



Therapeutic Disclosures Policy

Responding to disclosures in counselling and therapeutic work

Assisting Parents with Children Affected by Mental Health
Registered Charity Number 1186256

Version	1.0
Adopted	March 2026
Approved by	The Board of Trustees, signed on its behalf by Lauren Ridley, Chair of Trustees
Policy owner	CEO
Next review	March 2027, or sooner if legislation or guidance changes
Applies to	All therapists, counsellors, clinical staff, placement students and anyone providing therapeutic support on behalf of APCAM

At a Glance

Confidential, with limits: Therapy depends on confidentiality, and APCAM protects it carefully. But confidentiality has limits. Every client is told about those limits at the start, and when a disclosure means someone may be at risk of serious harm, we act.

- **Contract clearly:** explain the limits of confidentiality at the first session, in language the client understands.
- **Stay with the client:** listen, do not investigate, and be honest about what happens next.
- **Do not decide alone:** consult the Head of Clinical Service or DSL the same day.
- **Tell the client before sharing,** wherever it is safe to do so.
- **Record** the disclosure, the decision and the reasons.

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1. Purpose and Scope

APCAM provides counselling and therapeutic support to children, young people and parents. In this work, clients may share information about harm to themselves, harm from others, harm they may cause, or past experiences of abuse. This policy explains how APCAM balances the client's right to confidentiality with our duty to protect people from harm.

It applies to all therapeutic work, whether in person, by phone or online, and should be read with the Child Protection Policy and the Confidentiality Policy. Therapists must also follow the ethical framework of their professional body.

2. Contracting and Informed Consent

At the first session, the therapist will explain, and record that they have explained:

- that what the client says is confidential within APCAM's clinical team and the therapist's clinical supervision;
- the situations in which confidentiality may need to be broken (section 3);
- that the therapist will, wherever possible, talk to the client first before sharing anything;
- what is recorded, how records are kept and who can see them;
- for children and young people, what will and will not be shared with parents or carers.

This is explained in a way that suits the client's age, understanding and communication needs, and is revisited when needed.

Children and young people

Young people who are competent to understand the nature of therapy can consent to it themselves and can expect confidentiality from their parents, in line with the Gillick principle. Therapists will encourage young people to involve their parents where appropriate, but will not share session content with parents without the young person's agreement, unless there is a risk of serious harm.

3. When Confidentiality May Be Broken

Situation	Action
A child or young person is suffering, or is at risk of, significant harm	Consult the DSL the same day and follow the Child Protection Policy.
Serious risk to the client's own life, including suicide risk	Assess risk, agree a safety plan, and involve parents, a GP, crisis services or emergency services as needed.
Serious risk of harm to others	Consult the Head of Clinical Service and DSL. Inform the police or relevant agencies where necessary.
An adult discloses abuse in their own childhood, and the alleged abuser may still have contact with children	Consult the DSL, who will consider a referral to MASH, the police or the LADO, even if the client does not wish to report.
Information about terrorism	There is a legal duty to report to the police.

Situation	Action
Known cases of FGM in under-18s	Registered health and social care professionals must report directly to the police.
A court order or legal requirement	Follow legal advice. Share only what is required.

4. Responding During the Session

1. Stay calm, listen, and allow the client to say what they need to say.
2. Do not ask leading questions or investigate. Clarify only what you need to understand the risk.
3. Acknowledge what has been shared and that it took courage.
4. If the disclosure may need to be shared, explain this honestly, and explain what will happen next, who will be told and why.
5. Involve the client in the next steps as far as possible, including what they would like to happen.
6. If there is immediate danger, call 999.

5. After the Session

1. Consult the Head of Clinical Service, and the DSL where there is a safeguarding concern, on the same working day. Do not make the decision to break confidentiality alone, except in an emergency.
2. Agree the action to be taken, which may include a referral to MASH, the police, a GP or crisis team, or continued monitoring with a review date.
3. Wherever it is safe, tell the client what has been decided before information is shared.
4. Record the disclosure, the consultation, the decision and the reasons, including any decision not to share.
5. Continue to offer therapeutic support, unless it is no longer appropriate.

Exception: Where telling the client could put a child or anyone else at greater risk, or could prejudice a police investigation, the DSL may decide that information should be shared without informing the client first. This decision and the reasons must be recorded.

6. Risk to Self

Disclosures of suicidal thoughts or self-harm are common in therapy and should be met with compassion, not panic. Therapists will:

- ask directly and calmly about suicidal thoughts, plans and intent, as asking does not increase risk;
- complete a risk assessment and collaborative safety plan with the client;
- for young people, involve parents or carers where there is a significant risk, explaining this to the young person first;

- signpost to crisis support, such as Samaritans (116 123), Shout (text 85258) and Childline (0800 1111), and to NHS 111 option 2 for mental health crisis;
- consult the Head of Clinical Service, and call 999 if there is an immediate risk to life.

7. Records

- Therapy notes are factual, brief and kept securely, separate from general case records.
- Safeguarding information is recorded on the Record of Concern form and passed to the DSL, who keeps it in the child protection file.
- Process notes or personal reflections are not kept as part of the clinical record.
- Clients can request access to their records, in line with the Data Protection Policy. Information may be withheld where sharing it would cause serious harm.

8. Supervision and Support

All therapists receive regular clinical supervision in line with their professional body requirements. Disclosures and decisions about confidentiality can be discussed in supervision, using the minimum identifying information. Hearing disclosures can be distressing, and therapists will be offered a debrief and support in line with the Trauma Informed Working Policy.

9. Monitoring and Review

The Board of Trustees will monitor how this policy is working through regular reports from the CEO, feedback from staff, volunteers and service users, and learning from any incidents or complaints. This policy will be reviewed annually by the policy owner, or sooner if legislation, statutory guidance or APCAM's services change.

10. Related Policies and Legal Framework

10.1 Related APCAM policies

- Safeguarding Policy 2026 (including WeGame)
- Child Protection Policy and Procedures 2026
- Confidentiality Policy 2026
- Data Protection Policy 2026
- Trauma Informed Working Policy 2026
- Professional Boundaries Policy 2026
- Lone Working Policy 2026

10.2 Legislation and guidance

- APCAM Constitution (Foundation model CIO constitution, last amended 20 September 2019)
- BACP Ethical Framework for the Counselling Professions (and equivalent UKCP and HCPC standards)
- Children Act 1989 and Children Act 2004
- Working Together to Safeguard Children 2026

- Gillick v West Norfolk and Wisbech AHA [1986] (competence of young people to consent)
- Data Protection Act 2018 and UK GDPR
- Terrorism Act 2000, section 38B
- Serious Crime Act 2015 (FGM mandatory reporting)
- Mental Capacity Act 2005
- Human Rights Act 1998

Approval

Approved by	The Board of Trustees, by resolution in line with clause 13 of the APCAM Constitution
Signed on behalf of the Board	Lauren Ridley, Chair of Trustees
Signature	
Date adopted	March 2026
Next review	March 2027
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