

Creative Support For Vulnerable Families And Children
Registered Charity Number 1193582
SAFEGUARDING POLICY

Creative Support For Vulnerable Families and Children (aka CS4VFC hereafter) has a duty to protect all adults, vulnerable adults, young people, vulnerable young people, children and vulnerable children who take part in any activities involving CS4VFC, in which CS4VFC participates, or in any other interactions.

The Appendix to this document are the Safeguarding Guidelines used by the Psychotherapist and the UKCP who are the governing body of the Psychotherapist. They are attached to enable the DSL and Trustees to see the relevant parameters and disciplines. In the event of a different organisation/discipline being involved with the Charity their Safeguarding Policies and Procedures will be included in the same manner to ensure observance in line with the Local Authority Designated Officer.

The purpose of this policy is to ensure the protection from harm and promotion of welfare for all adults, vulnerable adults, young people, vulnerable young people, children and vulnerable children in these circumstances and to provide guidance on how CS4VFC will achieve that purpose. All adults, vulnerable adults, young people, vulnerable young people, children and vulnerable children regardless of age, disability, gender, race, religious belief, sexual orientation or identity have a right to equal protection from all types of harm or abuse, and CS4VFC will not tolerate abuse of any kind. In the event of any suspected abuse or concern relating to any behaviour by anyone associated with the charity that would be deemed as abusive or unacceptable must in all instances be reported to the Designated Safeguarding Lead. In this instance that lead will be Gregory Dunningham Trustee and Administrator. All such incidents must be reported either immediately or as soon as is practically possible. Further if such incident involves a therapist undertaking work either for, on behalf of, to assist with or at an event supported by the Charity then the matter must be reported by the DSL to the therapist supervisor and if necessary the appropriate legal body. In the event each incident will be evaluated in context so the necessary legal body may be the Police, Social Services or a Medical Practitioner but this will depend on the issue itself and the parties involved. All instances LADO will be advised by means of an Allegations Referral Form.

CS4VFC is committed to safeguarding any vulnerable person and promoting their welfare. As adults and/or professionals or trustees, everyone has a responsibility to safeguard vulnerable adults and children and promote their welfare.

This policy covers adults, vulnerable adults, young people, vulnerable young people, children and vulnerable children.

For the purposes of this policy following definitions:

- A child is defined as someone aged under 18 years of age

- Young Person/People” or “Youth” include individuals – young women, young men, and young persons of other gender identities - aged 15 years to 24 years old. This group spans the categories of ‘children’, ‘adolescents’ and ‘adults’ but regards young people as having particular safeguarding needs and requiring distinct consideration aside from younger children and older adults.
- University students, work experience students and apprentices under the age of 18 are covered by these safeguarding guidelines.
- A vulnerable adult is a person aged 18 or over, who is in receipt of or may be in need of community care or other recognised services by reason of mental or other disability, age or illness and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation. Within vulnerable adults CS4VFC recognises those that may fall outside this defined group but due to gender are more likely to be a victim i.e. adult women without intrinsic vulnerabilities.
- An adult is a person who has attained the age of being legally responsible for their actions and is therefore regarded as independent, self-sufficient, and responsible.
- A family being a group of one or more parents and their children living together as a unit.
- A responsible person is the teacher, parent or carer of the above.

Guidance in Safeguarding Vulnerable Families and Children

Safeguarding.

Confidentiality. CS4VFC will maintain strict confidentiality within the client/therapist relationship at all times, always provided that such confidentiality does not jeopardise with the therapist’s own safety or the safety of the client, the client’s family members or other members of the public. A contract exists between the therapist and the client/beneficiary and any such breach in confidentiality is a breach of contract. Trustees must observe this and be aware that any such breach must be reported to the Chair Trustee immediately they become aware of such breach. This confidentiality extends to anyone who comes into contact with CS4VFC, its clients/beneficiaries or its trustees and they must be made aware of the rule regarding confidentiality. There exists a duty of confidentiality where information is disclosed in confidence or in circumstances where a reasonable person ought to know that the information ought to be confidential.

Suitability. The therapist will detail their suitability by reference to their qualifications, references and their experience. Trustees will establish their suitability to whatever role they hold by either qualification or experience. No trustee shall have any direct access or knowledge of the client/beneficiary. **N.B.** It is a pre-requisite that any trustee connected with the booking of rooms or delivery of materials shall hold a **DBS** in case of any unavoidable meeting or sight of clients/beneficiaries.

Prevention. It is better to take action before harm occurs and be alert to potential indicators of abuse or neglect and be alert to the risks which individual abusers, or potential abusers, may pose to vulnerable all adults, vulnerable adults, young people, vulnerable young people, children and vulnerable children All clients/beneficiaries will be made aware of the rule regarding confidentiality at the initial assessment. Trustees by signing their acknowledge their acceptance and agreement of this .

Proportionality. The least intrusive response appropriate to the risk presented. To share and discuss with relevant parties and help to analyse information so that an assessment can be made of the circumstances, contribute to whatever actions are needed to safeguard and promote the welfare of all parties concerned.

Protection. CS4VFC seeks to serve the needs of all adults, vulnerable adults, young people, vulnerable young people, children and vulnerable children (aka vulnerable persons) who take part in any activities involving CS4VFC. In doing so the charity takes seriously the welfare of all vulnerable persons who come into any area or premises or who are involved in its activities. The charity aims to ensure that they are welcomed into a safe, secure, caring environment with a happy and friendly atmosphere. The charity recognises that it is the responsibility of the therapist, the trustees or any other person associated with the charity to prevent the neglect, physical, sexual or emotional abuse of vulnerable persons and to report any abuse discovered or suspected.

Accountability. The charity recognises its responsibility to implement, maintain and regularly review procedures, which are designed to prevent and to be alert to any neglect or abuse. Further it will regularly review the policies and procedures co-operating to ensure the safety of any vulnerable adults, vulnerable adults, young people, vulnerable young people, children and vulnerable children. As one of its major activities the charity seeks to serve the needs of vulnerable individuals by promoting holistic development and to provide support that looks at the whole person, not just their mental health needs. The support will also consider their physical, emotional, social and spiritual wellbeing.

Policy Review. The charity recognises the need for regular reviews of **all** its policies and procedures, especially any related to or associated with safeguarding. The review of all policies and procedures shall be undertaken annually in February (anniversary of achieving charitable status). In the event of any incident relating to safeguarding, the review will be undertaken at the time once the details are established. In the event of change in legislation by Government or appropriate body the review will be undertaken immediately and any necessary changes brought into immediate effect. Any changes to the safeguarding policies and procedures will be communicated to the trustees and volunteers once finalised by the Designated Safeguarding Lead.

Training. The Designated Safeguarding Lead will undertake nationally recognised annual training courses and these in turn will be disseminated to the other trustees and volunteers.

APPENDIX 1.

CREATIVE SUPPORT FOR VULNERABLE FAMILIES AND CHILDREN SAFEGUARDING SUPPLEMENTARY

These guidelines sit alongside the UKCP Safeguarding Protocol and the UKCP Code of Ethics. They are to help manage a therapists work in relation to safeguarding and adhere to the standards set out by any organisation that the therapist is working for and/or with. These guidelines are designed to inform and enable adherence to standards of good practice within a sound ethical framework. It is important that the current statutory regulations pertaining to safeguarding in the relevant part of the UK are maintained as there are different interpretations and processes across the individual home nations. It is as important that the DSL has full knowledge of the working practices of a therapist to enable accurate evaluation in the event of a complaint or issue.

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. 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 and the working environment. To this end the seven principles of ethical practice (avoiding harm, benevolence, candour, competence, honesty, human rights and social justice and personal accountability) help to frame the 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 there may be signs that reasonably indicate preliminary evidence that they or another person have suffered, is suffering, or is likely to suffer actual abuse.
- There may be 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 the client is an adult or a child.
- Being aware of possible abuse via other means, for example in an enquiry email from a potential client.
- There is a responsibility to protect children, vulnerable adults, the client and the therapist. But also consider proportionality and be measured and 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 may be considered and includes harmful or abusive elements. Remember adults with capacity can make choices, sometimes choices that another individual may consider harmful.

Questions to 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?

A therapist 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.

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. Further, that therapy can evoke a changing and complex kaleidoscope of 'memories', feelings and perceptions which are multi layered. Experiences described may be actual, perceived, fantasy or an exploration, a wondering or a 'What if?'. Be aware that accounts offered by clients will need to be assessed against this landscape. For example, the effect of allegations on all involved (not just on the client).

- the therapists responsibility compared to that of others.
- the implications where alleged abuse involves a professional.

Step two: immediate response

During a therapy session it may become apparent 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.'

(reference: The Children's Act 1989)

A 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/DSL 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 with an organisation such as the NHS, a school, college or university or within an organisation in the private or voluntary sector, there is 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 the supervisor to discuss your concerns.
- By giving time to discuss in supervision, you separate the therapist from the emotion of the moment so that things can be recalled or explained clearly, which allows for consideration of the many things that may need to be taken into account.
- If an assessment of risk suggests that urgent action is needed and it is not possible 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 the client
- to formally contact children's or adult services
- to formally contact the police
- to do nothing – (the rationale for this decision should be recorded and where appropriate agreed with the 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

It is good practice to review how the disclosure has been dealt with and the impact that

it had on all concerned especially as a therapist by:

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

Contact details:

Designated Safeguarding Lead and Trustee : Greg Dunningham

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Policy last reviewed on:

Signed by:

Date: