

## SAFEGUARDING POLICY

### 1. POLICY STATEMENT

Sandhurst Counselling Service provides professional counselling and psychotherapy services to the local community on a free/contributory basis and is committed to providing a safe environment for personnel, practitioners, and clients alike. This policy and procedure relate to the identification and monitoring of people who present a risk to themselves, or who are themselves at risk from or to others. For the purposes of this policy the terms 'at-risk' and 'vulnerable' can be used interchangeably.

Clients, including those who are identified as 'vulnerable', who are engaged in counselling or psychotherapy are encouraged to develop a positive sense of themselves. Autonomy and independence are engendered by the provision by Sandhurst Counselling Service of a non-judgmental, supportive, safe environment in which thoughts, feelings and experiences can be explored. Sandhurst Counselling Service offers an environment in which clients are treated with respect and suffer no discrimination as a result of their age, disability, gender (including reassignment), marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Sandhurst Counselling Service adheres to the latest guidelines as set out in BACP's 'Safeguarding Vulnerable Adults in The Counselling Professions in England and Wales (Good Practice in Action 030 document) and the BACP Ethical Framework for the Counselling Professions.

We uphold the importance of client confidentiality within the therapeutic relationship whilst also recognising that in certain situations we have a legal obligation to break confidentiality to protect the client or others from harm. These limitations are discussed with clients on assessment and during the counselling process. Clients are encouraged to voice concerns about abusive or unethical behaviour without fear of recrimination and clients and practitioners are offered ongoing support throughout any safeguarding process that is invoked. Client issues regarding Safeguarding are discussed, monitored, and reviewed in regular clinical supervision and with the Clinical Manager at Sandhurst Counselling Service.

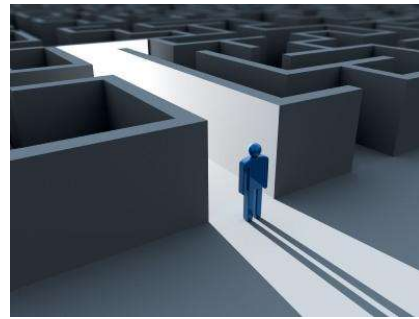
For all we seek to ensure that when there is good reason to believe that a child or vulnerable adult is suffering, or any individual is at risk from abuse or harm from themselves or others, then the correct and proper procedures are followed in the best interests of the person.

### 2. RECOGNISING THE SIGNS OF ABUSE

The Care Act 2014 defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. This includes:

#### **Physical abuse**

The physical mistreatment of one person by another which may or may not result in physical injury.



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### **Sexual abuse**

Any form of sexual activity that is not wanted or was not considered, a sexual relationship instigated by those in a position of trust, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the individual has not consented or was pressured into consenting.

### **Financial or material abuse**

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

### **Psychological and/or Emotional abuse**

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected.

### **Discriminatory Abuse**

This includes forms of harassment, slurs or similar treatment due to race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional.

### **Domestic abuse**

The cross-government definition of domestic violence and abuse is:

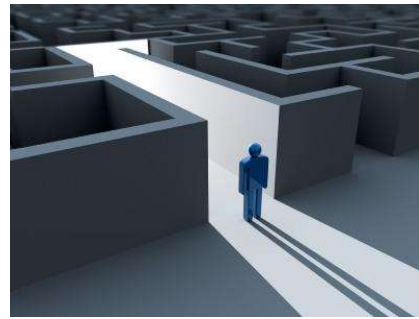
any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The abuse can encompass but is not limited to: • Psychological • Sexual • Financial • Emotional.

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015.

### **Modern slavery**

Encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.



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### Radicalisation to terrorism

The Government through its PREVENT programme has highlighted how some individuals may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

### Who might abuse?

Abuse of adults at risk, may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. Incidents of abuse may be one-off or multiple and affect one person or more.

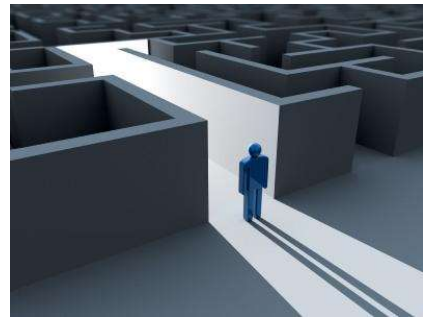
### 3. PERSONNEL AND PRACTITIONER RECRUITMENT

SCS Personnel and practitioners are recruited with awareness of the challenging and sensitive position that they will hold within the organisation and will undergo disclosure, vetting and barring checks (DBS) prior to taking up position with Sandhurst Counselling Service. This will be required to be updated every three years. A signed statement is required of applicants regarding any previous convictions, which will be taken into consideration during the recruitment process. Failure to disclose previous convictions will result in dismissal from the organisation with immediate effect.

Two references are requested to support applications to hold a placement or work with the organisation. These will ideally be received from someone who knows the applicant in a professional, educational or workplace role, and someone who has known the applicant in a personal capacity for at least 2 years. Family members, relatives and those under the age of 18 are not permitted to act as referees.

Applicants are interviewed by a minimum of two people, and those accepted for a placement or position within Sandhurst Counselling Service will undergo a six-month probationary period. All Sandhurst Counselling Service personnel will be subject to regular reviews with their line managers and/or supervisors.

Practitioners cannot begin clinical work until all of the required clearances and references have been received and accepted by Sandhurst Counselling Service. All practitioners must agree to wear a photocard whilst working within the building so that identity can be confirmed where necessary.



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### 4. GOOD PRACTICE

#### (a) Assessment

All clients are assessed before being allocated to an appropriate SCS Practitioner. Prospective clients who are deemed to require more specialised support are referred on to external agencies as deemed appropriate by the Clinical Manager. Assessments are also used to identify potential areas of current or future risk of harm to self or others.

#### (b) Sessions and Venue

Clients' sessions are held in St Michael's Pastoral Centre, Sandhurst in person or remotely via Zoom or telephone after confirmation that it is safe for the client to do so and that they are able to maintain their own confidentiality in their remote environment. Practitioners are not permitted to attend or visit clients home addresses or other venues to meet with clients under any circumstances.

#### (c) Safety on Premises

Practitioners are not permitted to work alone with clients in the building at any time. All practitioners are required to attend the Pastoral Centre in person at their usual time and day regardless of their own client's non-attendance if this would leave their colleague in the building alone. Where they are unable to attend due to illness or absence therefore unavoidably leaving a colleague working alone, alternative measures will be arranged by the Clinical and/or Administration Manager. Clients are encouraged to arrive at the time of their session and are accompanied in and out the building wherever possible. The external door remains locked and only able to be opened from the inside at all times to ensure safety to those currently in session. Practitioners lock up and leave the building together, ensuring that everyone is safe in their vehicles and leave the carpark together. All practitioners are issued with a personal alarm which they must have on their person whilst attending the Pastoral Centre.

#### (d) Regular Supervision and Reviews

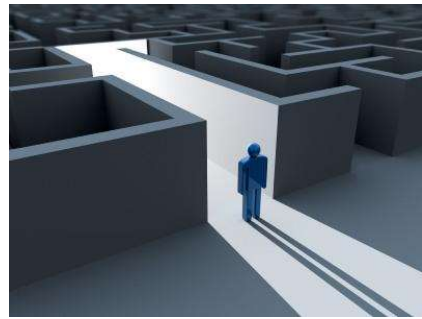
All practitioners are required to attend regular SCS Supervision – this is usually group supervision on a fortnightly basis and may be in addition to supervision required as part of their training course or college.

Practitioners are required to attend reviews with the Clinical Manager and/or SCS Supervisor when requested to do so. Any ongoing concerns raised will be discussed with the Practitioner and Training Organisation/Tutor if appropriate.

### 5. TRAINING

Sandhurst Counselling Service will ensure that all new practitioners are aware of this policy and its requirements as part of their induction to the service.

Sandhurst Counselling Service will seek out Safeguarding training opportunities to inform our work.



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Safeguarding issues will be reviewed regularly by the Clinical Manager and during clinical supervision. Where safeguarding concerns are raised, additional supervision and increased contact with the Clinical Manager will be available to support and guide practitioners and ensure that appropriate measures are taken.

### 6. RESPONSIBILITIES

Sandhurst Counselling Service Board of Trustees are ultimately responsible for the appropriate implementation and monitoring of the Safeguarding Policy.

The Trustees have delegated to the Clinical Manager of Sandhurst Counselling Service the key responsibility for co-ordinating Safeguarding Practice, who will work closely with SCS Clinical Supervisors and the practitioner's Training College in the event of safeguarding concerns being raised.

The Chair of Trustees will be informed of any issues surrounding the implementation of this policy. The Trustees will be responsible for deciding the extent to which any safeguarding risk from Clients or SCS Personnel should be shared with St Michael's church as landlord and managers of the facilities.

General responsibility

All Sandhurst Counselling Service personnel – including Managers, practitioners, and supervisors - are responsible for ensuring that safeguarding is a primary concern, and that the policy procedures are adhered to.

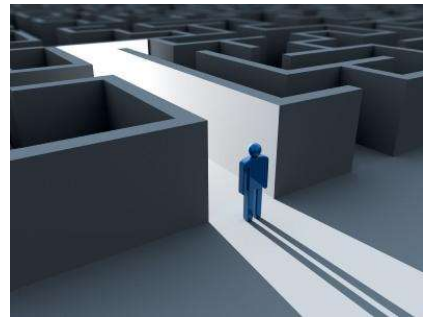
### 7. PROCEDURE AND DOCUMENTATION

If any member of staff or volunteer has good cause to suspect that:

- a) any form of abuse is taking place
- b) a client is at risk of abuse
- c) a client has disclosed ongoing abuse
- d) the client is at risk of serious self-harm or suicide
- e) the client has disclosed intent to harm other or damage property
- f) the practitioner has concerns under the PREVENT Prevention of Terrorism Act

then the following steps should be taken:

A discussion needs to take place with the client so that the practitioner is as clear as they can be regarding levels of risk and others involved. The SCS practitioner will need to discuss confidentiality issues and boundaries with the client and remind the client of the boundaries and limitations of confidentiality as agreed in the first sessions. They will also discuss with the client Sandhurst Counselling Services professional responsibility regarding the safety and wellbeing of the client.



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Great care needs to be taken in such discussions so as not to undermine the trust in the relationship and to contain, respect and work with the client's anxieties. Disclosures of abuse/risk of harm to outside parties are made with the full prior knowledge of the client, if at all possible, however in situations where prior knowledge has the potential to increase the risk of harm to self or others it may be necessary not to inform the client and advice should be sought from the Supervisor and Clinical Manager without delay.

The practitioner should make a careful record of all relevant information to be held on the clients file, and immediately inform their SCS supervisor and inform the Clinical Manager and a discussion about the issue should then be had at the earliest possible opportunity. These discussions are to be noted on the appropriate record together with the actions taken as a result.

If the risk is assessed to be imminent, the practitioner may need to contact emergency/crisis services prior to the above discussion, dependent on the situation and availability of the Supervisor and Clinical Manager. Once the above step has been followed, the Supervisor and Clinical Manager must be informed as soon as is possible. The GP may be informed, along with CMHT if involved with the client. This will be done by the Practitioner, in writing and by telephone if appropriate, and in collaboration with their Supervisor and Clinical Manager and next steps agreed. This will be done with the knowledge of the client at all times where possible.

Accurate, clear, signed and dated progress notes must be kept at every stage.

### 8. ALLEGATIONS AGAINST SCS PERSONNEL, PRACTITIONERS AND VOLUNTEERS

Any concerns or allegations regarding SCS personnel, practitioners or other volunteers should be immediately raised with the Clinical Manager unless the allegation is against them, in which case it should immediately be brought to the attention of any Trustee.

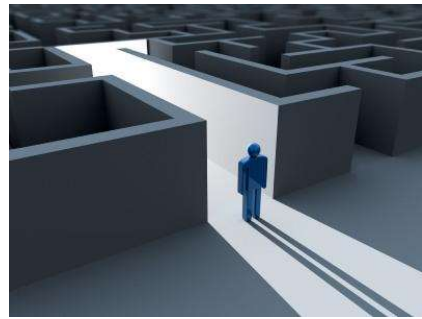
Allegations or concerns of abuse by Sandhurst Counselling Service personnel or volunteers will be immediately notified to the relevant statutory authority for investigation and disciplinary action may result.

Sandhurst Counselling Service is aware that some allegations of abuse are mistaken or false - we are committed to thorough and fair investigation working with statutory agencies as necessary.

Allegations or concerns involving children and those who work with them which are considered to be of a serious nature (see below guidance links), will be reported to the MASH (Multi Agency Safeguarding Hub) by the Clinical Manager. MASH can be contacted on 01344 352005.

#### 8a. Whistleblowing

Sandhurst Counselling Service has an open culture where people feel able, positively supported, and encouraged to raise their concerns, even when they relate to the practice of other personnel or



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practitioners. This includes support for whistleblowing and any such concern would be referred to the Clinical Manager of Sandhurst Counselling Service, and/or the Chair of Trustees.

**9. CODE OF BEHAVIOUR, ORGANISATIONAL CULTURE AND AWARENESS**

Sandhurst Counselling Service personnel, practitioners and volunteers are aware of boundary, confidentiality and professional relationship issues as set out in the BACP’s Ethical Framework to which we work. A copy of the BACP Ethical Framework and the BACP Safeguarding Guidance is available on the BACP website, and all Sandhurst Counselling Service working policies are available in the SCS Manual.

**10. REVIEW OF POLICY**

This policy and its implementation will be reviewed annually by the Trustees.

May 2024

Clinical Manager - Helen Anne Wells

Chair of Trustees - Dave Percival

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