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Safeguarding Children and Vulnerable Adults

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This document should be read in conjunction with ACAT's Code of Ethics and Practice and ACAT's Code of Ethics and Practice for Training and Supervision.

This statement sets out ACAT's guidance to its members and requirements of them in regard to safeguarding children and vulnerable adults.

The aim of this document is to:

1. promote shared minimum standards for all ACAT members with regard to safeguarding;
2. help to inform other professionals and the general public of the roles, responsibilities and accountability of ACAT members; and
3. raise awareness that all ACAT Members must be mindful of the needs of children and vulnerable adults in the family, irrespective of the setting in which they work (research/academic; statutory agencies; private practice), or their specialism.

Safeguarding presents the greatest challenge to the principle of confidentiality as it is understood and practised by psychotherapists and psychological therapists. It is particularly difficult within CAT which seeks to establish and work through a collaborative relationship between the therapist and the patient. Nevertheless, the need to share information in order to keep children and vulnerable adults safe from abuse, takes precedence over the usual commitment to confidentiality, and this should always be clearly stated at the beginning of a therapy.

Practitioners working within the NHS, social care or voluntary sector settings should be bound by their agency's guidance. All agencies are required to have policies that are compatible with the statutory framework set out in law and coordinated by social services in collaboration with other statutory agencies including the police, Criminal Justice System, NHS and educational services. Local Safeguarding Children Boards (LSCBs) provide a multi-agency framework and have responsibility for promoting the safeguarding of children within the community. As such the work of all ACAT members must accord with locally agreed arrangements for the implementation of the Children Acts (1989, 2002, 2004,) the Children (NI) Order (1995), the Children (Scotland) Act (1995). Each authority has a Safeguarding Children Board and a Safeguarding Adults Board and these groups manage the arrangements for reporting, sharing information, investigating concerns and assessing risk. The Boards publish policies and guidance locally advising local services and professionals about how and when to report concerns. Although the terminology can sound punitive or bureaucratic the aim of all safeguarding activities will be to protect the child or vulnerable adults in the least confrontational and least restrictive way possible to achieve that goal. Supportive options will be explored if these are considered appropriate and formal proceedings or prosecutions only pursued where this is appropriate. Practitioners should also appraise themselves of the policies and guidance issued by their own professional bodies.

The DOH document: Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, (see references) gives definitions of abuse. These definitions cover physical, sexual, psychological emotional (and for adults, financial) abuse, discrimination and exploitation as well as wilful neglect or acts of omission. Thresholds vary and can be quite subjective

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as recent inquiries demonstrate: practitioners may have to make difficult judgments about whether a situation is of sufficient concern, or presents a serious enough risk to warrant concern. They should discuss their need to report information outside of the therapy with a patient and get their agreement if at all possible, but in exceptional circumstances they will have to share concerns without the patient's approval and/or against their wishes. Single, shocking incidents or injuries are easy to spot. What is more difficult is the calibration of concern in situations of ongoing neglect, domestic violence, or emotional unresponsiveness or manipulation, where the cumulative nature of the damage done to a child/children has to be managed and their failure to thrive or to meet milestones has to be continually assessed.

The core legal requirements are:

1. The child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that each child receives the support they need before a problem escalates.
2. All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children.
3. All professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care.
4. Appropriately trained professionals are able to use their expert judgement to put a child's needs at the heart of the safeguarding system, so that the right solution can be found for each individual child.
5. All professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the progress of a child against specific plans and outcomes.
6. LSCBs co-ordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements.
7. When things go wrong, Serious Case Reviews (SCRs) are published and are open and transparent about any mistakes which were made so that lessons can be learnt.
8. Local areas innovate and changes are informed by wide ranging and cross-cultural evidence and examination of data (from both clinical practice and research evidence).

Any concerns about the current sexual abuse of children should be shared within the multi-agency network as paedophilia is widely assumed to be an ongoing and difficult to change orientation. Targeting and grooming, deception and manipulation make judgments about such matters complex and therapists should always bring such issues to supervision and if in any doubt consult with the statutory agencies.

If the information is discussed with someone other than the designated post holder, then an agreement about who will take it into the statutory process should be clearly spelt out and documented. For example if a therapist raises concerns about the children of a patient they are seeing with that person's GP, they should clarify whether they are expecting the GP to make a formal report, to assess the risk and act on their assessment or to leave them to make the decision themselves after the consultation.

Reporting on behalf of children is a statutory responsibility and a failure to do so in the face of a real and present threat to the wellbeing of a child might be seen as a breach of professional ethics.

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The situation for adults is more complex. It relates only to "vulnerable" adults, who are, at the time of writing defined as someone who …

"is or may be in need of community care services by reason of mental or other disability, age or illness and is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation"
("No Secrets" DoH 2015 p9)

The first part of this definition covers people with learning disabilities and older people, some people with physical or sensory impairments or chronic illnesses, and people with mental problems that are serious or ongoing. These groups are all entitled to additional support when facing violence or abuse in their lives: social services are not an alternative to the police in these circumstances but the safeguarding adults framework provides extra coordination and signposting.

The second part of the definition points to a group on whose behalf social and health care agencies have to take a more proactive stance because the patient/client may not able to make decisions for themselves in these circumstances. Under the terms of the Mental Capacity Act 2005, a person is not deemed to have, or not have capacity in global terms but this has to be assessed in relation to a particular decision or set of decisions. Situations that are compounded by intimidation, deception, violence, dependence on another, and so on are likely to be the most complex for a vulnerable person to take so that some patients who manage considerable parts of their lives independently may still lack capacity to make judgments and informed decisions in relation to safeguarding themselves against abuse or violence.

Therapists may encounter abuse in many different contexts and guises. They may have to make judgments about a very wide range of situations, for example

1. A patient tells you that she suspects her partner is sexually abusing their daughter but begs you not to act on this concern, threatening to leave the therapy if you break her confidentiality.
2. A patient discloses historical sexual abuse but refuses to say who her abuser was, only disclosing that he worked as a youth worker with a local church.
3. A patient with depression and an eating disorder tells the therapist that she is finding it difficult not to hurt her children
4. A patient discloses fears that they will harm their elderly mother who has dementia and whose care is becoming increasingly stressful and fraught
5. A patient who has been recently discharged from an in-patient psychiatric unit tells her therapist that she was sexually assaulted by another patient during her time on the ward.
6. A patient with alcohol related problems is finding it increasingly difficult to manage his life without violence: he has three children under five and tells you he has been violent to his partner.
7. A patient with learning disabilities discloses that one of the care staff shouts at him and has several times hit him when he has been upset.

The decision over whether and when to share this information beyond the therapy should be taken to supervision, and the timing of any report to a third party should be governed by risk to children or other vulnerable people, alongside the needs and wishes of the patient and their assessment of the current risk.

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Where therapists struggle to contain the anxiety that these situations give rise to they should seek additional supervision or consultation, and if in any doubt share their concerns with an appropriate professional in a relevant statutory service.

References

DOH: Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, March 2015

No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. January 2015.

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