British Psychoanalytical Society
Safeguarding Policy
Updated January 2024

1. Purpose of this Policy

1.1 The British Psychoanalytical Society is committed to safeguarding and promoting the welfare of children and adults at risk. The Society recognises the paramount importance of keeping children, young people and adults at risk, safe from avoidable harm and ensuring they are protected when they are either at risk of, or have suffered, significant harm.

1.2 The Safeguarding policy applies to children, and people who are aged 18 years or more, and have needs for care and support (whether or not these are currently being met) and are experiencing, or are at risk of, abuse or neglect, and because of those needs are unable to protect themselves against the abuse or neglect or the risk of it. Abuse can be physical, sexual and/or emotional, including exploitation, coercive control and abusive relationships. All of these can lead to significant harm.

1.3 This policy includes, but is not limited to, adults with physical, sensory and mental impairments and learning disabilities, whether present from birth or due to advancing age, illness or injury. Also included are people with a mental illness, dementia or other memory impairments, and people who misuse substances or alcohol.

1.4 The Society has specific duties and responsibilities for its Clinic patients, a responsibility to act as a charity to ensure the safety of children and adults at risk in all circumstances and to provide clinical advice to members. This includes the provision of appropriate training opportunities to ensure members meet the obligations of their registration.

1.5 Individual members have a duty under the requirements of professional regulation through the British Psychoanalytic Council to protect children and adults at risk where safeguarding concerns arise. Members working within the health or social care services, or education or charity sectors, or other organisations working with children and young people or vulnerable adults in England and Wales also need to be aware of their duties under the statutory guidance *Working Together to Safeguard Children* (2018, as updated in 2023).[1] It is good practice for all members to follow *Working Together*, the practice guidance *Information sharing advice for safeguarding practitioners* (which also helps practitioners working with adults responsible for children who may be in need)[2] and local safeguarding procedures when working with children and families. Mental health problems can be an important indicator of abuse, neglect or exploitation.[3]

1.6 Individual psychoanalysts in independent private practice hold clinical and therefore safeguarding responsibility for their patients and for the maintenance of professional standards that support their registration with the British Psychoanalytic Council.

[1] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2; see the same webpage for the updated statutory framework for *Working Together*, and information about the new Independent Child Safeguarding Practice Review Panel.
[2] https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice
[3] *Working Together to Safeguard Children* (2018, as updated) ch. 1 paras. 6-7 list the indicators.

1.7 The Safeguarding Lead is a source of policy advice to the Society. The Society strongly recommends members to take advice from the Safeguarding Panel on specific safeguarding concerns, including how to access local safeguarding procedures.

1.8 The Society offers training in safeguarding for all Candidates and Members.

2. Scope of this Policy

2.1 This policy will focus on the requirements to recognise, report and record safeguarding, child protection concerns and incidents for children and at-risk adults.

2.2 This procedure setting out the responsibilities of members and the support provided by the Society will be applicable to all employees, Members, and Candidates of the Society seeing patients within the Clinic.

3. Safeguarding responsibilities of Trustees

3.1 The Society acknowledges the importance of the Charity Commission's guidance to:

- *establish effective safeguarding policies and procedures that all trustees, staff and volunteers follow. Trustees, staff and relevant Committee Members should undergo regular training on the organisation's safeguarding policy and know how to adequately manage and record risks.*
- *ensure there are sufficient resources, including appropriately skilled and trained staff/volunteers/trustees, for safeguarding.*
- *appoint a Safeguarding Lead to co-ordinate and promote safeguarding strategy, and who can engage with other agencies and partners.*
- *have appropriate safeguarding procedures in place with clear lines of responsibility and reporting.*

3.2 The Society is mindful and compliant with such regulatory requirements as cited by the British Psychoanalytic Council.

3.3 The Society is committed to comply with all guidance and legislation in force.

3.4 The Society will ensure that safeguarding is reflected in all of its activities, operational (administrative, clinical, training and academic), governance and Committee and Board structures.

3.5 The Society provides safeguarding training to support awareness and skills in the prevention of avoidable harm and responding to adults at risk and children and young people who have or are likely to suffer significant harm.

3.7 The Society provides procedural guidelines for members, clinicians and candidates to understand their safeguarding children responsibilities, including recognition, reporting, recording and reflecting about safeguarding concerns, to prevent avoidable harm and to act appropriately in the presence of patients and others.

3.8 The Society provides safeguarding consultations via the Safeguarding Panel for all staff, members, and candidates and, when necessary, any Committee and the Board.

3.9 The Society is committed to multi-agency working and will ensure there is professional working with other agencies to enable the safety of vulnerable adults, children and young people.

4. Safeguarding Governance Assurance

4.1 The CEO holds the executive lead within the Society and on the Board for safeguarding children and at-risk adults, and will provide an annual safeguarding report to the Board.

4.2 The safeguarding operational functions are held by the Safeguarding Panel, which reports to the Board via the CEO. The Panel shall also inform the work of the Ethics and Professional Standards Committee.

4.3 The Education Committee is responsible for ensuring that all teaching staff and seminar leaders of child training and infant observation seminars have received up-to-date training and are able to support and advise candidates on safeguarding matters, including the role and availability of the Safeguarding Panel.

4.4 Any serious incident resulting in significant harm, or a risk thereof, for a patient, staff or others who come into contact with the Society, or significant harm, or a risk thereof, to the Society's work or reputation, shall be referred to the Charity Commission and the British Psychoanalytic Council.

4.5 Trustees are required to have clear oversight of safeguarding and protecting people from harm policy and practice, and the safe management of the charity. This duty extends to patients, staff, and members. Trustees must be assured that all policies, procedures and practice are fit for purpose and that the Society:

- works within all relevant statutory guidance
- maintains accurate records
- maintains awareness of current policy and legislative issues in safeguarding and developments in good practice.

4.6 Trustees are required to ensure the quality assurance of the Society's safeguarding practice and procedures.

5. Recognising the signs and symptoms of maltreatment

The following definitions are derived from *Working Together to Safeguard Children (2018)*:

5.1 Physical abuse**:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable adult. Physical harm may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child.

5.2 Emotional abuse**:** Emotional abuse is the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on their emotional development or

well-being. It may involve conveying to children and vulnerable adults that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person.

5.2.1 Emotional abuse may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

5.2.2 It may involve seeing or hearing the ill-treatment of another. It may also involve serious bullying, causing children and vulnerable adults frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child and/or vulnerable adult, though it may occur alone.

5.3 Sexual abuse: Sexual abuse involves forcing, grooming or enticing a child, young person and/or vulnerable adult to take part in sexual activities, whether or not the child is aware of what is happening.

5.3.1 The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts.

5.3.2 They may include non-contact activities, such as involving children and adults at risk in looking at, or in the production of, sexual online images, watching sexual activities of others, or encouraging children and at-risk adults to behave in sexually inappropriate ways.

5.4 Child sexual exploitation: child sexual exploitation as a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

5.5 Neglect: Neglect is the persistent failure to meet a child's and/or at risk adult's basic physical and/or psychological needs, likely to result in the serious impairment of development or health. Neglect may occur as a result of maternal substance abuse during pregnancy and/or through childhood.

5.5.1 Once a child is born, neglect may involve a parent/carer failing to:

- provide adequate food, clothing, education and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment
- neglect of, or unresponsiveness to, a child's basic emotional needs.

5.6 Domestic abuse is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member. Domestic violence and abuse may include psychological, physical, sexual, financial, or emotional abuse, as well as so called 'honour' based violence, forced marriage and female genital mutilation. FGM of a child or vulnerable adult also constitutes physical and sexual abuse.

6. Becoming aware of a safeguarding issue

6.1 Members and Society staff need to be alert to the potential abuse of children and vulnerable adults. They should know how to recognise and act upon indicators of abuse or potential abuse involving children and at risk adults and where there are concerns about a child's welfare.

6.2 Safeguarding adults applies to people who are aged 18 years or more, and

- have needs for care and support (whether or not these are currently being met) and are experiencing, or are at risk of, abuse or neglect, and
- because of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

6.3 This includes adults with physical, sensory and mental impairments and learning disabilities, whether present from birth or due to advancing age, illness or injury. Also included are people with a mental illness, dementia or other memory impairments, and people who misuse substances or alcohol.

6.4 The ways in which members, candidates or staff may become aware of a safeguarding issue include (but are not limited to):

- a third party or anonymous allegation is received. This may be part of a patient's communication in the clinical session
- a child's or young person's appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect;
- a child, a young person or an adult reports an historic incident of alleged abuse;
- a child, young person or an adult divulges current or chronic abuse
- a written or verbal report is made regarding the serious misconduct of a worker towards a child or young person.

6.5 Whilst there is no specific guidance regarding individuals or patients who may have disclosed abuse of children to a psychoanalyst or therapist, guidance is based on the need to not be prejudicial and consideration should be given in our safeguarding training in the area of handling disclosure.

6.6 Within the context of safeguarding of a child or young person under 18, the matter is managed as a Children Act 1989 s.47 enquiry by the local authority, to ascertain whether there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm. B. If the person alleged to have perpetrated maltreatment works with children the Local Authority Designated Officer (LADO) must also be informed.

6.7 In these circumstances advice must be sought from the Safeguarding Panel.

7. Clinical Responsibility

7.1 All Members have clinical responsibility for their patients and therefore a responsibility to be familiar with the Safeguarding Policy of the IOPA.

7.2 Members may have to attend to safeguarding matters within any organisation in which they are employed.

7.1. Members have to attend to safeguarding matters in their private practice. In such circumstances they hold clinical responsibility for their patients and need to be aware of the guidance and policies of the British Psychoanalytic Council which is our professional regulatory body. The British Psychoanalytic Council has a safeguarding policy on its website: https://www.bpc.org.uk/professionals/registrants/safeguarding/.

7.2. Members are strongly advised to seek urgent advice from the Safeguarding Panel for any safeguarding concern arising in their practice.

7.3. Members should be aware that local statutory safeguarding arrangements exist when cases of sufficient risk and seriousness need to be reported. The Safeguarding Panel is able to provide advice on navigating these procedures.

8. The London Clinic of Psychoanalysis

8.1. In all cases seen within the governance of the London Clinic of Psychoanalysis the supervisor must be informed without delay and also the case must be reported to the Clinic Head of Service.

8.2. In all cases the Safeguarding Panel must be consulted, urgently if necessary.

9. How to manage concerns about a child or vulnerable adult

9.1 It is important that any allegation is treated extremely seriously, and it should not be assumed that someone else is responsible for acting on information. If information is received that a child or vulnerable adult may be at risk, or experiencing harm, any recipient must respond appropriately:

- If there is an indication that the person making the disclosure is currently at risk of harm it must be made clear that the disclosure will need to be shared on a confidential basis with the Safeguarding Lead or other responsible adults. Consideration for the immediate safety of the child or at-risk adult must be taken into account;
- Notify a member of the Safeguarding Panel as soon as possible;
- Record what was said as soon as possible after any disclosure on the pro-forma (see appendix 1) which includes the date and time of notification; the child or vulnerable

adult's name; what was said, as close to verbatim as possible, and actions to be taken (e.g. notifying the Safeguarding Panel);

- Considering how to share information appropriately, in accordance with ministerial guidance *Information sharing advice for safeguarding practitioners*, in order to comply with the Data Protection Acts/UK GDPR. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided there is a lawful basis to process any personal information required, the usual legal basis being 'legal obligation' or 'public task', i.e. performance of a task in the public interest or the exercise of official authority.[4]

9.2 The Safeguarding Panel member may need to advise immediate action if there is suspicion that a child or vulnerable adult is being abused or is likely to be abused.

9.3 In a situation of greatest immediate risk, the advice to the clinician may be to contact the local borough Safeguarding Board Multi-Agency Safeguarding Hub, (MASH); Police, or the Emergency Duty Team of the Children's Services Department of the Local Authority. Such actions would be within the framework of the local safeguarding procedures.

9.4 The Safeguarding Panel will provide authoritative advice and recommendations and confirm such guidance in writing.

9.5 Candidates, in relation to shared clinical responsibility of training cases, must advise the supervisor of any concerns related to the welfare of their patients, and for all Clinic cases consult a member of the Clinic staff and the supervisor. If their supervisor is not available, after consultation with the Clinic, they must contact the Safeguarding Panel directly. In relation to infant observation issues, they must consult with the infant observation teacher and infant observation co-ordinator or Chair of Curriculum, and then the Safeguarding Panel directly.

9.6 Clinical or other information will need to be considered and whether a professional or agency may need to intervene.

9.7 Any such intervention would, if at all possible, take place by consent of the patient and/or the consent of their parents or someone with parental responsibility. However, the clinician has to take responsibility for ensuring that appropriate action has been taken. There might be circumstances where an intervention may need to be made without consent.

9.8 When raising a concern, the member, clinician or candidate will be assisted by the Safeguarding Panel to clarify as to whether the concern meets the threshold for an onward referral to an external agency.

10. RECORDING AND MANAGEMENT OF CONFIDENTIAL INFORMATION

10.1 The pro-forma in Appendix 1 should be used to record disclosures.

[4] *Working Together to Safeguard Children 2018* Ch 1 para. 27.

10.2 Sharing information may be limited to discussing matters with a supervisor, colleague or the Society's Safeguarding Panel.

10.3 Any safeguarding discussions will be subject to a written record, which should form part of the patient's notes. The Safeguarding Panel will be responsible for sending a copy of the record and will retain such records.

10.4 It is the clinician's responsibility to ensure the patients' notes are updated and stored safely and are compliant with the Data Protection Act 2018 and UK GDPR.

10.5 The Safeguarding Panel will keep up-to-date records of any safeguarding discussions and actions.

10.6 Any information stored on personal computers and/or devices must be encrypted and eventually destroyed in compliance with the Society record-keeping procedures.

10.7 All information held will be agreed by the referring candidate, clinician or member as to accuracy and future planning.

10.8 For clinical purposes only those safeguarding records pertaining to patients under the care of the Clinic, will be forwarded to patients' records. Safeguarding discussions related to members' enquiries will be forwarded to the member to be stored as part of their records.

10.9 All such records, as above, will be held in accordance with the Society record-keeping and retention procedures.

11 Responsibility of the Safeguarding Panel

11.1 The terms of reference for the Safeguarding Panel of the British Psychoanalytical Society are as follows:

i. Membership consists of an appointed Safeguarding Lead who chairs the Panel and two senior members experienced in child clinical work and safeguarding appointed by the Board. They are supported by the CEO;
ii. Ensuring that arrangements are in place to provide advice to members;
iii. Monitoring of clinical enquiries and actions which may follow;
iv. Monitoring of safeguarding training;
v. Monitoring of the safeguarding policy;
vi. Monitoring of relevant Disclosure and Barring Service, (DBS) police checks;
vii. Maintaining up-to-date information on all aspects of safeguarding, including procedures, policies, and research.

11.2 A Safeguarding Lead shall be appointed by the Board. The Lead should be a recognised expert in this field. The Lead is responsible for advising the Board on all safeguarding matters and maintaining the reputation of the Society for effective safeguarding.

11.3 <u>Safeguarding Panel Responsibilities</u>

- The Safeguarding Panel will have an advisory role in support of the Safeguarding Lead and for the Society.

- The Safeguarding Panel will not carry any clinical responsibility; clinical responsibility rests with clinicians treating patients or those supervising the work of colleagues.

- The Safeguarding Panel is accountable to the CEO, who in turn will provide assurance to the BPAS Board.

11.4 The duties of the Safeguarding Panel are:

(i) to respond to all enquiries and concerns of members and candidates relating to clinical issues of safeguarding and provide 'best evidence' advice. Such advice will be confirmed in writing;

(ii) to provide advice on the differentiation of adult and child safeguarding whilst being aware there may be concurrent worries about a child and an adult;

(iii) to be aware, given the constraints of confidentiality and the balance of the public interest, of the legal responsibilities to report safeguarding concerns;

(iv) to liaise, as appropriate, with local safeguarding children and adult partnerships, and to advise the CEO of any relevant matters;

(v) to provide advice on legal and statutory matters of safeguarding children and adults and to advise the CEO when definitive legal advice is required;

(vi) to have due regard to the guidance on safeguarding of the relevant professional organisation of the candidate, e.g GMC, ACP etc.;

(vii) to ensure they themselves are compliant with safeguarding training requirements;

(viii) to ensure that a member of the Panel is available to members at all reasonable times;

(ix) to advise the CEO of any matter that would compromise the integrity and reputation of the organisation.

11.5 The Safeguarding Panel will meet with the CEO no less than twice yearly or at such frequency as the CEO deems necessary.

11.6 The Safeguarding Panel will report any relevant matters to the CEO and will provide twice-yearly written reports, or at such frequency as determined by the CEO.

11.7 Any documents acquired or prepared by the Safeguarding Panel shall be stored and shared in a secure manner.

11.8 If there is a breach of confidentiality or where a patient's safety is significantly compromised, the Safeguarding Panel must inform the CEO.

Named persons responsible for safeguarding

Safeguarding Lead and Board Representative	CEO or delegate Current contact details: Email: karina.zorlakkis@iopa.org.uk Tel: 020 7563 5009
Safeguarding Panel Members	Dr Bernard Roberts Email: Bernard.Roberts@iopa.org.uk Tel: 020 7483 2565 07958988991
	Dr Judith Trowell Email: judithtrowell02@gmail.com Tel: 07753 635693 01707652205
	Dr Olive Burke Email: o.burke@hotmail.co.uk Tel: 020 8429 2294 (ext H) 07771 645 877 (ext M)
	Dr Joanne Stubley Email: jostubley@hotmail.com Tel: 020 89943124 07748 653 034
	Dr Liz McMonagle Email: drlizmcmonagle1@gmail.com Tel: 028 3084 9748 (ext H) 07977 479 914 (CIMW*)
External consultant	To be confirmed

12. Safeguarding training

12.1 The Society expects as a professional standard that Members will undertake a Level 3 safeguarding training every 3 years' at either the Society or with another recognised organisation.

12.2 Training commissioned by the Society provides guidance on the professional context of safeguarding and the requirements of the psychoanalytic setting.

12.3 Appendix 2 sets out the full training requirements for staff, Members and Trustees.

13. Safer recruitment

Sometimes there are people who work or seek to work with children and at-risk adults, who may pose a risk to their safety.

A clear process is in place for the recruitment of staff and volunteers within the Society including completion of a Disclosure & Barring Service Check (DBS) for the following:

- Society staff (as part of the recruitment process and to include Right to Work in the UK)
- IoPA Board members
- Committee members in Education and Training Analysts
- Infant Observation seminar leaders
- Candidates undertaking training
- Clinical Supervisors
- Clinic consultants

14. Monitoring of relevant Disclosure & Barring Service (DBS)

14.1 The CEO will be responsible for monitoring (under the terms of the Safeguarding Policy) the application of Disclosure and Barring Checks (DBS) for all relevant candidates, psychoanalysts and relevant administration staff.

14.2 Enhanced DBS checks are required for Trustees, candidates prior to their acceptance, all Clinic staff including analysts working with patients who are not candidates in training (i.e. all Clinic consultants for both adult and child services and analysts specifically working with patients in the child service) and for all staff.

14.3 Such checks are required prior to any formal contract and will be renewed on a three-yearly basis.

15. Related policies

This safeguarding policy should be read in conjunction with the following policies:

15.1 Confidentiality guidance

The Institute is currently developing Confidentiality Guidance, which should be read in conjunction with this policy.

15.2 Managing Allegations against Staff, Trainees, Members

All allegations against staff, candidates and Members are managed in accordance with the Complaints Framework.

15.3 Whistle-Blowing Policy

The Whistleblowing Policy included in the staff handbook is applicable to employees, contractors, consultants, casual and agency workers and members and candidates and is currently being updated.

15.4 Incident Reporting

The Society's policy on managing and reporting incidents sets out the process to be followed for investigating and managing any serious incident, including health and safety, data protection, financial and safeguarding.

15.5 Safer Recruitment

The Society adheres to the principles and practices of safer recruitment for staff.

Policy approved by the Board:	**July 2021**
Policy reviewed and amended by the Board	**March 2022**
Policy last reviewed:	**January 2024**
Policy next review date:	**January 2025**

Appendix 1

Recording of information - pro forma

Draft 'Recording an IOPA Safeguarding Concern'

No:	Safeguarding Concerns	Insert	Commentary
1.	Name of the Clinician/Candidate:		
2.	Date when the Concern was Disclosed or Identified:		
3.	Nature of the Safeguarding Concern:		
4.	Date Safeguarding Concern Raised within IOPA:		
6.	IOPA Recommended Advice:		
7.	Outcome(s):		
8.	Name(s) of Decision-makers:		
9.	Date Decision(s) Made:		
10.	If escalated to the IOPA Safeguarding Panel cite to Whom and When:		
11.	IOPA Safeguarding Panel Decisions:		
12.	Date of IOPA Safeguarding Panel Decision:		
13.	Outcome as related to 11. as above:		
14.	Closure date of the Safeguarding Concern		

Notes:

The above document needs to be completed by the referring IoPA Clinician, IoPA Supervisor or Candidate.

When sending any information via email, always encrypt all patient identifiable information by sending via secure password processes.

The IoPA Child Clinic Lead, Education Lead (where applicable) and the Safeguarding Panel should always be copied into all 'Safeguarding Concerns' correspondence regarding all IOPA staff and candidates.

If there are any matters of serious import either regarding the safeguarding concerns and/or if there are any organisational challenges, the IOPA CEO must be informed without delay.

The Child Clinic Lead, the Education and the Safeguarding Panel Lead all have responsibilities to advise and inform the IoPA CEO.

Always use a New Form to update information as matters progress.

Members are not obligated to report safeguarding concerns to the IOPA but can, if they so choose to do. In addition, the IOPA advises members should follow relevant safeguarding procedures (BPC; IOPA and other professional guidance) as appropriate.

Do Not Manage Safeguarding Concerns in Isolation

Appendix 2

Safeguarding Training Requirements

Category	Competencies	BPAS/IPA	Mode of Training	Frequency
Level 1	Understands the importance of safeguarding and knows about the procedural practice and policies regarding safeguarding and how to report concerns.	All staff.	Induction Face-to- face or online. Mode may be segmented.	Every 3 years
Level 2	As above Knows how to make a referral to alert agencies when there is a child protection concern.	Non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children	Face-to- face or online. Mode may be segmented.	Every 3 years
Level 3	Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, in identifying signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/ or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and media abuse and escalates accordingly • When treating adults, takes appropriate action to safeguard any children who may be at risk of harm due to the adult's health or behaviour, routinely considering whether that adult has any responsibility for children.	• working with children, young people and/or their parents/carers • who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)	Face to face ideally but can be delivered on-line	Every 3 years. Training duration: Recommendation: 1 day.

		• working with any adult who could pose a risk to children		
Trustees	Knowing types of abuse; understanding the demography of people using the Society's services; understanding children and adult safeguarding terminology; reviewing procedures to ensure safeguarding risks are mitigated and recording risks. Trustees are also recommended to attend training on governance role of Trustees	Must be compliant with NSPPC and Charity Commission Safeguarding Guidance for charities	Trustees who are members will undertake level 3 training.	Every 3 years