



# **BPC Safeguarding Children and Vulnerable Adults Policy Guidance**

**Document Purpose:** This document is intended to provide guidance only. The purpose of this policy is to set a clear framework for clinicians in relation to safeguarding and promoting the welfare of children, young people and vulnerable adults.

**Document:** Safeguarding Policy

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**Target Audience:** BPC Registrants and Member Institutions

**Cross Reference:** This Policy should be read alongside the 'BPC Code of Ethics'.

**Contact details for further information:** BPC, Suite 7, 19-23 Wedmore Street, London N19 4RU.

Telephone: 020 7561 9240      Email: [hello@bpc.org.uk](mailto:hello@bpc.org.uk)

The BPC acknowledges the contribution of Dr Judith Trowell and Peter Hudson to this policy document.

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## Introduction

The purpose of this briefing document is to provide guidance to Registrants and Member Institutions in relation to safeguarding when working with children, young people and vulnerable adults. The document should be used for guidance purposes only and only aims to cover the key concepts in relation to safeguarding.

The British Psychoanalytic Council's (BPC's) Code of Ethics states:

*“Registrants must at all times act in a way that they reasonably believe to be in the best interests of their patients. At all times the welfare of the patient must be paramount and every care taken to ensure that the patient is not exploited in any way.”*

## Key Principles

The BPC attaches the highest importance to the maintenance of confidentiality in the communications between patients and their counsellor, psychoanalyst or psychoanalytic psychotherapist and in the privacy of any written notes. However, the need to share information and act upon a concern to keep children and vulnerable adults safe from abuse, may take precedence over the usual commitment to confidentiality.

Registrants share a professional interest in their patient's psychological functioning and are therefore in a particularly relevant position to identify interactions or circumstances that can affect the health and safety of a child or vulnerable adult. In relation to child protection, a Registrant does not have to be working directly with a child and could be working with an adult patient, who may make historical disclosures of abuse or raise concerns about child protection within their families or communities.

No single professional can have a full picture of a child or vulnerable adult's needs and circumstances and everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action as detailed in the 'Raising a Concern' section below.

## Application and Scope

The BPC is committed to safeguarding and promoting the welfare of children and vulnerable adults. The BPC believes safeguarding is everyone's responsibility.

This policy guidance provides a suggested protocol to help Registrants identify vulnerable children and adults and take appropriate action in response to safeguarding. It is intended for all member institutions and all Registrants that are listed on the BPC register. It is particularly applicable to Registrants working in independent private practice.

## Understanding and identifying abuse and neglect

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect by inflicting harm, or by failing to act to prevent harm.

There are four main categories of abuse and neglect you should note:

### Physical abuse

Physical abuse is deliberately physically hurting a child or vulnerable adult. It may involve hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating.

Physical abuse can happen in any relationship. Children and vulnerable adults are more at risk if a significant other has problems with drugs or alcohol or if they live in a home where domestic abuse happens.

### Emotional abuse

Emotional abuse is the emotional maltreatment of a child or vulnerable adult; and may be such as to cause adverse effects (sometimes severe and persistent) on a person's emotional development. It may involve conveying to a person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving a child or vulnerable adult opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may involve serious bullying (including cyber bullying), causing a person frequently to feel frightened or in danger, or the exploitation or corruption of a person.

Although the effects of emotional abuse might take a long time to be recognisable, Registrants will be in a better position to observe it.

### Sexual abuse

Sexual abuse of a person involves engaging them in sexual activity of any kind against their will. A child under the age of 16 cannot, as a matter of law, consent to sexual activity.

Sexual abuse of a young person over the age of 16, or vulnerable adult, involves engaging that person in sexual activity of any kind without his or her genuine consent. Some vulnerable adults may be incapable of giving such consent, as a result of their mental capacity or mental health.

The abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may also include non-contact activities, such as involving

children in looking at, or in the production of, sexual images, watching sexual activities, encouraging a person to behave in sexually inappropriate ways, or grooming a person in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## Neglect

Neglect is the failure to meet a person's basic physical and/or psychological needs, where the failure is likely to result in the serious impairment of the person's health or development. It is the most common form of child abuse and reason for taking child protection action.<sup>1</sup>

Neglect may occur if a significant other becomes physically or mentally unable to care for a child or vulnerable adult.

## Safeguarding in the context of domestic violence

People who witness or are victims of domestic violence suffer emotional and psychological maltreatment. They tend to have low self-esteem and may experience increased levels of anxiety, depression, anger, fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships.

The risks to people living with domestic violence

Some of the risks include:

- Direct physical or sexual abuse of the child or vulnerable adult.
- Emotional abuse and physical injury to the child/vulnerable adult from witnessing the abuse.

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<sup>1</sup> Child protection register and plan statistics for all UK nations for 2016. For further information about the impact of neglect: signs, indicators and effects see [www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect](http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect)

## The impact of domestic violence on children and vulnerable adults

The impact of domestic violence on children and vulnerable adults is similar to the effects of any other abuse or trauma and will depend upon such factors as:

- The severity and nature of the violence.
- The length of time the child/vulnerable adult is exposed to the violence.
- Characteristics of the child/vulnerable adult, including gender, age, disability, socio-economic and cultural background.
- The warmth and support the child/vulnerable adult receives in their relationship with others.
- The nature and length of the child/vulnerable adult's wider relationships and social networks.
- The child/vulnerable adult's capacity for and actual level of self-protection.

## Safeguarding issues in pregnancy and for babies

It is estimated that 30% of domestic violence towards women begins or escalates during pregnancy, and it has been identified as a prime cause of miscarriage or still-birth, premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical injury and foetal death. The mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this may affect her attachment to her child.

Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence should be taken seriously and you are encouraged to discuss this with your safeguarding lead/supervisor/ or the BPC.

## Understanding Infant Observation training

When trainee clinicians undertake an observation in a family home or nursery setting, they should be aware that if they hear about or witness behaviour that causes concern about a child's welfare, then they should discuss this with their safeguarding lead /supervisor/ or the BPC.

## Obstacles to recognising and acting on concerns about Safeguarding

There can be many feelings/anxieties on the part of a Registrant that can lead to abuse being missed, or the seriousness of the concerns about safeguarding issues failing to be registered and responded to appropriately by the Registrant. These might include:

- The fear of losing the treatment alliance with the patient/client(s) in therapy.
- The discomfort of disbelieving or being found to have wrongly suspected client/patients.
- Anxieties about breaching confidentiality.
- A focus on understanding the internal reasons why maltreatment may have occurred, particularly when there is no perceived intention to harm the patient/client(s).
- Uncertainty about how to judge the situation, and how to take up the concerns and what to write in the clinical file.
- Losing control of the therapy as a consequence of referring to other agencies such as LA Children's Social Care, and doubts about the benefits of this; anxiety that, in the short-term at least, it may make the situation worse and cause trauma for patient/client.
- Personal safety of the Registrant if they feel threatened by the client/patient(s).
- Fear of complaints or litigation from client/patient(s).
- Anxieties about seeking support from colleagues, discussing clinical work with senior staff.
- Anxiety/uncertainty about liaising with other professionals such as social workers/GP etc.
- Difficulty of judging how to respond, and whether the presentation really indicates harm that needs to be acted upon.

The following guidelines outline the steps to follow in making this judgement.

If in doubt, discuss this with your supervisor, the safeguarding lead at your MI or the BPC to discuss your concerns.

If there is any doubt about whether there is an emergency, call 999 and seek Police advice.



## Responsibilities

You may have concerns in relation to sharing personal information about children, vulnerable adults, families, individual adults or couples without the consent of the person concerned. However, professional bodies permit the disclosure of confidential information when such disclosure is necessary to safeguard the interests of the child or vulnerable adult. The protection of a child/vulnerable adult overrides the right to confidentiality.

Clinicians who come into contact with children and vulnerable adults in their everyday work have a responsibility to safeguard and promote the welfare of children and vulnerable adults.

Staff and clinicians are advised to:

- attend safeguarding training as required;
- familiarise themselves with the safeguarding policy and associated procedures;
- safeguard and promote the welfare of children and vulnerable adults seeking support to decide whether to act if they have concerns about a child or vulnerable adult.

## Assessing Level of Risk

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.

When a Registrant has concerns about safeguarding issues for the first time during the assessment or treatment of a patient, the Registrant's assessment should take into account:

1. The level of risk to the child/vulnerable adult.
2. The level of care being provided to the child/vulnerable adult.
3. The account of the child/vulnerable adult's emotional health.
4. The account of the child/vulnerable adult's physical health.
5. The description of the child/vulnerable adult's development
6. In the case of a child, the extent of any appropriate adult's ability to protect and think about the child's wellbeing and safety.

## Raising a Concern

The following steps are a guide to Registrants when considering safeguarding concerns that emerge at any point in the contact with client(s).

In a case where a Registrant has concerns about a child or vulnerable adult as a result of their work, he or she may keep 'Contemporaneous Management Notes' as a record of events and actions. Such notes should only record facts, rather than opinions. These concerns can be discussed with your supervisor or your organisation's safeguarding lead. If no such lead is available you can raise this with the BPC.

The Registrant should first consider whether the issues of concern may adequately and appropriately be dealt with as part of treatment with the patient, without risk to the child or vulnerable adult. If there is such a risk, the Registrant could consider whether to raise the issue with the patient with a view to obtaining his or her consent to refer the matter to social services or the police. It is important to discuss whether to take these steps with either your supervisor, your MI safeguarding lead or the BPC.

If such a request to the patient might of itself involve or increase a risk of harm to the child or vulnerable adult, then the Registrant should discuss the matter with supervisor, their safeguarding lead or the BPC, without informing the patient until such time as the you are clear what can be done without a risk of harm. If consent is sought and refused, and the risk has not been adequately addressed, the Registrant should refer the matter in any event.

In the event of other professionals already being involved with the patient in relation to the concerns, it would be advisable for the Registrant to communicate with those other professionals about the concerns, and wherever possible this should be with the patient's permission. Further guidance to acting upon concerns in relation to protection of children and vulnerable adults is found below.

## Disclosure

Where a child or vulnerable adult discloses alleged abuse, the person receiving that information is advised to:

1. Discuss your concerns as quickly as possible (and in any event within 24 hours) with your supervisor and your safeguarding lead/or the BPC.

2. Keep detailed documentation of any action taken and the outcome of any action or investigation.
3. Document in detail the session in which concerns arose. Do this immediately, if possible, and certainly within 24 hours of the session in which the concerns arose. Be clear to distinguish between fact (for example what you have witnessed yourself), reported information (for example, what your patient has told you) and your opinion.
4. Record all subsequent discussions and decisions regarding the case clearly, and each entry should be dated.

## Designated Safeguarding Lead(s)

Member Institutions should designate a member of staff responsible for safeguarding children and vulnerable adults and dealing with safeguarding issues. They are known as the designated safeguarding lead and act as the organisation's source of support, advice and expertise on safeguarding issues. They attend training as appropriate and can make referrals to external agencies. Other aspects of their role include:

- obtaining information from clinicians, children, parents or carers who have concerns relating to the protection of children or vulnerable adults, and to record this information
- assessing information quickly and carefully and asking for further information where appropriate
- consulting with a statutory child protection agency e.g. the local social services department, to clarify doubts or worries
- making referrals to statutory child protection agencies or the police

## Support for Registrants

Dealing with concerns about safeguarding can be very stressful for Registrants involved. It is very important that extra support is available through the process, and Registrants involved in these processes should discuss their needs with their supervisor.

In general, this guidance document affirms that wherever possible, it is preferable for there to be consultation with your organisation's safeguarding lead or with your supervisor or the BPC.

## Implementation of the Guidance and Training requirements

Safeguarding Training should be made available and all supervisors should address this with their supervisees on a regular basis. The needs of Registrants in this area should be reviewed annually, as part of the process of review and appraisal for all Registrants.

## BPC's Safeguarding Guidance

The BPC have experience in dealing with safeguarding issues and in some cases will be able to provide support and guidance to Member Institutions and Registrants. It is important to note these individuals are not experts in the law but have experience in being in practice and facing such issues. The BPC is only able to provide general advice and support and will not be able to assist any further than this. The BPC does not carry any legal liability for the general advice that it provides. Ultimate clinical responsibility remains with the Registrant and the supervisor. It is advisable to approach your supervisor in the first instance and thereafter the BPC.

If you need to contact the BPC, please email [hello@bpc.org.uk](mailto:hello@bpc.org.uk) or call 020 7561 9240.

## Appendix 1 - References within this guidance paper

### Safeguarding

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in Working together to safeguard children 2013 as:

- protecting children from maltreatment
- preventing impairment of children's health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes

Trustees of charities which work with vulnerable groups, including children, must always act in their best interests and ensure they take all reasonable steps to prevent harm to them. Having safeguards in place within an organisation not only protects and promotes the welfare of children but also it enhances the confidence of trustees, staff, volunteers, parents/carers and the general public

([www.gov.uk/government/publications/safeguarding-children-and-young-people](http://www.gov.uk/government/publications/safeguarding-children-and-young-people)).

### Child or Children

The Children Act 1989 defines a child as a person under eighteen for most purposes.

### Vulnerable Adult or Adults

The Protection of Vulnerable Adults Scheme (PoVA 2004) defines a vulnerable adult as a person aged 18 or over who has a condition of the following type: a substantial learning or physical disability; a physical or mental illness or mental disorder, chronic or otherwise, including addiction to alcohol or drugs; a significant reduction in physical or mental capacity.

The term "Vulnerable Adult" is taken to include adults in vulnerable situations arising from a range of causes and circumstances, including those who have never had contact with, or need of, social care services.

Wherever this paper refers to "child" or "children", it should also, when appropriate and/or applicable to the particular situation under consideration, be taken to refer to "vulnerable adult" or "vulnerable adults" as the case may be. A child is anyone who has not yet reached their 18<sup>th</sup> birthday. A vulnerable adult can be anyone aged 18 and over. References in this paper to an "agency" or "relevant agency" are references to the most appropriate organisation/s with the authority and resources to take action to protect the child or vulnerable adult in question, in the particular circumstances under consideration. This might include, for example, the police, social services, a relevant

department within a Local Authority (such as Local Authority (“LA”) Children’s Care Services) or the National Society for the Prevention of Cruelty to Children (“NSPCC”).

#### Equality Statement

The BPC is committed to protecting all children and vulnerable adults regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

## Appendix 2 – Legislation and Government Guidance

Legislation and Government Guidance Over the past decade there has been a wealth of legislation and government policy relating to protection of Children, Young People and Vulnerable Adults. This includes:

- *Children Act 1989*
- *The Police Act 1997*
- *The Protection of Children Act 1999*
- *Criminal Justice and Court Services Act 2000*
- *Care Standards Act 2000*
- *Safeguarding Children 2002 – Chief Inspectors Report*
- *The Victoria Climbié Inquiry 2003 – Lord Laming Report*
- *Keeping Children Safe 2003 – Government response Every Child Matters*
- *Change for Children –Green paper 2003*
- *The Sexual Offences Act 2003*
- *The Children Act 2004*
- *Bichard Inquiry 2004*
- *Every Child Matters and the Children Act 2004*
- *Safeguarding Children: Second Chief Inspectors Report 2005*
- *Safeguarding Vulnerable Groups Act 2006*
- *Working Together to Safeguard Children 2006*
- *Making Safeguarding Everyone’s Business 2006 – Government Report*
- *Safeguarding children: Third Chief Inspectors Report 2008*
- *Education Act 2011*

Further legislation can be found at [www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance](http://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance).

See also <https://www.nspcc.org.uk/services-and-resources/>