Safeguarding Policy

Power Of Two Psychotherapy

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1. Purpose and scope

This policy sets out how Power Of Two Psychotherapy ("the practice") recognises and responds to safeguarding concerns. It is published openly so that clients, referrers and colleagues can see how the practice approaches these questions before they make contact.

The practice is a sole-practitioner private psychotherapy practice working with **adults aged 18 and over only**. It does not offer services to children or young people and does not knowingly accept referrals for anyone under 18.

It applies to all work undertaken by the practice, whether delivered in person at rented consulting rooms or remotely by video or telephone.

It covers:

- **Adults at risk** — clients who may be experiencing or at risk of abuse or neglect and who may be unable to protect themselves.
- **Third-party risk** — situations where information disclosed by an adult client indicates that a child, or another adult, may be at risk of harm.
- **Risk to self** — where safeguarding and risk management overlap.
- **Lone working** — the practitioner's own safety, addressed at section 10.

The practice has no employees, volunteers or trainees, so this policy does not cover recruitment or employment safeguarding. If that changes, this policy will be revised and the practice's professional liability insurer notified of the change in circumstances.

2. Legal and professional framework

The practice is not a statutory safeguarding partner and holds no statutory duty to conduct safeguarding enquiries. That duty sits with the local authority. The practice nonetheless works within:

- **Care Act 2014**, ss.42–46 — the local authority duty to make enquiries where an adult with care and support needs is experiencing or at risk of abuse or neglect and cannot protect themselves. The practice's role is to raise concerns so that duty can be exercised.
- **Mental Capacity Act 2005** — presumption of capacity; capacity is decision-specific and time-specific; unwise decisions do not of themselves indicate incapacity.
- **Children Act 1989 and 2004** — where a client discloses information indicating a child is at risk.
- **UK GDPR and Data Protection Act 2018** — see section 8.

- **BACP Ethical Framework for the Counselling Professions** — in particular the commitment to protect clients from harm, to work within the law, and to maintain regular supervision.
- Relevant statute on domestic abuse, coercive control, modern slavery and female genital mutilation (see section 6).

3. Definitions

Adult at risk — an adult aged 18 or over who has needs for care and support (whether or not those needs are being met), is experiencing or at risk of abuse or neglect, and as a result of those needs is unable to protect themselves.

Care and support needs may arise from, among other things, physical or learning disability, mental ill-health, cognitive impairment, substance dependence, frailty, or the effects of trauma. The practice does not treat a diagnosis as automatically establishing care and support needs, nor its absence as ruling them out.

Categories of abuse and neglect recognised by this policy, following statutory guidance:

- Physical abuse
- Domestic abuse, including coercive and controlling behaviour and so-called "honour"-based abuse
- Sexual abuse, including sexual exploitation
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery, including forced labour, servitude and human trafficking
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect

4. Principles

1. **Empowerment.** Adults with capacity have the right to make their own decisions, including decisions others consider unwise. Wherever possible the practice acts with the client's informed consent.
2. **Capacity is presumed.** Concern about a client's choices is not, by itself, grounds to override them.
3. **Proportionality.** The least intrusive response consistent with managing the risk.
4. **Confidentiality is the norm, not an absolute.** Its limits are made explicit at contracting and revisited as needed.
5. **Transparency.** Except where doing so would increase risk to the client or another person, the client is told what the practice is going to do, when, and why — before it is done.
6. **Recording.** Safeguarding thinking is recorded contemporaneously, including decisions *not* to act and the reasoning behind them.
7. **Supervision.** No significant safeguarding decision is made in isolation where it is possible to consult first.

5. Consent and the limits of confidentiality

Clients are informed of the limits of confidentiality in the written working agreement before the first session, and this is reiterated verbally in the first session.

Confidentiality may be broken, with or without the client's consent, where:

a. There is a serious risk to the life or safety of the client. b. There is a risk of serious harm to another identifiable person. c. There is a concern that a child is suffering or is likely to suffer significant harm. d. There is a concern that an adult at risk is being abused or neglected and is unable to protect themselves. e. Disclosure is required by law, including by court order, or by statutory duty relating to terrorism, money laundering or drug trafficking.

The practice will seek the client's consent to any disclosure wherever it is safe and practicable to do so. Consent will not be sought where doing so would place the client, a child or another person at increased risk, would prejudice a criminal investigation, or where the client lacks capacity to give it.

Where a client with capacity refuses consent and the concern relates only to that client's own safety, the practice will ordinarily respect that refusal, will record the decision and its reasoning, will discuss it in supervision, and will keep the matter under review. This position may change if risk escalates or if capacity comes into question.

6. Specific duties and situations

Female genital mutilation. Since 31 October 2015 there has been a mandatory duty on regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under-18s to the police. Counsellors and psychotherapists are not statutorily regulated healthcare professionals and are therefore not bound by that mandatory reporting duty. However, where a disclosure of FGM is made, or where there is a risk of FGM to another individual, the Home Office expects statutorily unregulated professionals to follow established safeguarding policies and procedures for their area. The practice will therefore report any such concern to Barnet adult or children's safeguarding as appropriate, or to the relevant local authority for the individual concerned, and will report directly to the police where a child is at immediate risk.

Domestic abuse. Recognised as including coercive and controlling behaviour, economic abuse and post-separation abuse. The practice will not contact a client's partner or family without the client's explicit consent, will use safe-contact arrangements agreed at assessment, and will offer information about specialist services rather than direct clients toward action they have not chosen.

Modern slavery. Where indicators are present, the practice will offer information about the Modern Slavery Helpline and, with consent, refer to a First Responder organisation. The practice is not itself a First Responder.

Terrorism. The practice is not subject to the Prevent duty under s.26 of the Counter-Terrorism and Security Act 2015, which applies to specified authorities. Concerns about radicalisation are handled under the general risk-to-others provision at section 5(b), with disclosure to police where there is a risk of serious harm. The practice notes the separate offence under s.38B of the Terrorism Act 2000 of failing to disclose information about acts of terrorism.

Online work. At the start of any remote working relationship the practice requests the client's physical location for each session, an emergency contact, and the client's GP or local crisis service.

Clients are asked to notify the practice if they will be attending from a different location or jurisdiction, since this affects which services can be contacted in an emergency.

7. Procedure

Step 1 — Recognise and record. Note what was said or observed, in the client's words where possible, with date and time. Distinguish clearly between what the client reported, what was directly observed, and the practitioner's inference.

Step 2 — Assess immediacy. If someone is in immediate danger, call 999. Do not delay for supervision or consultation.

Step 3 — Consult. For non-emergency concerns, consult clinical supervision, the BACP Ethics Helpline, or the relevant local authority safeguarding team on an anonymised basis. Local authority teams will discuss a concern without a named referral.

Step 4 — Seek consent, unless one of the exceptions at section 5 applies.

Step 5 — Refer. Contact the adult safeguarding team for the local authority where the **client lives**, which will not always be the borough in which the session took place. Provide factual information; do not investigate. Investigation is the local authority's function.

Step 6 — Record the outcome, including the referral reference, who was contacted, what was shared, the lawful basis relied on, and the client's awareness or otherwise.

Step 7 — Review. Bring the matter back to supervision. Revisit the therapeutic contract if needed. Consider whether this policy requires amendment.

Timescales. Immediate risk: same day. All other concerns: consultation within one working day; referral within three working days of the decision to refer.

8. Data protection and records

Safeguarding disclosures involve processing special category personal data. The practice relies on:

- **UK GDPR Article 6(1)(d)** - vital interests, where processing is necessary to protect someone's life; or **Article 6(1)(f)** - legitimate interests, for other safeguarding disclosures, where the interest in protecting a person from abuse or neglect outweighs the client's interest in confidentiality.
- **UK GDPR Article 9(2)(c)** - vital interests, where the person is physically or legally incapable of giving consent; or **Article 9(2)(g)** - substantial public interest, relying on the condition at paragraph 18 of Part 2 of Schedule 1 to the Data Protection Act 2018.
- **Data Protection Act 2018, Schedule 1, Part 2, paragraph 18** - safeguarding of children and of individuals at risk, which permits processing without consent where the person cannot give consent, where consent cannot reasonably be obtained, or where obtaining it would prejudice the safeguarding purpose.

Safeguarding records form part of the clinical record. They are held securely, kept to the minimum necessary, and retained for **seven years from the last session**, in line with the record-keeping condition of the practice's professional liability insurance.

Clients are informed in the practice's privacy notice that safeguarding disclosure may occur without consent. Paragraph 18 requires an appropriate policy document to be in place at the time of processing. This policy, read with the practice's privacy notice, is that document. It is kept under review, retained until six months after processing under paragraph 18 ends, and made available to the Information Commissioner on request.

Only the information necessary for the safeguarding purpose is disclosed, and only to the person or body able to act on it. The practice does not share the wider content of a client's therapy.

9. Premises and accessibility

The practice works from rented consulting rooms in north London, and from time to time from rooms in other parts of London. Sessions are also offered online.

Because premises vary, the practice does not guarantee any particular physical feature in advance. It does undertake to:

- Discuss access requirements with prospective clients before the first session, and to be specific about what a given room does and does not offer.
- Endeavour to make reasonable adjustments where a client has a disability or access need, in the spirit of the Equality Act 2010. This may include selecting a room with step-free access, adjusting session length or timing, offering online sessions as an alternative, or adapting written materials.
- Be honest where an adjustment cannot be made, explain why, and where possible help the client find a practitioner or setting that can meet the need.
- Satisfy itself before working at any premises that the rooms are private, that conversation cannot be overheard, and that access, exit and emergency arrangements are adequate.

Where the practice rents rooms from a clinic or building operator that holds its own safeguarding, health and safety or incident-reporting procedures, the practice will familiarise itself with those procedures and comply with them alongside this policy.

10. Lone working

The practitioner works alone with clients, in premises where other people may or may not be present. The following arrangements apply.

Before work begins at any premises:

- Confirm whether other people will be in the building during session times, and how to summon help.
- Identify the fire exits, the first aid provision, and any alarm or panic-alert system.
- Confirm the building operator's out-of-hours and incident-reporting arrangements.

Routine practice:

- A nominated person holds the practitioner's working schedule — locations and session times, not client identities.
- Where the practitioner is working alone in a building, or outside normal hours, a check-in and check-out message is sent to that nominated person, with an agreed action if the check-out message does not arrive.

- A charged mobile phone is kept accessible but silenced during sessions.
- Client contact details, an emergency contact and GP details are requested at assessment and held accessibly.

Assessment and suitability:

- Risk is assessed before the first session and reviewed throughout. The practitioner will decline or discontinue work where a person's presentation makes solo, unsupported in-person work unsafe for either party, and will say so plainly rather than continuing and managing around it.
- Where in-person work is not appropriate but the therapeutic relationship can continue, online work may be offered as an alternative.

During and after sessions:

- The practitioner may end a session early if they judge it unsafe to continue, and will follow up in writing.
- Any incident, near-miss, threat or aggressive behaviour is recorded, reported to the building operator where relevant, discussed in supervision, and reported to police where a criminal offence may have occurred.
- Intoxication, threats or violence are grounds for terminating a session and, if repeated, the working agreement.

Online sessions:

- Sessions are conducted from a private space using an end-to-end encrypted platform.
- The practitioner does not disclose their home address; a business address is used for correspondence.
- The practitioner's personal social media and personal contact details are kept separate from the practice.

11. Allegations against the practitioner

Any allegation of abuse or professional misconduct against the practitioner will be:

- Notified to the practice's professional liability insurer immediately, in accordance with the policy's claims conditions. The practitioner will not admit liability or negotiate any claim without the insurer's written consent.
- Notified to BACP in accordance with its Professional Conduct Procedure.
- Referred to the police where the allegation concerns a criminal offence.
- Discussed with clinical supervision and, where appropriate, with independent legal advice.

The practitioner will not investigate an allegation made against themselves.

Anyone wishing to raise a concern about the practice may do so by contacting the practice via email or WhatsApp using the contact details shown on the website https://www.poweroftwotherapy.com, or, if they would prefer not to contact the practice directly, by contacting BACP or Barnet adult safeguarding using the details below.

12. Key contacts

Contact	Details
Emergency services	999
Police non-emergency	101
Barnet Adult Social Care (including MASH)	020 8359 5000
BACP	01455 883300
National Domestic Abuse Helpline	0808 2000 247
Modern Slavery Helpline	08000 121 700
Samaritans	116 123

Where a client lives outside Barnet, the practice will contact the adult safeguarding team for that client's own local authority. Contact details for all London boroughs are available via each borough's website.

13. Training and review

The practitioner completes safeguarding adults training at a level appropriate to a non-statutorily-regulated practitioner, refreshed every [two/three] years, and maintains a record of that training.

This policy is reviewed annually, and immediately following any safeguarding incident, any change in the scope of the practice (for example working with under-18s, taking on supervisees, or accepting organisational or EAP contracts), or any material change in law or BACP guidance.

This policy is published for transparency. It describes the practice's own procedures and is not legal advice.