

## VULNERABLE PEOPLE SAFEGUARDING & PROTECTION POLICY

### **Introduction**

The safeguarding and protection of vulnerable people, whether children or adults, is an important issue for all staff, trustees and therapists working on behalf of Moving Forth Scottish Charitable Incorporated Organisation (SCIO).

This policy sets out the overarching principles that guide our approach to safeguarding and protection of children and vulnerable adults.

Two important definitions follow:

### **"Vulnerable People"**

**For the purpose of this policy, all clients, whether children or adults, receiving body oriented psychotherapy sessions from a therapist employed by the charity should be considered as vulnerable.**

### **"Abuse"**

**Abuse is a term that describes damage to a person's well-being and/or development by the actions of another. While this usually refers to the actions of an adult towards a child or another adult, it may also refer to the actions of a child or adult against another person.**

The SCIO believes that the interests of the client are normally considered as being of paramount importance in all circumstances. These interests will normally concur with those of the parents or carers. However, it should also be noted that the SCIO considers that it is the safeguarding and protection of any child that takes precedence over the interests of any adult, whether or not that child is also a client.

Vulnerable Persons Safeguarding and Protection concerns may arise in response to:

- 1 Suspicions that a person (child or adult), or the child of a person in therapy, is at risk of harm and has experienced physical injury, emotional abuse, sexual abuse or neglect;
- 2 A disclosure from a child or adult in therapy that she or he has abused someone;
- 3 Suspicions occurring from a therapist's observation of, or information about, someone's family or circumstances that causes concern;
- 4 Other circumstances.

### **The Responsibilities of the SCIO**

The SCIO seeks to appoint staff in a responsible fashion. Job applicants are informed from the advertisement stage onwards that any appointment to a post with the charity is subject to a satisfactory disclosure check. All references are taken up prior to any appointment. All clinical staff must be Registered with a relevant professional body eg UKCP, ADMP UK, COSCA, BACP etc.

The SCIO seeks to manage staff in a responsible fashion. Both introductory and refresher training on client protection issues is made available regularly to the whole staff group. In addition, staff are assisted to evaluate their professional competence and training needs by means of regular individual appraisals, and access to funding for individual training and clinical supervision, and approval of training by the SCIO.

The SCIO seeks to manage clinical services in a responsible fashion. Clients with whom the SCIO's therapists work (and/or their carers) are informed of the SCIO's specific responsibility to report any Child Protection issues before therapy begins; also, that while disclosure of information in respect of a client usually occurs with their consent, disclosure without consent may be made if protection issues arise. All information reporting processes are overseen by the designated therapist, responsible for Clinical Governance, and the Chief Executive Officer.

## **The Responsibilities of Body Oriented Psychotherapists Employed by the SCIO**

### *Employment, Training and Awareness*

All therapists employed by the SCIO are required to hold PVG scheme membership through Disclosure Scotland; this must be undertaken before commencement of employment. References are also taken up prior to any offer of employment.

- Each member of staff is bound under the terms of her/his Contract of Employment to disclose any criminal convictions incurred whilst in the employ of the charity.
- In addition, therapists must agree to abide by the Code of Ethics of their professional body.

Therapists employed by the SCIO are required to maintain their professional competence in skills of recognition of signs of abuse and Vulnerable Person Protection procedures; any training in these areas of competence should be approved by the SCIO. New staff are alerted to these responsibilities during their induction procedure, and the SCIO provides first-stage and refresher training on a regular basis, as well as encouraging staff to undertake more specialised training when appropriate. The SCIO reviews all training offered to staff. Each member of staff reviews their training portfolio and aspirations on an annual basis with their Line Manager, as part of a confidential annual appraisal.

Therapists employed by the SCIO are informed that each has a duty to pass on any information in relation to suspected child abuse to the statutory authorities, and that no-one may offer any client, whether adult or child, complete confidentiality.

Therapists employed by the SCIO are required to comply with the present policy, appropriate policies in place at any other locations at which they practise, Guidelines on Child Protection, and the UK Council for Psychotherapy's (UKCP) Ethical Principles and Code of Professional Conduct – [www.ukcp.org.uk](http://www.ukcp.org.uk).

- Therapists working with children or young people should identify in their outreach workplace the person responsible for Child Protection policy and procedures, including training for staff, and also their first person to contact regarding any Child Protection concerns.
- In the case of privately referred sessions at the Moving Forth base, the therapist should liaise with other professionals or agencies where appropriate.
- Therapists working privately with vulnerable adults should liaise with other professionals or agencies working with that adult, where appropriate.

## **Guidelines for Therapists working with Vulnerable People**

All therapists working with children or vulnerable adults should be aware of protection issues, and should take steps to avoid putting themselves in situations where they might be compromised or put at risk of harm.

The purpose of these guidelines is to give advice for these areas of clinical practice.

1. The nature of clinical Body Oriented Psychotherapy practice demands privacy and confidentiality, but therapists should be aware of the dangers and, where practicable, avoid or keep to a minimum those situations in which they and an individual client are completely unobserved.
  2. The therapist should ensure that any activities, which she or he directs or permits, are appropriate to the age, maturity and ability of the client.
  3. Any injury or illness before, during or after a session should be reported to the accompanying parent, teacher or carer, and noted in the client's case notes and the accident book as appropriate.
  4. Therapists should use only appropriate language and touch in the presence of clients.
  5. Absolute hygiene of props and equipment should be maintained for the protection of clients and therapists alike.
  6. If a client apparently misunderstands or misinterprets speech, gesture or other action on the part of the therapist, and the therapist is concerned that they might be thought to have acted unprofessionally, the details should immediately be reported to the person with parental or care responsibility for that client. A brief written report should also be submitted to the SCIO's Vulnerable Persons Protection Officer.
  7. The therapist should always maintain contemporaneous client attendance records.
  8. Therapists employed by the SCIO should never:
    - Engage in sexually provocative discourse or activity with a client;
    - Permit and/or engage in any form of inappropriate touching from, or of, the client;
    - Allow any allegations or disclosures in respect of, or by, the client, to go unreported under the terms of this policy document;
    - Agree to meet any client alone except during a pre-arranged therapy session.
- Moreover:
- It is illegal not to disclose professional concerns about abuse. This always overrides therapeutic confidentiality.
  - It is illegal to lock internal therapy doors.
  - Clinical notes need to be legible, in black ink or typed, and dated and signed, so that they could be admissible legal evidence.
  - Records of sessions should be clearly labelled and kept locked away.

## **Reporting**

Where abuse is suspected, or a person is thought to be at significant risk of being harmed, therapists have a duty to report their concerns; when the suspected victim is a child, this is a legal duty.

All information pertaining to the report and subsequent meeting will be kept on file for 7 years or, in the case of information relating to a child, until she or he has attained the age of 18.

## **Planning Response**

Therapists should always exercise professional judgement in respect of planning and properly considering their response to any suspicions or allegations made regarding Vulnerable Person Protection issues. The timescale for action should always be carefully considered. If any therapist requires assistance, she or he should consult the SCIO's Vulnerable Person Protection Officer and/or the Chief Executive Officer.

## **Continuing Therapy and its Relation to Investigation**

Once any concerns have been reported to the SCIO's Vulnerable Person Protection Officer and/or the Chief Executive Officer, the therapist must not investigate any information disclosed, either by means of verbal discourse or as part of the therapeutic process. Although professional judgement will normally inform any decision to continue with therapy, if an allegation has been made against the therapist concerned, that therapist must not have contact with the client concerned until the matter is resolved.

It is however the responsibility of the therapist concerned to pass on any new information disclosed to either the Chief Executive Officer and/or the Vulnerable Person Protection Officer.

## **Supervision**

Therapists are free to use their confidential clinical supervision as a place to discuss Vulnerable Person Protection concerns, but it is essential that concerns be formally reported within an appropriate timescale.

## **Clinical notes**

Vulnerable Person Protection issues or any related form of disclosure can result in the therapist concerned being called as a witness in legal proceedings, and in certain circumstances other parties may require to see the clinical records of the treatment episode(s) concerned. This should be borne in mind when making and storing clinical records.

A practical guide to the law relating to protection of vulnerable people can be found at:

[www.scotland.gov.uk/Topics/People/Young-People/children-families/17834](http://www.scotland.gov.uk/Topics/People/Young-People/children-families/17834)

<http://www.scotland.gov.uk/Topics/People/Young-People/children-families/pvglegislation>

## **National Society for the Prevention of Cruelty to Children**

Helpline for concerns about a child's welfare: 0808 800 5000 Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)

## **Child Exploitation & Online Protection Centre (CEOP)**

[www.ceop.police.uk](http://www.ceop.police.uk)

### Contact details:

Vulnerable Person Protection Officer / Chair of Trustees

Name: Janet Halton

email: [JanetHalton@nrscot.org.uk](mailto:JanetHalton@nrscot.org.uk)

Chief Executive Officer (CEO)

Name: Susan Scarth

Phone/email: 07962814630 / [susan@movingforth.org](mailto:susan@movingforth.org)

Lead Child Therapist

Name: Eveline Nicolette

Email: [evelinenicolette@gmail.com](mailto:evelinenicolette@gmail.com)

We are committed to reviewing our policy and good practice annually. This policy was last reviewed on:

[date] ..... [signed] .....

Print name: .....

Senior position: .....