused by suicide every year, in the world. It is the 4th leading cause of death in 15 -19-year-olds and whilst links to high-risk groups are well known, often suicide attempts are made impulsively when the person is in crisis.

Suicidal Ideation: This is when clients may have fantasies, dreams or even imaginations of the ideas of what it's like to take their own life and may have whole thought processes on how their suicide may impact other people around them. Often, when people report

suicidal ideation, it does not mean that they are going to follow through and take their own life. However, their reporting of this to yourself is important and must be taken extremely seriously by yourself. This is where supervision is imperative.

The following information has been informed by a Suicide Risk Document produced by Newcastle, North Tyneside and Northumberland NHS, and Manchester Institute of Psychotherapy.

The Threshold Model

The threshold model shows how different types of risk and protective factors interact to produce a threshold for suicidal behaviour for the individual. The different types of factors are:

1. Long-term predisposing risk factors that can be present at birth or soon after birth - these identify people who are in risk groups.
   Genetic or Biological Influences:
   (a) Family history of suicide or attempted suicide
   (b) Family history of depression
   (c) Family history of alcohol or other substance misuse.

2. Personality Traits- Rigid thinking characterized by patterns of thought that are difficult to change. Black and white thinking or "nothing thinking" Excessive perfectionism, where high standards are causing distress to the person or others. Hopelessness with bleak and pessimistic views of the future Impulsivity, tending to do things on the spur of the moment Low self-esteem with feelings of worthlessness.

3. Short Term Risk Factors Environmental Factors:

   (a) Divorced, separated of widowed
   (b) Being older and/or retired
   (c) Having few social supports
   (d) Being unemployed Psychiatric Diagnosis

   The three psychiatric disorders most strongly correlated with suicide are:
   -Depression
   -Substance misuse (including alcohol)
   -Schizophrenia

4. Precipitating Factors These are events that may tip the balance when a person is at risk. They include:

   - High stress/life crises
   - Divorce

- Imprisonment or threat of imprisonment
- Recent job loss
- Recently moving location
- Recent loss or separation
- Unwanted pregnancy
- Interpersonal problems

Depression

Depression is the most common of mental illnesses. People may often report low mood and lack of energy as criteria for depression. Depression comes in many forms. Often it is defined as “anger turned inwardness”, repression of feelings, an incapacitation or/and a general sense of worthlessness and lack of purpose. Depression may be accompanied by self-harming behaviours. On a continuum of health, you may get mild depression where a person may report the above and will be able to move from this state with some ease. If a person reports “at the other end of the health continuum” which we might call “high intensity” depression the person will report feeling “stuck” or “fixed” in that state and show an inability to move to a place of feeling well.

Symptoms: What follows is a check list of the most common symptoms of depression. If at least three-five of the symptoms below have been present for at least 2 weeks, the person is likely to be suffering from clinical depression (moderate to high intensity).

1. Depressed mood
2. Loss of interest and enjoyment
3. Increased fatigue or loss of energy
4. Appetite or weight disturbances
5. Disturbed sleep
6. Ideas of self-harm or suicide
7. Reduced concentration and attention
8. Problems with sleep or indeed incapacitation
9. Reduced self-esteem and confidence
10. Lack of pro-activity
11. Lack of purpose or structure in life

Working with clients and assessing risk

It is important for therapist and client to establish a therapeutic alliance for the client to feel comfortable in sharing personal information about themselves with the therapist. This does not have to be an interrogative process thus equally important

that the therapist does not panic when the client appears to be presenting with high risk factors.
The therapist, by relational process, can gain information about the client's emotional state, support network, high risk factors and any thoughts or plans for suicide during sessions. It is important for the therapist to use personal supervision or the SCPTI safeguarding lead for support and passing of risk information.

If the therapist believes the client is in imminent danger, then they call **999** or their local Crisis Team. Details of contact numbers can be found online.
Therapists have a duty to inform the clients GP if they're concerned of risk to their client. Therapists must inform the client they're doing so before sharing information.

Managing Suicide Risk

Managing suicide risk comes with the territory of risk assessment and management techniques will differ depending on the assessed level of risk. For example, if your risk assessment is low then the management techniques will differ from working with a high assessment risk.

1. If a risk is low, maintain usual contact/sessional arrangements and keep the discussion of risk as an open dialogue.

2. A therapeutic approach is useful in promoting contact and encouraging the client to take a shared responsibility for their future care and safety. (The FRAMES approach to brief therapy is summarised below).

3. If you are concerned or anxious talk to your supervisor, SCPTI safeguarding lead or contact your Placement Supervisor. Do not wait for your next booked supervision session. Most supervisors will have contractual agreement with you that they can be contacted if your concern is urgent.

4. Use the person's existing support system by encouraging them to engage with their contact/friends/family.

5. If you believe the risk is more urgent contact your placement/Supervisor. Talking with your colleagues/therapist peers may well be useful.

6. If they are the high end of suicide risk, call your supervisor immediately to work out an action plan and with regards to future sessions.

7. Imminent risk: The same as above - immediate contact with your supervisor and immediate plans may need to be implemented, such as an urgent mental health assessment (AnE/Crisis Team) or a 999 call.
8. Please note with regards to point (7) and (8) you will need to notify your supervisor. If emergency services were called to SCPTI then please notify SCPTI Safeguarding Lead.

Conclusion

(a) Always be aware of suicide risk.

(b) It is vital to keep good and accurate records.

(b) Use the **FRAMES** approach as a therapeutic style to promote contact and change.
Feedback to the client
Responsibility for recovery/change lies with the client
Advice to recover/change
Menu of strategies for bringing about recovery/change
Empathy as a therapeutic style
Self-efficacy or optimism

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