

OCD Action Confidentiality Policy

1. Definitions:

1.1

OCD Action provides a confidential service to callers. This means that anything the caller discloses must not be passed to any other person or organisation outside of OCD Action without their permission, subject to the exceptions laid out below.

1.2

This policy applies to employees and volunteers of OCD Action, and any visitors that might listen in to calls. Any visitors should sign a visitor confidentiality policy.

1.3

Confidentiality does not exist between the service user and the Helpline Worker, it exists between the service user and the organisation. This is so that Helpline Workers can access help and support on calls, and so that the quality of the service can be assessed.

1.4

Calls are not recorded, but may be listened in to. This is so that the quality and consistency of the service being provided can be assessed, and Helpline Workers can access support from other helpline staff if they need it.

2.

Occasions when confidentiality can be breached:

2.1

If a caller is in a life threatening situation, or is likely to suffer significant harm if an intervention is not made on their behalf (see risk assessment guidelines for further clarification of this).

2.2

If the caller is abusing someone else physically or sexually (including neglect).

2.3

If a terrorist threat is made, or specific information in relation to terrorism is disclosed. Bear in mind that this information may be encoded, so should be taken down word for word and passed on in full to the police.

2.4

If the police present a Witness Order or Search Order.

2.5

If there is a specific threat to the service or those providing it. Examples include (but are not limited to): if a caller threatens a Helpline Worker and it is believed they will carry out that threat; if a caller or anyone else deliberately interrupts or causes a problem with the telephony.

3.

How to break confidentiality:

3.1

If a Helpline Worker is on a call where they think they might have to break confidentiality, they should ask a colleague to listen in to the call as early as possible. The final decision to break confidentiality should not be taken in isolation.

3.2

A risk assessment should be carried out which should include:

- Immediacy of the situation
- Age of caller
- Whether anyone else knows about the situation
- What has actually happened / is happening
- How the caller is feeling physically / emotionally
- Where the caller is

3.3

If, having done a risk assessment, it is decided that confidentiality should be breached, the Helpline Worker should attempt to obtain details that would help identify the caller, explaining honestly why they need the details (e.g. 'because from what you've said, your life may well be in danger').

3.4

Once identifying details have been obtained, the Helpline Worker (if the call has finished) or the colleague that listened in to the call, should call the relevant emergency service on 999 (police, ambulance or fire brigade).

3.5

They should give their full name, pass on the details they obtained, and answer any other questions emergency services may have as fully as possible. They should also give a phone number (ideally the office number) that the emergency service can call back on if they need to follow up.

3.6

Once the immediate situation has been dealt with, the breach of confidentiality should be written up, the Helpline Worker debriefed and chain of events reviewed to ensure protocol was followed.

4.

Information that is most useful to emergency services:

4.1

A full name and address is most useful, along with a description of the person or people, and what they are wearing. A clear description of where they are can be just as useful, but this needs to be as specific as possible, for example 'next to WH Smith in Kings Cross Station' is more useful than 'Kings Cross Station'.

4.2

Phone numbers are less useful, and of those, a landline is more useful (easier to trace) than a mobile number.

4.3

In practice, Helpline Workers should try to obtain as much identifying information as possible and pass it on to emergency services. If the decision has been made to break confidentiality, this should be done regardless of how little or how much identifying information is available.

5.

Other considerations:

5.1

Situations in which confidentiality is breached are very rare, but all staff and volunteers should be familiar with this policy, in the unlikely event that it becomes necessary.

5.2

Of the five clauses in which confidentiality can be breached, the most common is when a caller tries to take their own life.

5.3

Although it might seem unlikely that a caller would give identifying details in any of the above situations, it does happen sometimes, so it's important to follow the guidelines set out above.

OCD Action frequently receives calls that present as having recurring thoughts that relate to abusing someone else. At the risk assessment stage, it is therefore vital to establish whether these thoughts have or have not been acted upon. Just as important is whether they are likely to be acted upon. These calls should be handled very carefully, as whilst it is necessary to know whether anyone else is at risk, the caller is likely to be very distressed at having such intrusive thoughts, and worried about confidentiality / not being believed.