

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

SAFEGUARDING POLICY AND PROCEDURE

Safeguarding Policy Statement - Adults

The purpose of this policy statement is to protect vulnerable adults who receive MIP services. Our overarching philosophy is that we expect every therapy to have professional supervision and the appropriate qualifications, including Placement Therapists. 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 MIP in terms of overseeing their ADL and training programmes and advanced specialisms. Membership of a governing body such as UKCP, UKATA, BACP with adherence to their stipulations is a requirement for ADL.

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.

Whistle-blowing

MIP 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: [nspcc.org.uk/childprotection](https://www.nspcc.org.uk/childprotection)

The purpose of this policy statement is to protect children and young people who receive the Manchester Institute for Psychotherapy 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 the Manchester Institute for Psychotherapy, 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.
- * appointing the appropriate child protection/safeguarding lead.
- * developing child protection and safeguarding policies to reflect best 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, and 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 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 and securely.

Appropriate MIP safeguarding lead

MIP will provide at least two safeguarding leads for both adults and children. These individuals are highly qualified clinicians, with experience to provide safeguarding support.

All placement therapists will be provided with the lead contact details and must contact the safeguarding lead with any concerns over safeguarding issues. Moreover, these safeguarding leads are available for all other therapists.

Should the safeguarding lead not be available, the admin office will signpost an alternative contact and confidentiality must be adhered to.

Contact details:

1. Senior lead for safeguarding:
Name
Phone number/email
2. Deputy lead for safeguarding
Name
Phone number/email

NSPCC Helpline 0808 800 5000

Responding to concerns and disclosures.

The procedural process with regards to MIP lead persons are publicly on the website so that therapists, placement students and clients are aware of these procedures.

Assessment

At MIP, all placement clients that are referred to the placement therapists will have undertaken a "risk assessment" where the above areas will be taken into consideration. If at the assessment the assessor thinks that there is a high risk in the area of suicide, these high risk clients will not be passed to the placement therapists. However, that does not

mean that the clients' feelings of suicide or suicidal idealization may not be triggered through the placement.

THERAPISTS PROCEDURES

The therapists procedures outlines 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 placement therapist to provide their best services for the client. It is in the supervision hour that the placement therapist brings their anxieties, worries and concerns to the supervisor.

As well as the above, the placement therapist will endeavor through supervision to develop their skills in the area of therapy and therapeutic discourse. This will include learnings in how to work with clients, 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 have 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 will be very difficult for them to talk about and it 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 imperative 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 MIP) - certainly 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.
- * In your personal notes, vis a vis your client, this must be recorded as said above, even if you choose not to take this to your supervisor. However, it is highly recommended that you do take all considerations to your supervisor.

- * 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 they are abusing:

- * Check out gently 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 the MIP 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 MIP safeguarding lead and your supervisor.
- * Make sure that you made notes of all your appropriate actions and discussions with your client, supervisor and safeguarding lead.

If the client discloses that a Third Party is Abusing:

- * First of all check out gently what you have heard to make sure you have understood correctly.
- * Try to get them to take appropriate action.
- * Whether or not they are prepared to take appropriate action speak to your supervisor and the safeguarding lead at MIP as soon as possible.
- * In your client notes you need to record all discussions with the client, supervisor and the safeguarding lead.

SUICIDE AND SELF HARM FRAMEWORK

This document has been informed by the BACP Information Sheet P7 Working With Suicidal Clients, and the Suicide Risk Document produced by Newcastle, North Tyneside and Northumberland NHS as well as the information produced by Beacon Counselling.

When working with Placement clients who present with a wide variety of issues, such as depression, anxiety, stress, repression of feelings, hopelessness, and a feeling of helplessness in the world and indeed in their levels of functioning, you may well find as the therapeutic sessions evolve that sitting underneath these presenting issues the placement client may report feelings/thoughts of suicide/suicidal idealisation.

Suicidal Idealisation

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 indeed may have whole thought processes on how their suicide may impact other people around them.

More often than not when people report suicidal idealization it does not mean that they are then going to go and take their 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 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 or 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
- * Recent house move
- * 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.

In 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 relative ease.

If a person reports “at the other end of the health continuum” which we might call “high intensity” depression the person will report “stuck” or “fixed” in that particular state and an inability to move from one ego state to another.

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 (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 self confidence
10. Lack of pro-activity
11. Lack of purpose or structure in life

Process of Assessment (taken from Suicide Risk Document- Northumberland NHS)

Key stages in applying the threshold model to suicide risk and assessment are:

1. To establish a working relationship with the placement client. This means developing rapport and a trusting relationship with your client.

This working relationship will provide a container and a secure safe space for the placement client to feel more able to disclose important information with regards to what they are presenting.

The use of empathy, active listening, and genuineness is imperative in this, not only throughout therapy but also particularly important at this first stage of meeting.

2. Phenomenological Inquiry about the person’s presenting issues and narrative is vitally important within the therapeutic sessions.

You will also need to be aware of inquiring about their current mental health, physical health and any substance problems.

3. When listening to their historical and presenting issues you will also be able to assess their previous methods of coping with similar problems within what we call in Transactional Analysis their "Script".
4. It is imperative to seek information on their support system which would include availability and help provided by families and friends, for example do they live by themselves, with other people, within the family or do they in fact access any other type of service help.
5. Ask about current circumstances, life events and worries. Through this inquiry you will be able to assess any precipitating factors which/could be triggering any suicidal thoughts, feelings or indeed potential actions.
6. Finally, through the above you will have been throughout assessing the potential existence and specificity for any plans for suicide, including any nearby dates that have special significance for the person. Investigating the availability of means to commit suicide is crucial at this stage. This information will help to assess any suicidal intent.
7. After evaluating the placement client's narrative and information that you will have gleaned throughout the stages above, will help you to judge how close the person is to his or her threshold for suicidal behaviour. This then is your assessment of risk.
8. Having stated the above stages of risk assessment, it is important that you have this framework and information with regards to working in the area of mental health. Please note, as said above, that the MIP initial assessor will also have done their own risk assessment and will have made clinical judgements in terms of the clients that they will be referring to you in terms of the placement.

Managing Suicide Risk

Managing suicide risk in many ways 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.

Low risk

High Risk

1. If a risk is low, maintain usual contact/sessional arrangements.
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 summarized below).
3. If you are concerned or anxious **talk to your colleagues at the placement service and/or contact your Placement Supervisor (do not wait necessarily for your next booked supervision session).**
4. Use the person's **existing support system** by encouraging them to engage with their contact/friends/family.
5. As said earlier, if you believe the risk is more urgent **contact your Placement Supervisor** and also talking with your colleagues may well be useful at this junction.
6. If they are the high end of suicide risk **Supervisor immediately to work out an action plan** with regards to future sessions.
7. The same as above - **immediate contact with your Supervisor** and immediate plans may need to be implemented, such as an urgent mental health assessment or even a 999 call.
8. Please note with regards to point (7) and (8) you will need to notify the Safeguarding Lead person at MIP.

Conclusion

- (a) Always be aware of suicide risk.
- (b) It is vital to keep good and accurate records.
- (c) Use the **FRAMES approach** as a therapeutic style to promote contact and change.

Feedback to the client
Responsibility for change lies with the client
Advice to change
Menu of strategies for bringing about change
Empathy as a therapeutic style
Self-efficacy or optimism

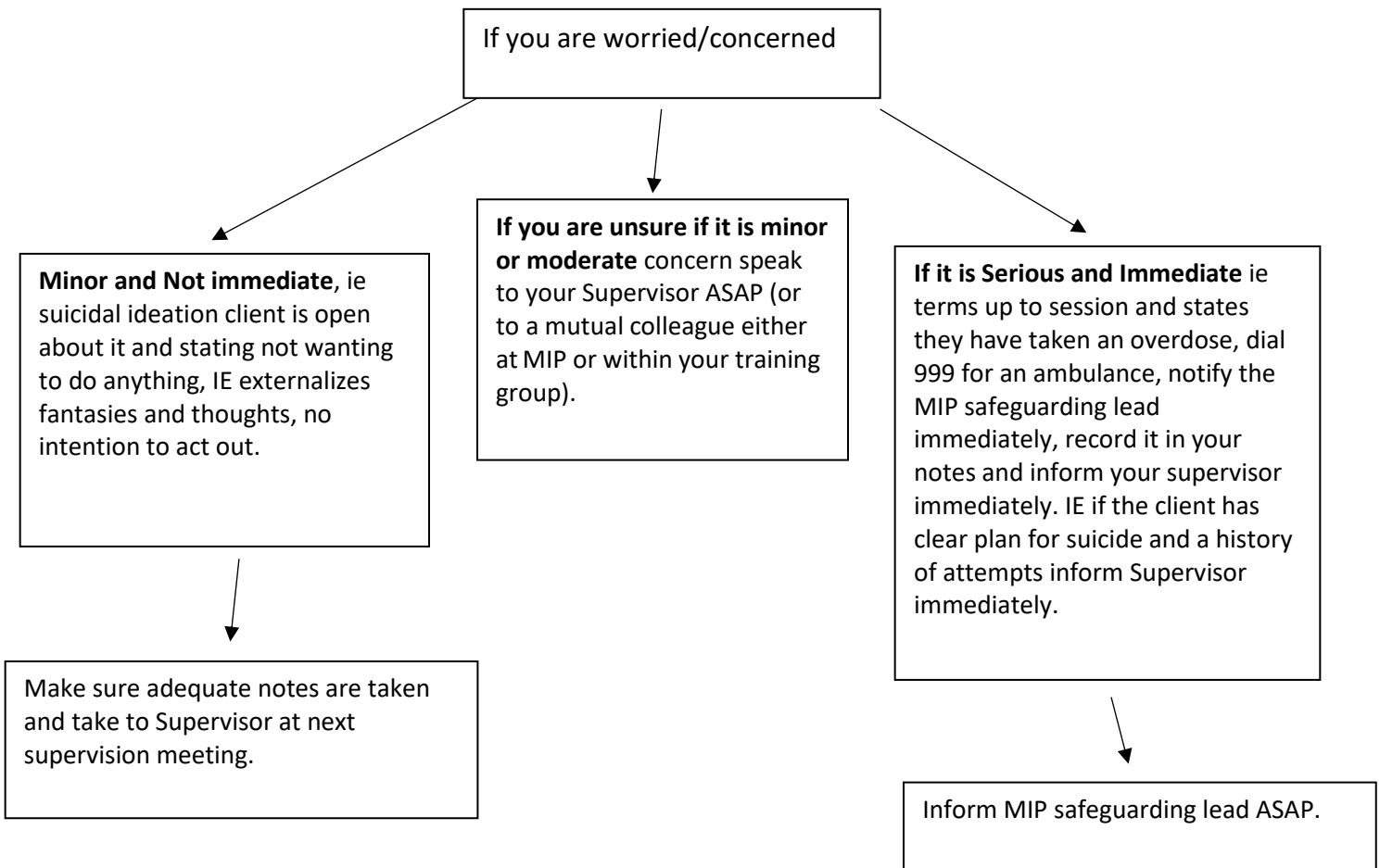
This mnemonic is a useful technique for memory recall and may be useful if this context.

Adult/Student/Placement

Suicide and Self Harm

MIP's procedure for assessment suicide risk has been taken from Suicide Risk Document - Northumberland NHS - covering key stages.

FLOWCHART OVERVIEW - SAFEGUARDING CONCERNS



This policy will be reviewed every 18 months and updated a minimum of every 36 months.

Last reviewed in November 2018