

Non-Recent (Historic) Allegations of Abuse Policy

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POLICY SPONSOR	Chief Nursing Officer
POLICY AUTHOR	Head of Safeguarding Children

EXECUTIVE SUMMARY:

All persons working within the Trust have a responsibility to safeguard and promote the welfare of service users and any wider risk to the community. This policy sets out the action to take if you have concerns about non-recent abuse during the course of your work. The policy is applicable to all employees of the Trust, including volunteers, and any staff working within the Trust on a service level agreement or honorary contract.

If you require this document in another format such as large print, audio or other community language please contact the Corporate Governance Team on:
0300 304 1195 or email:
[**policies@sussexpartnership.nhs.uk**](mailto:policies@sussexpartnership.nhs.uk)

Did you print this document yourself?

Please be advised that the Trust discourages the printing and retention of hard copies of policies and can guarantee that the policy on the Trust website is the most up-to-date version.

As a contingency a full set of up-to-date Trust policies are held by the Corporate Governance Team based at Trust HQ, Swandean

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1.0 Introduction

As part of our work in safeguarding and promoting the welfare of our service users Trust staff may, during assessment, consultation, treatment or clinical interventions, become aware of a disclosure of non-recent (historic) abuse from service users. Disclosure of non-recent abuse can be from both adults, children and young people.

The most comprehensive attempt to understand abuse prevalence in England and Wales for children and young people come from the NSPCC maltreatment study (Radford et al 2011).

- 1 in 5 children have experienced severe maltreatment
- Children abused by parents or carers are almost three times more likely to witness family violence
- 1 in 3 children sexually abused by an adult didn't tell anyone
- All abuse types are associated with poorer mental health outcomes

The reporting of non-recent abuse from adults continues to rise and our understanding of abuse in particular contexts also develops in line with the national picture. The Office of National Statistics (2020), furthers the discussion and understanding of the prevalence of abuse in adults.

- 1 in 5 adults aged between 18-74 had experienced a form of abuse (including CSA), which equates to 8.5 million people
- It is estimated that 3.1 million adults were victims of CSA before age 16 including abuse by both adults and other children who are seen as perpetrators
- Prevalence in abuse was higher for females than males aside from physical abuse where no difference was shown

Service users with a learning disability or autism may be at particular risk. Service users who are lesbian, gay, bisexual, transgender or queer (LGBTQ) may also be at particular risk of abuse or exploitation. Some abuse survivors do not recognise their experiences as abuse and delay disclosure well into adulthood. Special consideration should be given to boys and men who are less likely to disclose past abuse. It is also important to pay attention to service users who disclose in the context of delusional or psychotic experiences as they may be recalling past trauma. Please acknowledge, record, monitor and revisit in these circumstances. Children and young people who are care experienced are also more vulnerable to abuse. Safeguarding should be seen as a process which will be expanded upon in the main body of the policy.

The Trust as a partner to the Local Safeguarding Children Partnership and the Safeguarding Adults Boards, has a statutory obligation under S.11 Children's Act (2004) and Working Together to Safeguard Children (HM Gov, 2018) and Section 42 to 47 of the Care Act (2014) to confirm that all measures are taken to ensure that safeguarding is part of our core function. The NHS England Safeguarding Accountability and Assurance Framework (2019) provides guidance and minimum standards with regards to safeguarding adults and children in NHS settings, and is the overarching policy framework for our internal policies and processes.

Additional to this, the Trust will fulfil its responsibilities to safeguard and promote the welfare of service users by;

- Clear lines of accountability and structure
- Promoting a positive culture that enables the raising of safeguarding concerns and the promotion of service user's welfare to be addressed
- Paying full regard to issues of equality and diversity
- Providing appropriate training to enable staff to actively safeguard service users within their work
- Using effective reporting systems and promoting accurate record keeping with regards to safeguarding actions

Sharing information lawfully and appropriately to ensure the health and safety and wellbeing of our service users and their families.

1.1 Purpose of policy

The Trust provides mental health and learning disability services across Sussex. These services are organised into care groups; Working Age Adults, Older People, Child and Adolescent, Secure and Forensics, Assessment and Treatment, Learning Disabilities and Primary Care. In Hampshire we provide Child and Adolescent Mental Health services only. All care groups have a responsibility to safeguard and promote the welfare of service users and this policy is applicable to all staff working across the organisation.

Practitioners working in mental health are ideally suited to support service users with disclosures of non-recent (historic) abuse. Such disclosure may raise practice and / or moral dilemmas for practitioners and for those making the disclosures. This policy will give clarity and guidance on how best to manage any disclosures and reference local children partnership and adult safeguarding guidance and procedures. The term service user will be used throughout and victim/survivor will be used.

The reporting of non-recent abuse continues to rise. This reporting has incrementally risen over the past ten years. This is in part due to high profile cases in the media both nationally and internationally, including the [Independent Inquiry into Child Sex Abuse \(IICSA\)](#). The first ever cross governmental Child Sexual Abuse strategy has been published which recognises the need to empower staff to manage the challenge of CSA in practice (HM GOV 2021).

The Pan Sussex Safeguarding Children Policy and Procedures and the Sussex Safeguarding Adults Policy and Procedures provide the overarching framework in regards to safeguarding and adopting a unified pan Sussex multi-agency approach. Governing bodies of professional groups have also produced a number of documents / guidelines / protocols that are designed to assist practitioners in practice in regards to non-recent allegations of abuse and in doing so safeguarding those with whom we work which can be found in section 13 of this policy.

1.2 Definitions

Non recent abuse is defined by the NSPCC as:

Non-recent abuse (also known as historical abuse) is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old. NSPCC (2019).

Children may also disclose abuse in their past and this should be responded to in line with this policy and flow chart. Adults may also report historic abuse experienced as an adult and as detailed above these disclosures should be responded to in line with this policy alongside the adult safeguarding policy and procedure.

Transitions from childhood to adult and transfers of care including those that are looked after, is recognised as a time of increased risk and vulnerability; due regard should be given to these service users and their risk assessments.

1.3 Scope of policy

All persons working within the Trust have a responsibility to safeguard and promote the welfare of service users and any wider risk to the community. This policy sets out the action to take if you have concerns about non-recent abuse during the course of your work. The policy is applicable to all employees of the Trust, including volunteers, and any staff working within the Trust on a service level agreement or honorary contract.

1.4 Principles

Health professionals and the Trust have a key role to play in safeguarding all service users. The purpose of this policy is to fulfil the following principles:

To ensure that staff in the course of their work are aware of their responsibilities in regards to disclosures of non-recent abuse and understand that the response to these needs to be clear and consistent.

To ensure that all who use the Trusts' services receive appropriate and timely preventative and therapeutic interventions in regards to non-recent disclosures and that our responses are in line with this policy and procedure and best practice.

2.0 Policy Statement

This policy focuses on clinician responses to disclosures of non-recent abuse and details how to respond and support the individual making the disclosure.

3.0 Duties

Chief Executive – The Chief Executive holds overall responsibility for the trust wide legislative compliance and management of risk in relation to safeguarding.

Chief Nurse – The Chief Nurse has trust board responsibility for all aspects of safeguarding children and adults and has delegated responsibility for ensuring that the board are fully informed of risk or serious incidents related to safeguarding. The operational function for this role is delegated to the Deputy Chief Nurse and Safeguarding Leads for both Adults and Children as detailed below.

Director of Human Resources – Responsible for ensuring that safer recruitment standards are maintained. This includes ensuring that systems are in place for conducting criminal records check (DBS) for all staff who will be working with or have access to the records of children or vulnerable people. To ensure that the Trust has adequate policies and procedures in place to manage the allegation of abuse against staff or volunteers and that appropriate whistle blowing procedures are in place.

Deputy Chief Nurse / Director of Safeguarding / Head of Safeguarding Children – holds responsibility for the development, management and implementation of safeguarding children duties within the organisation. This includes Section 11 compliance, quality assurance frameworks and to ensure there are reporting systems in place to work in partnership with Local Safeguarding Children's Partnerships. Reporting to both the Trust Board and Local Safeguarding Children's Partnership to provide assurance of the organisations ability to meet its safeguarding responsibilities. This also includes providing management of the Named Nurses and support for the Named Doctors for Safeguarding Children. The Head of Safeguarding Children also supports on allegations made against SPFT staff who have access to children and young people. The Director of Safeguarding has equivalent responsibilities in relation to adult safeguarding arising from the implementation of our duties under the Care Act Section 42 to 46 and leads on allegations made against staff that work with the adult population.

Named Nurse / Named Professionals and Named Doctors – The Trust's named nurses / professionals and named doctors for safeguarding children and adults are responsible for the co-ordination, management, development and implementation of safeguarding practice within the organisation. This includes providing specialist advice, training and supervision to support staff in the discharge of their safeguarding children and adults' responsibilities.

All Sussex Partnership NHS Foundation Trust staff irrespective of grade, discipline or role, whether substantive, temporary, contracted or honorary have a duty to ensure that children are safeguarded from harm and are aware of and understand their responsibilities. **It is never acceptable to do nothing when someone discloses abuse, consideration must always be given to what the person would like and any transferable risk which may apply to other children or other adults at risk in the family or network.**

All staff will undertake mandatory safeguarding training relevant to their role and should be able to recognise concerns and understand how to report concerns and seek additional guidance and support. All staff should be aware that the needs of the child are paramount and the child's needs should always be prioritised. Other children connected to the individual who has made the disclosure should also be considered.

Information Governance & Health Records Team

The Information Governance and Health Records Team are responsible for managing subject access requests and requests from the police and other regulatory bodies for personal information. The team are responsible for managing all requests for information regarding service users including historical abuse. The team complete due diligence

checks to ascertain the identity of the requestor before allocating the requests to the appropriate teams.

All clinical staff

All clinical staff must ensure they have undertaken the appropriate level of mandatory training appropriate to their role which includes; safeguarding and information governance; the sharing of information.

Staff should be aware of their local procedures for reporting concerns about children and adults and how to seek additional support and guidance from their named professional.

Staff should use clinical supervision to discuss safeguarding cases and reflect on actions, complexity and any other factors.

Duties of stakeholders

4.0 Procedure

The Trust has a dedicated Safeguarding team with Lead and Named Nurse/Professional provision for both Adults and Children across the organisation – please see Safeguarding Children Policy and Procedure and Safeguarding Adults Policy.

There is a strong correlation between childhood experiences of abuse and health outcomes including trauma related beliefs, hallucinations, self-harming, stress and depression and being diagnosed with serious mental health condition. Often childhood experiences of abuse are not reported until years after the offence. There may be a multitude of reasons for this, which is often complex and multifactorial:

- Fear of repercussions from disclosure
- Poor experience of previous disclosure
- Perpetrator may be a close family member
- Lack of clarity / recall around alleged abuse incident and fear of not being believed
- Cultural or language barriers
- Poor understanding of the abuse experience impacted by developmental age at the time of offence
- People may perceive the relationship as loving and supportive when it is clear there is an abuse of power

At the commencement of any therapeutic relationship it is incumbent on staff to ensure that they have established a transparent and therapeutic confidentiality agreement. It is therefore essential that clinicians and SPFT workers and volunteers are familiar with the SPFT confidentiality policy within the restrictions/limitations of risks to self or others.

If a service user discloses non-recent childhood abuse it is vital that the service user feels supported and listened to alongside consideration of any potential risks that the disclosure might pose to any children or adults. You also need to consider that you may be the first person they have spoken to about the abuse.

Responding to a disclosure of non-recent historical allegation of abuse:

It is important to note that disclosure of past abuse experiences should be considered as a process within a therapeutic relationship. It is acknowledged that your clinical role may mean that you only see a service user once. It is important that in these circumstances that safeguarding concerns follow the service user through their journey in the Trust or in other services. There is no need to rush or indeed to move at a pace that is uncomfortable for the person. The exception to this is when it appears abuse is currently happening or there is a strong belief that abuse is occurring.

Service users who share their experiences are not simply disclosing the abuse they are potentially reliving their experience and this must be acknowledged in any response to their narrative. After such a disclosure, clinicians should be mindful that this may have a significant impact on the mental wellbeing of the individual, and it is important that they consider an appropriate response.

Workers should recognise the strength it has taken to share abuse experience and remember you are not there to question or investigate allegations. It might be helpful to frame the disclosure with statements such as - *'I'm sorry this happened to you'... I imagine this must be really hard to talk about'*

Be respectful and non-judgemental -*'It's not your fault', 'Is there anything you need to hear from me right now?'*

Go at the pace of the service user who is sharing the disclosure and if the disclosure is made at a time or place that is not confidential, stress the importance of the matter and plan to give this disclosure due regard *'What can I do to support you right now?'*

Reliving an experience may trigger an acute need and as clinicians we have a responsibility to risk manage and devise a safety plan. It is vital to ensure that safety planning is in place for a service user should they wish to make this significant disclosure

Reporting disclosures:

When an adult (over 18) makes a disclosure, they remain entirely in control as to whether they report their own experiences to partner agencies / police. Service users may wish to keep their identity anonymous and refer anonymously which is an option through children's social care or when others may be at risk to partner agencies such as the police. The police might place very clear expectations on us that they may need to speak with the complainant themselves particularly in situations that might indicate current risk, however complaints can refuse to speak to the police. When a child reports abuse it is your duty to report.

Nevertheless, as clinicians you have a responsibility to make the service user aware that if within the disclosure, details information which make you believe a child or adult is currently at risk, you would have a duty of care to share this information with local authority safeguarding services.

As clinicians you must record coherent and clear case notes of the conversation with the service user and use the service users own words where possible. It is not the staff member's position to investigate any claims.

Any information that is recorded may be used as legal evidence. It is essential to understand what the transferable, or third-party risk may be. If the victim is willing to disclose it will be prudent to ensure that practitioners document all relevant demographic information and details about the alleged perpetrator which can be shared with the relevant social care department or the police.

All information is shared under the Trusts Information Governance Policy and Safeguarding agencies information sharing protocol.

Disclosure can be triggering for individuals and it is important to create a safety plan in collaboration with the person.

It is important to understand the service user's position in regards to making a formal complaint regarding non-recent abuse. It is best practice to ensure that you have the patient's consent to share information. However, there will be instances where you **do not need consent** to share information if there are immediate concerns about the safety or well-being of children, young people or adults with care and support needs. Staff can gain further advice around appropriateness of sharing personal data outside of SPFT through the Information Governance & Health Records Team.

At this stage practitioners may want to seek support or advice from their safeguarding lead or the SPFT's safeguarding team. The safeguarding team can support clinicians with decision making in these complex cases and when there may be a requirement to consider breaching a patient's confidentiality. SPFT's safeguarding team do not hold the statutory authority to investigate or explore any allegations that are made as this responsibility sits with the Local Authority and the Police.

Adults who disclose non-recent abuse will also need to be considered in terms of their care and support needs and responded to accordingly. A step by step flow chart following a disclosure of non-recent abuse and how the disclosures are to be managed are included in the appendices, of which there are three likely scenarios (not exclusively).

1. Disclosure / allegation of non-recent abuse that the service user wants to report formally to police or social care - this may also include referring anonymously on behalf of the service user
2. Disclosure / allegation of non-recent abuse but the service user is currently unwell and unable to consent
3. Disclosure / allegation but service user does not want to report to police or social care

Please see appendix one.

Learning disabilities

It is recognised that people with learning disability and/or autism (LDA) are at greater risk of all forms of abuse due to both personal characteristics and the environments in which

they live. This is true for people with mild/moderate learning disabilities and those with profound and multiple learning disabilities who are at even higher risk.

Often abuse or risk of abuse is not recognised in this client group, and is misunderstood or misdiagnosed as behaviours which challenge or other mental health needs. People's ability to describe their abuse or explain it is affected not only by their cognitive skills but their communication disabilities adding to the difficulties in noticing, hearing or recognising abuse has taken place or in acting to address it. This requires and understanding / assessment of communication skills and mental capacity and the provision of reasonable adjustments as required.

Other issues to consider when supporting someone with LDA

- Provision of easy read/accessible information to share with people with LDA to help them understand what forms abuse can take, process and options.
- Following disclosure many sessions may be required to understand and explore the issue(s)
- People with LDA have been subject to a history of 'not being believed'
- Awareness of the environment the person is living in and the risk of closed cultures
- History of previous unfounded allegations does not mean that abuse has not occurred
- Awareness of atypical presentations in any person with LDA (regardless of classification) which may indicate that abuse has occurred

Extraordinary circumstances

Survivors may disclose non-recent abuse that involve alleged perpetrators who may work in the public sector or be a person in a position of trust and have access to children and young people. In these instances the Local Authority Designated Officer (LADO) will need to be informed as per the pan Sussex/Hampshire policy and procedure.

Survivors may disclose non-recent abuse that involve alleged perpetrators who may work in the public sector or be a person in a position of trust and have access to adults with care and support needs. In these instances a safeguarding adults concern should be raised with the local authority in line with the Sussex Safeguarding Adults policy.

The alleged perpetrator may be deceased. High profile cases have demonstrated that these allegations must be taken seriously. Such cases may involve exploration of how an organisation pursued non-recent allegations. The needs of the victims will also need to be considered to ensure they are receiving the individual support required.

Support for survivors is available in your area.

Complaints of non-recent abuse from former service users

The Trust may become aware of non-recent abuse allegations from former service users that may relate to staff other service users and / or care and interventions they experienced from the Trust or in its predecessor configurations. We may become aware of these allegations from our Trust support services including Participation, our Complaints and PALS service, third parties, social media or from other organisations. In

these circumstances, it is important to understand the complaint and where, what and who it refers to. If this concerns a staff member for example, we will need to establish if they still work for the Trust, did they work for the Trust at the time of the allegation and if it relates to a unit or department do we still have responsibility for this area or has it been decommissioned.

Once these areas have been considered it is important to direct the former service user or complainant to the most appropriate support or investigative process. If the complaint relates to a specific former or current staff member there may be a need for a formal police investigation which should be supported. A delay, no matter how significant, in reporting should not inhibit any investigative process in order to be explored by the police. It is also important to notify the LADO or PIPOT if we think that the individual may still be employed with us or in another setting. We are also required to involve HR and senior management as soon as is possible. It is crucial that we in the Trust do not attempt an investigation in any capacity, such as a complaints investigation that may need to be carried out elsewhere and we should be led by the LADO or the police in these instances.

CSA Survivor support

<https://survivorsnetwork.org.uk/> (Brighton & Hove, Sussex)

<https://lifecentre.uk.com/> (Sussex)

<https://www.survivorsuk.org/> Male rape & sexual abuse support (national)

<https://www.mkcharity.org/> (Sussex)

<http://cisters.org.uk/> (Hampshire)

Many other support organisations available, further details can be found online when searching specific localities.

5.0 Development, consultation and ratification

Expert by Experience

Psychology Lead

Operational services

Head of Information Governance

Director of Social Work

Deputy Chief Nurse

Trust Wide Safeguarding Committee

Designated Professionals CCG

6.0 Equality and Human Rights Impact Analysis (EHRIA)

An Equality and Human Rights Impact Assessment has been completed.

7.0 Monitoring Compliance

This policy will be monitored on an annual basis to ensure its effectiveness and to gather feedback from clinicians and any changes to legislation and position. This will be completed by the safeguarding team and will include audit of cases referred.

8.0 Dissemination and Implementation of policy

This policy will be circulated widely through the organisation via internal communications. The named professionals for each locality have responsibility for promotion of the policy and ensuring correct use of procedures.

The dissemination and implementation of the policy will be covered in all levels of mandatory safeguarding training. Training data will identify any clinical areas where there has been a notable reduction in compliance rates.

Regular use of audit both internally and within the partner agency cycle will be used to identify the effectiveness of the implementation and allow for action plans to be placed if risks are identified.

9.0 Document Control including Archive Arrangements

The Governance Support Team is responsible for ensuring the trust procedural documents database is maintained. The Governance Support Team is responsible for ensuring procedural documents are uploaded to the trust website.

The responsibility for accuracy is on the document's Sponsor not the Governance Support Team nor on the person maintaining the website. The Governance Support Team are responsible for notifying the sponsor when procedural documents are due for review.

10.0 Reference documents

The Children Act 1989/2004 - [The Children Act 1989](#)

Working Together to Safeguard Children (HM Government, 2018) –

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

What to do if you are worried a child is being abused (practitioners guide) (H M Government, 2015) - [What to do if you are worried a child is being abused](#)

NICE clinical guidelines – When to suspect child maltreatment (2009) - [NICE - When to suspect child maltreatment](#)

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government, 2018) -

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Office for National Statistics (ONS 2020) Improving Crime Statistics for England Wales. Progress update

Safeguarding Children and Young People from Sexual Exploitation (HM Government, 2009) - [Safeguarding Children for Sexual Exploitation 2009](#)

Pan Sussex Child Protection and Safeguarding Procedures Manual
<https://sussexchildprotection.procedures.org.uk/>

Radford. H. Lorraine Radford, Susana Corral, Christine Bradley, Helen Fisher, Claire Bassett, Nick Howat and Stephan Collishaw (2011) Child Abuse and Neglect on the UK Today. London NSPCC

Hampshire Safeguarding Children Procedures
<https://www.hampshiresafeguardingchildrenboard.org.uk/procedures/4lscb-procedures/>

Safeguarding children and young people: role and competences for health care staff. Intercollegiate Document, Fourth edition: March 2018
https://www.rcpch.ac.uk/sites/default/files/Safeguarding_Children_-_Roles_and_Compentences_for_Healthcare_Staff_Third_Edition_March_2014.pdf

Sussex Safeguarding Adults Policy and procedure
<https://policies.sussexpartnership.nhs.uk/download/clinical-1/148-safeguarding-vulnerable-adults?highlight=WyJzYWZlZ3VhcmRpbmciXQ==>
Children safeguarding policy
<https://policies.sussexpartnership.nhs.uk/download/clinical-1/350-safeguarding-children-policy?highlight=WyJzYWZlZ3VhcmRpbmciXQ==>

Safeguarding Accountability and Assurance Framework, NHS England

The Care Act 2014 Section 42 to 47

11.0 Bibliography

The British Psychological Society, Guidance document on the management of disclosures of non-recent (historic) child sexual abuse, May 2016

12.0 Glossary

None

13.0 Cross reference

List of documents to be read in conjunction with this policy

Pan Sussex Child Protection and Safeguarding Procedures Manual – historical abuse allegations - <https://sussexchildprotection.procedures.org.uk/tkoz/children-in-specific-circumstances/historical-abuse-allegations/#s348>

The British Psychologist Society: Guidance of Non-recent historical allegations of abuse – <https://www.bps.org.uk/news-and-policy/guidance-management-disclosures-non-recent-historic-child-sexual-abuse-2016>

NICE: Nice pathways and quality standards regarding Safeguarding
<https://www.nice.org.uk/guidance/ng76>

14.0 Appendices

Always discuss with SPFT
Safeguarding team

If consent is not given but the alleged perpetrator has contact with children, young people or vulnerable adult's responsibility to safeguard overrides therapeutic confidentiality

Always complete an incident form and update on Carenotes

If a disclosure is made by a child (under the age of 18) an immediate referral to MASH/FDFF/SPOA must be made.

