



PROVIDING  
PSYCHOTHERAPY  
IN LONDON

CPU London  
Safeguarding Policy

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Registered charity 1112967  
Registered in England No. 3830244  
Company Limited by Guarantee

Last updated:	January 2024	Updated by:	Ora Dresner/Susan Baldock
Next update due:	January 2025		

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## 1. Introduction and purpose of policy

- 1.1 CPU London is a charity that provides psychotherapy for adults (people who are over 18). CPU London employs psychotherapists who carry out therapy with patients (clinical staff) and administrators in non-clinical roles (non-clinical staff). It also benefits from the services of unpaid honorary psychotherapists (volunteers) who carry out therapy with patients, under the supervision of psychotherapists.
- 1.2 CPU London recognises that our services are used by adults who may be vulnerable or, due to their mental health, may be vulnerable at certain times. The nature of services we provide mean it is likely that staff and volunteers will have contact with vulnerable adults who are experiencing or are at risk of abuse or neglect or who may be potentially responsible for abuse. This may take the form of physical abuse, emotional abuse, sexual abuse and/or neglect (or other forms of abuse). In relation to child protection issues these may arise in working with an adult patient who makes historical disclosures of abuse or who raises concerns about child abuse or neglect within their family or community. (See Appendix One for definitions).
- 1.3 All staff and volunteers have a duty to recognise, record and report suspected, alleged or actual harm or abuse or neglect involving a vulnerable adult or child with this policy (see Section 3 below). All staff and volunteers should be aware of and follow this policy and local procedures. Safeguarding vulnerable adults and children involves multi-agency working together to ensure that health and social care is appropriately coordinated, and individuals are protected from potential or actual harm or abuse. All staff and volunteers should ensure that safeguarding concerns and issues relating to vulnerable adults or children are raised, discussed, and recorded within regular clinical supervision and in line with this policy.
- 1.4 This document provides guidance for staff and volunteers to ensure the principles of safeguarding vulnerable adults and children are embedded in all aspects of CPU London practice and to describe to staff and volunteers the procedures for safeguarding vulnerable adults and children and for raising concerns.
- 1.5 CPU London is committed to safeguarding. CPU London will:
  - a) manage our services in a way which promotes safeguarding;
  - b) work with vulnerable adults (and other agencies, if and as appropriate), in relation to any abuse to a vulnerable adult or child.

1.6 To achieve these this, we will:

- a) ensure all staff and volunteers have access to and are familiar with this safeguarding policy and procedure and their responsibilities within it;
- b) ensure concerns or allegations of abuse are always taken seriously;
- c) ensure all staff, volunteers and Trustees receive training in relation to safeguarding vulnerable adults and children at a level relevant to their role;
- d) ensure there is a named Safeguarding Lead to promote safeguarding awareness and practice and provide training within the organisation.

## 2. Roles and Responsibilities

2.1 CPU London's Clinical Director has overall responsibility for ensuring the implementation of effective safeguarding procedures and has day to day responsibility for ensuring that CPU London is operating within the procedures set out in this document. The Clinical Director will liaise specifically with the Safeguarding Lead and clinical staff and will provide the professional lead and expertise for the implementation of this procedure. They will also be responsible for ensuring that Recruitment and Retention Policies comply with relevant legislation and guidance relating to the safe employment of staff working with vulnerable people. This includes ensuring enhanced Disclosure and Barring Service (DBS) checks are obtained for applicable staff and volunteers.

2.2 It is the Clinical Director's responsibility to:

- a) ensure that the principles and duties of safeguarding vulnerable adults and children are consistently applied in line with this policy;
- b) promote a safe working environment;
- c) promote the welfare of those patients who may be a risk to themselves or who may present a risk to others, including by reporting the risk to an outside agency if necessary and appropriate;
- d) ensure that all staff, volunteers, Trustees, funders, and relevant external organisations are aware of this policy and where appropriate know how to apply its related procedures and that patients have access to this policy on request;
- e) ensure that this policy is reviewed at least annually.

2.3 CPU London's Safeguarding Lead is a member of staff who has attended specialist training in the safeguarding of vulnerable adults. The Safeguarding Lead will provide advice and training as required. The Safeguarding Lead will provide an annual update on safeguarding issues to the Clinical Director. The Safeguarding Lead will act as the professional interface with other agencies, in conjunction with the Clinical Director and clinical staff, in the ongoing management of any cases where safeguarding issues are raised.

- 2.4 The staff or volunteer therapist for any person who is identified as experiencing or being at risk of abuse, or presenting such a risk to others, will be responsible for the management of the individual case (under supervision as appropriate) and will ensure that appropriate liaison with other members of the staff team takes place, including the Clinical Director and the Safeguarding Lead.

### 3. Procedures

#### *Recruitment*

- 3.1 CPU has an established recruitment policy.
- ❖ All applicants for staff and volunteer positions are required to submit their CV, a covering letter, and details of at least two referees.
  - ❖ Applicants have a preliminary interview with the Clinical Director. If shortlisted, the applicant is invited for a formal interview. The interview panel is made up of two members of staff and a Trustee, or other external person connected to the charity with appropriate experience relating to the role.
  - ❖ If the applicant is successful, referees will be contacted to provide a reference.
  - ❖ All staff and volunteers must successfully pass an Enhanced DBS check.

#### *Training*

- 3.2 CPU London staff and volunteers will be trained to be aware of safeguarding patients from harm and abuse in two contexts: risk in the community and risk whilst at CPU London. They will also be trained about issues of confidentiality and the parameters of confidentiality. In this way, CPU London aims to have oversight of our patients' overall well-being, both in their everyday life and whilst in treatment at CPU London.
- 3.3 Trustees will receive safeguarding training to enable them to understand their duty and responsibilities in CPU London providing a safe service to patients. The Safeguarding Lead will be responsible for organising and/or delivering this training.
- 3.4 Information about safeguarding issues and this policy will form part of the induction process for new staff and volunteers. Refresher training will take place at regular intervals thereafter, at least once every two years for all staff and volunteers. The Safeguarding Lead will be responsible for organising and/or delivering this training.

#### *Consent and confidentiality*

- 3.5 CPU London's safeguarding duties may be facilitated by staff and volunteers being in contact with GPs and other medical/health care professionals involved in their patients' care. Patients are asked to provide their consent to such communication in the initial Questionnaire.

- 3.6 All information discussed by the patient with their therapist during psychotherapy sessions is confidential. Confidentiality extends to the presenting of case material in any supervision context, be it in one to one or group meetings. Any material discussed at CPU London about patients between members of staff/staff and volunteers will remain confidential.
- 3.7 However, where there is an actual or potential risk to the patient, other vulnerable adults, or to a child or young person, the confidentiality of the patient may be overridden, where the sharing of information to prevent significant harm is necessary, and whether or not consent to sharing information or this specific information has been given.
- 3.8 If the patient is presenting a significant risk to themselves or to others, the Safeguarding Lead or other staff member may report to the police, the emergency social work team, health services or another appropriate person. Significant imminent risk to themselves or others will usually be reported to the police/emergency services.

#### *Managing safeguarding: risk in the community*

- 3.9 CPU London may have contact with GPs and other health professionals involved in the patient's care. They may have contact with other professionals/agencies involved with the patient with the patient's permission or without their permission in accordance with Sections 3.5 and 3.7 of this policy above and Sections 3.12 and 3.13 below.
- 3.10 In this way, CPU London will work in partnership with other professionals in identifying and reporting abuse and neglect.
- 3.11 If abuse or neglect is alleged or suspected CPU London staff and volunteers should report any disclosure and/or concerns to the appropriate persons – namely any supervisor, the Clinical Director, and the Safeguarding Lead. Examples of abuse include, but are not limited to, physical abuse, emotional abuse, sexual abuse and neglect. (See Appendix One).
- 3.12 If this abuse is said to be by a professional in an outside agency, a report may be made to a senior manager in the organisation who employs the person.
- 3.13 Substantial risk to the patient or others may be reported to the police, social services, or other external agency, overriding any issues of consent where required, following discussion and assessment of risk between the Clinical Director and Safeguarding Lead together with the therapist/supervisor involved with the patient's care.
- 3.14 In an emergency a staff member or volunteer may contact relevant Emergency Services by calling 999.



*Managing safeguarding: internal measures.*

- 3.15 CPU London has a duty to ensure its environment is a safe place and that staff and volunteers working with vulnerable adults adopt safe practice. CPU London will undertake Enhanced DBS and full reference checks on all prospective staff and volunteers and will undertake regular supervision of clinical staff and volunteers.
- 3.16 CPU London staff and volunteers have a duty to report suspected, alleged or actual harm or abuse involving a vulnerable adult or child. They should communicate their concerns to any supervisor, the Clinical Director, and the Safeguarding Lead, as soon as possible and take the following relevant steps:
- a) initially, they should discuss their concerns with the client in question first, unless this would place the client, themselves, or others, at risk of significant harm;
  - b) ensure that potential or actual safeguarding concerns are raised with the Clinical Director and the Safeguarding Lead without delay and are also discussed and recorded within regular clinical supervision;
  - c) record the details of the safeguarding concern in written form in the patient's file and on the Safeguarding Template (see Appendix Two) and copy this to the Clinical Director and Safeguarding Lead as soon as possible after becoming aware of the concern;
  - d) record any decisions made and any actions taken in relation to safeguarding in written form in the patient's file and on the Safeguarding Template.

*Managing safeguarding risk: concerns about CPU London staff or volunteers*

- 3.17 If a safeguarding concern about a CPU London member of staff or volunteer is raised by a patient, a CPU London member of staff or volunteer, or by any other person it should be reported to the Clinical Director and the Safeguarding Lead without delay and recorded in writing.
- 3.18 The Clinical Director may take some or all of the following steps, depending on the nature of the issues raised:
- a) Substantial risk to patients and others may be immediately reported to the police, over riding consent where required;
  - b) The Clinical Director together with the Safeguarding Lead will investigate the concern;
  - c) The CPU London member of staff or volunteer may be suspended with immediate effect, until such time as the Clinical Director has completed their investigation;
  - d) If the allegation concerns the Clinical Director, then the Safeguarding Lead together with another member of staff will conduct the investigation. If the allegation concerns the Safeguarding Lead, then the Clinical Director together with another member of staff will conduct the investigation.

- 3.19** Depending on the outcome of the investigation, the CPU London staff member or volunteer may be suspended or dismissed, and the findings passed onto to any relevant regulatory body.

Dated: January 2023



## APPENDIX ONE: CLARIFICATIONS AND DEFINITIONS

### Abuse and Neglect

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect by inflicting harm, or by failing to act to prevent harm.

There are four main categories of abuse and neglect to be aware of:

#### Physical abuse

Physical abuse is deliberately physically hurting a child or vulnerable adult. It may involve hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical abuse can happen in any relationship. Children and vulnerable adults are more at risk if a significant other has problems with drugs or alcohol or if they live in a home where domestic abuse happens.

#### Emotional abuse

Emotional abuse is the emotional maltreatment of a child or vulnerable adult and may be such as to cause adverse effects (sometimes severe and persistent) on a person's emotional development. It may involve conveying to a person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving a child or vulnerable adult opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may involve serious bullying (including cyber bullying), causing a person frequently to feel frightened or in danger, or the exploitation or corruption of a person.

#### Sexual abuse

Sexual abuse of a person involves engaging them in sexual activity of any kind against their will. A child under the age of 16 cannot, as a matter of law, consent to sexual activity. Sexual abuse of a young person over the age of 16, or vulnerable adult, involves engaging that person in sexual activity of any kind without his or her genuine consent. Some vulnerable adults may be incapable of giving such consent, as a result of their mental capacity or mental health. The abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging a person to behave in sexually inappropriate ways, or grooming a person in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## Neglect

Neglect is the failure to meet a person's basic physical and/or psychological needs, where the failure is likely to result in the serious impairment of the person's health or development. It is the most common form of child abuse and reason for taking child protection action. Neglect may occur if a significant other becomes physically or mentally unable to care for a child or vulnerable adult.

*This is not intended to be an exhaustive list. Other categories of abuse include financial abuse, coercive control, organisational or institutional abuse, discriminatory abuse, and modern slavery.*

## Safeguarding in the context of domestic violence

People who witness or are victims of domestic violence suffer emotional and psychological maltreatment. Some of the risks to people living with domestic violence include:

- Direct physical or sexual abuse of the child or vulnerable adult.
- Emotional abuse and physical injury to the child/vulnerable adult from witnessing the abuse.

## Child

The Children Act 1989 defines a child as a person under eighteen for most purposes.

## Vulnerable Adult

The Protection of Vulnerable Adults Scheme (PoVA 2004) defines a vulnerable adult as a person aged 18 or over who has a condition of the following type:

- a substantial learning or physical disability,
- a physical or mental illness or mental disorder, chronic or otherwise, including addiction to alcohol or drugs,
- a significant reduction in physical or mental capacity.

The term "Vulnerable Adult" is taken to include adults in vulnerable situations arising from a range of causes and circumstances, including those who have never had contact with, or need of, social care services.

## APPENDIX TWO: SAFEGUARDING TEMPLATE.

A copy of this document is available from the Safeguarding Lead/Admin staff and should be used to record safeguarding concerns/decisions made/any actions taken as required by this Safeguarding Policy.

Therapist Name:

Date:

Patient Initials/ID:

Summary of Safeguarding Concern:

Discussion(s) with (Supervisor/Clinical Director/Safeguarding Lead):

Name(s):

Date(s):

Summary:

Action?

## APPENDIX THREE: RESOURCES

### Government guidance for charities

[www.gov.uk/government/publications/safeguarding-children-and-young-people](http://www.gov.uk/government/publications/safeguarding-children-and-young-people)

### Legislation and general Government guidance

- Children Act 1989
- The Police Act 1997
- The Protection of Children Act 1999
- Criminal Justice and Court Services Act 2000
- Care Standards Act 2000
- Safeguarding Children 2002
- Chief Inspectors Report × The Victoria Climbié Inquiry 2003 – Lord Laming Report
- Keeping Children Safe 2003 – Government response Every Child Matters
- The Sexual Offences Act 2003
- The Children Act 2004
- Bichard Inquiry 2004
- Every Child Matters and the Children Act 2004
- Safeguarding Children: Second Chief Inspectors Report 2005
- Safeguarding Vulnerable Groups Act 2006
- Working Together to Safeguard Children 2006
- Making Safeguarding Everyone's Business 2006 – Government Report
- Safeguarding children: Third Chief Inspectors Report 2008
- Education Act 2011

Further legislation can be found at:

[www.nspcc.org.uk/preventing-abuse/childprotection-system/england/legislation-policy-guidance](http://www.nspcc.org.uk/preventing-abuse/childprotection-system/england/legislation-policy-guidance)

Clinical Staff and volunteers can also find further information, support and guidance from their respective professional membership organisations – the British Psychoanalytic Council, British Association of Counselling and Psychotherapy etc.





Cover art: Howard Hodgkin, *Ice*, 2013

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Cover design by: Kris Lam