



## **METANOIA INSTITUTE (MI) SAFEGUARDING POLICY**

Quick Guide:

### **What is a safeguarding concern?**

Safeguarding means protecting children and adults who are at risk of harm, abuse, neglect, exploitation, discrimination or of being drawn into radicalisation<sup>1</sup>.

A person is considered to be in particular need for safeguarding, under the terms of this policy, if they are a student, staff member, volunteer or service user who is, or appears to be:

- Dependent on others to help them perform basic physical functions.
- Their ability to communicate with others is severely impaired.
- There is a potential danger that their will or moral well-being may be subverted or overpowered.
- There is a potential danger that they are being drawn into extremist ideologies and radicalisation.
- They are a member of an oppressed group and

They are, for whatever reason, unable to protect themselves against significant harm or exploitation.

### **MI Safeguarding procedure**

- 1) Safeguarding concern arises
- 2) Read safeguarding policy
- 3) Discuss concern with DSO regarding next

steps. These might be:

- a. **Safeguarding referral to local authority**– this would happen when an adult (a) has needs for care and support (whether or not the local authority is meeting any of those needs) AND (b) is experiencing, or at risk of, abuse or neglect, AND (c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

→ **Safeguarding form parts A & B should be completed. Safeguarding form part C**

---

<sup>1</sup> The Institute publishes its [Prevent Duty Statement](#) on its web site.

**should be used to review what is happening regarding safeguarding the individual when appropriate.**

- b. Safeguarding referral not appropriate, but signposting / support put into place** – the individual at risk is offered resources / signposting for additional support and/or a support plan at MI is put into place.
  - **Safeguarding form parts A & B should be completed. Safeguarding form part C should be used to review plan when appropriate.**
  
- c. No action needs to be taken** – upon discussion with the DSO and, where relevant, the person at risk, a decision is reached that no further action is warranted at this time.
  - **Safeguarding form parts A & B should be completed with a note that no further**

## **METANOIA INSTITUTE SAFEGUARDING POLICY**

### **1. Introduction**

1.1 Metanoia Institute (MI) is committed to safeguarding the welfare of all people and groups who participate in any of the services we offer.

1.2 Safeguarding means protecting children and adults who are at risk of harm, abuse, neglect, exploitation, discrimination or of being drawn into radicalisation.

1.3 Metanoia Institute is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

1.4 This policy is intended to give a framework for the MI to use to help prevent safeguarding issues from occurring in the first place, and for dealing with such issues in the unlikely event that one does arise.

1.5 Our equality and diversity policy aims to ensure that we maintain an environment where our staff, students, and visitors feel included and welcome, this policy accompanies that and outlines the steps we take to ensure that all can feel confident that their safety is taken seriously and that all reasonable steps have been taken to provide a safe learning environment.

### **2. Policy Statement**

2.1 Metanoia Institute believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

2.2 Metanoia Institute is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

- 2.3 Metanoia Institute acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.
- 2.4 Metanoia Institute recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.
- 2.5 Metanoia Institute recognises that there is a legal framework within which we endeavour to safeguard adults who have care and support needs and protect those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.
- 2.6 Actions taken by Metanoia Institute will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

### **3. Definition**

3.1 A person is considered to be in particular need for safeguarding, under the terms of this policy, if they are a student, staff member, volunteer or service user who is, or appears to be:

- Dependent on others to help them perform basic physical functions.
- Their ability to communicate with others is severely impaired.
- There is a potential danger that their will or moral well-being may be subverted or overpowered.
- There is a potential danger that they are being drawn into extremist ideologies and radicalisation.
- They are a member of an oppressed group and;

They are, for whatever reason, unable to protect themselves against significant harm or exploitation.

#### 4. Responsibilities and scope of this policy

4.1 We have a responsibility under UK legislation<sup>1</sup> to ensure, as far as is reasonably possible, that at-risk groups are protected from harm. We also have a responsibility to protect our staff and students against harm or unfounded allegations.

4.2 To achieve this aim, the MI will identify those who may have particular safeguarding needs, with an aim of ensuring that there are appropriate measures in place to support and protect them.

This may be when a prospective student or staff member presents at interview, where a tutor is made aware of, or has concerns about, a student whom they feel is in particular need for safeguarding (see 3.1 above), or when a student has concerns about a client that they are working with at a placement.

4.3 We will support staff, students and volunteers by providing relevant training and have, as a part of this policy, provided a clear procedure for them to follow should they have any safeguarding concerns (see section 0, p. 7).

4.4 The lead member of staff institutionally responsible for this policy is the Designated Safeguarding Officer (DSO), Roz Tallboy, who can be contacted at [rosalind.tallboy@metanoia.ac.uk](mailto:rosalind.tallboy@metanoia.ac.uk).

4.5 The Equality and Diversity Committee, in consultation with the Executive Committee, will be responsible for reviewing and updating this policy.

#### 5. Safeguarding and Risk Assessment Principles

5.1 Risk assessment is a key tool to help us ensure that we meet our safeguarding obligations to our students, staff, volunteers, and service users. It is also a means for helping us to mitigate or remove potential risks that may prevent us from providing an inclusive environment. It may also be a stimulus for us to consider alternative working practices.

---

<sup>1</sup> The Human Rights Act (1998); The Data Protection Act (2018); General Data Protection Regulations (2018); The Care Act (2014); The Mental Capacity Act (2005).

## 5.2 Principles

The following principles (expanded from those highlighted in the Care Act) should underpin the safeguarding of adults:

- **Confidentiality** – those identified as having safeguarding needs will know that information about them is managed appropriately, and there is a clear understanding of confidentiality and its limits among staff/volunteers;
- **Empowerment** – Individuals will be supported and encouraged to make their own decisions and give informed consent. In addition, all those with safeguarding needs will be invited to participate, as far as is possible, in arriving at any decisions that involve them;
- **Proportionality** - All those with safeguarding needs will be free from unnecessary intrusion into their affairs, and there will be a balance between the individual's safety and the safety of others. As such, any response will be the least intrusive option that is appropriate to the risk presented;
- **Protection & Support** – Those in greatest need should experience support and representation. Of particular relevance to our students, those with safeguarding needs will be supported to maximise their ability to engage in the training on offer;
- **Dignity and respect** – all those with safeguarding needs will be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
- **Equality and diversity** – all those with safeguarding needs will be treated equally, and their background and culture will be valued and respected;
- **Independence** – all adults at risks will have as much control as possible over their lives while being safeguarded against unreasonable risks;
- **Prevention** – We will endeavour to take action before harm occurs;
- **Accountability** – We will be held accountable and maintain transparency in delivering safeguarding.

## 6. Procedures for Minimizing Risk

The MI aims in the first instance to have procedures in place to minimise risk and as a part of this, to establish a culture in which the rights of all people are fully respected and protected. We will do this by:

- Preventing unsuitable staff from joining the organisation through good recruitment and selection practice; (see Staff Recruitment Policy).
- Ensuring that all potential students are emotionally robust and mature enough and suitable to undertake training through thorough assessment and selection practice (see Admissions Policy); and remain so through their own personal therapy.
- Ensuring that our main training courses are eligible for Disabled Student Allowance and ensuring that all eligible students are aware of this source of support and have access to it.
- Ensuring that we have readily available but confidential records of the medical conditions of our staff and students and always have a first aider on site during normal office hours and during all training courses who can respond to any medical emergencies (see Health and Safety Policy).
- Ensuring staff, volunteers and students are aware of the requirement to inform the MI if there is any change in their circumstances which may affect their employment or place on a training course, e.g. a criminal conviction obtained once in post.
- Ensuring that all students undertaking clinical placements at the Metanoia Counselling and Psychotherapy Services (MCPS) undertake an advanced criminal record check.
- Making staff and volunteers aware of the indicators of vulnerability (isolation, withdrawal, anger, etc.,) and risk and the possible signs of abuse and equipping them to respond quickly to concerns about actual, alleged, or suspected abuse.
- Ensuring that staff, know how information about those with safeguarding needs should be handled and how to get support to access and manage risk.
- Having a Designated Safeguarding Officer, who can support programme leaders and personal tutors to carry out a detailed risk assessment and use this to decide on a plan of action for supporting and safeguarding the individual and all those concerned with them.
- Having a designated Disability and Student Support Officer, who can support students with any additional support they may need to facilitate their learning.
- Having in place good overall organisational management and practice supported by a range of organisational policies and procedures.

## 7. Procedure for Assessing and Responding to Risk

7.1 If a risk is identified that has not been addressed by the above procedures or where it is felt by the person who first identified the risk, that more support is needed, they will:

- (1) in consultation with their line manager complete Safeguarding Form – part A (see Appendix 1, p. 10) and send it to the Designated Support Officer. Please note that the DSO can also be contacted to discuss a concern beforehand if the person who first identified the risk isn't sure what steps to take.
- (2) The DSO, upon receiving the form will review it and where necessary arrange to carry out a risk assessment and use this to decide on a plan of action for supporting and safeguarding the individual and all those concerned with them.
  - a. In most instances the DSO will include other relevant bodies to help determine the most appropriate course of action, e.g. the individual concerned, the Disability and Student Support Officer, the HR manager, the CEO, and occasionally outside bodies, such as Channel, as appropriate. Please note that consent from the individual concerned will always be sought before any action is taken.
  - b. Where the concern relates to allegations of abuse involving a student or member of staff, or suspected terrorist activity, the CEO will always be involved in the discussion.

7.2 Concerns for the safety and well-being of an individual could arise in a variety of ways and a range of different settings; each should be discussed keeping the safeguarding principles outlined above as central and wherever possible in consultation with the individual concerned.

7.3 Where a plan of action is developed to support an individual, this will be shared with all concerned parties, e.g. most usually the student or staff member, the programme leader and the tutors involved in supporting that individual or their line manager, with the responsibilities of each clearly outlined. Safeguarding Form – part B (see Appendix 2, p.12) is to be used for recording the plan of action and a copy made available to all concerned with a copy kept on file by the DSO.

### 7.4 Safeguarding for staff and students

- a. Where the person with safeguarding needs is a student, the primary tutor will use the six monthly tutorial process to include a review of the plan of action, unless concerns become evident before this and will then be reviewed as necessary. If the person with safeguarding needs is a staff member, the line manager will use the staff review process for this purpose. Safeguarding Form – part C (see Appendix 3, p. 14) will be used in both instances and sent to the DSO for recording and if necessary to review further action.

- b. Where a change in the plan of action is to be considered the DSO will help all concerned parties to review the plan and will record this by completing a new Safeguarding Form – part B.

#### 7.5 Safeguarding in placements

- a. Where a student undertaking a placement with MCPS, please refer to the safeguarding section in the MCPS handbook. If, however, this does not fully address the concern, they should seek supervision at the earliest opportunity and discuss the concern with the placement manager.
- b. Students at other clinical placements will be subject to the policies and procedures that are followed by that particular placement.
- c. Appendix 4 - Appendix 4: Guidance sheet for Counsellors and Psychotherapists who may need to breach confidentiality – may be a good resource to begin thinking about safeguarding concerns.

#### 8. Next steps

Following on from discussing the safeguarding concern with the DSO, the next steps may be as follows:

- a. **Safeguarding referral to local authority**– this would happen when an adult (a) has needs for care and support (whether or not the local authority is meeting any of those needs) AND (b) is experiencing, or at risk of, abuse or neglect, AND (c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
  - **Safeguarding form parts A & B should be completed. Safeguarding form part C should be used to review what is happening regarding safeguarding the individual when appropriate.**
- b. **Safeguarding referral not appropriate, but signposting / support put into place** – the individual at risk is offered resources / signposting for additional support and/or a support plan at MI is put into place.
  - **Safeguarding form parts A & B should be completed. Safeguarding form part C should be used to review plan when appropriate.**
- c. **No action needs to be taken** – upon discussion with the DSO and, where relevant, the person at risk, a decision is reached that no further action is warranted at this time.
  - **Safeguarding form parts A & B should be completed with a note that no further action was warranted.**

## **9. Training**

9.1 In accordance with good practice, the MI will ensure that the DSO, and other staff likely to be in regular contact with those with safeguarding needs will receive appropriate training.

9.2 The MI will also provide information to raise awareness to ensure that all staff understands what to do if a person covered by this policy is deemed to be at risk in some way.

9.3 MCPS will ensure that all students undertaking placements with them are aware of their responsibilities under this policy. Students at other clinical placements will be subject to the policies and procedures that are followed by that particular placement.

Appendix 1: Metanoia Institute Safeguarding Form – Part A

**To be used to report any concerns regarding adults with safeguarding needs**

All information will be treated in strict confidence – please email this form to the Designated Safeguarding Officer ([lia.foa@metanoia.ac.uk](mailto:lia.foa@metanoia.ac.uk)), or place it in a sealed envelope, marked confidential and for the attention of the Designated Safeguarding Officer (DSO).

Your Name:

Your Position:

Name of individual concerned:

Their place at the Metanoia Institute:

1. In what way are they considered to be in need of safeguarding?

*E.g. Are there any identified disabilities? Are there any mental health concerns? Are there any serious health issues? Has abuse been disclosed or suspected?*

2. Brief description of your or their concerns and why you think they would benefit from a risk assessment and/or action plan:

3. Have you discussed these concerns with them? If so, what was discussed?

4. Do you or they have any ideas about what would support or help them in regards to the concerns outlined above?

---

5. Has any action already been taken in regards to the above?  
*E.g person advised to get a dyslexia statement, external agencies contacted etc.*

6. Does the person concerned know that you are making this report? If not, please explain why you felt it necessary to exclude them at this time?

7. Any other information that you think it important to include in this report?

Date:

Signature:

Appendix 2: Metanoia Institute Safeguarding Form – Part B

**To be used by the Designated Safeguarding Officer to record details of actions concerning those with safeguarding needs.**

Rosalind Tallboy: at [rosalind.tallboy@metanoia.ac.uk](mailto:rosalind.tallboy@metanoia.ac.uk)

Date SF (A) received:

Name of individual:

Their place at Metanoia:

1. Report of action taken and rationale:

2. Name(s) of all persons involved in arriving at the decision outlined above:

3. Action Plan (if appropriate) and who is responsible for ensuring each part of its implementation:

4. Is the person concerned in full support of the devised action plan? – if no please give details and the rationale for continuing with it:

5. Date of Review of this action plan and who will review it? (form SF – part C to be used):

6. Any other information that any of the concerned parties think it important to include in this report?

Date:

Signature of DSO:

Appendix 3: Metanoia Institute Safeguarding Form – Part C

**To be used to record reviews of existing action plans**

All information will be treated in strict confidence – please email this form to the Designated Safeguarding Officer [rosalind.talboy@metanoia.ac.uk](mailto:rosalind.talboy@metanoia.ac.uk), or place it in a sealed envelope, marked confidential and for the attention of the Designated Safeguarding Officer (DSO).

Your Name:

Date of review:

Name of individual concerned:

Their place at Metanoia:

1. Report of discussion concerning the effectiveness of the existing action plan:

2. Do you and/or the individual concerned feel that the action plan is sufficient and achieving its safeguarding purpose? If no – please say why and what the concerns are.

3. Does the person concerned know that you are making this report? – if no, please give details of why you haven't informed them.

4. Any other information that any of the concerned parties think it important to include in this report?

Date:

Signature:

*For use by the DSO only: -*

Date SF (part C) received:

Further action needed at this point:    YES    NO

If further action is needed at this point please cross-reference to a new SF (part B) form:

#### Appendix 4: Guidance sheet for Counsellors and Psychotherapists who may need to breach confidentiality

*Adapted from Breaches in Confidentiality by Tim Bond, Wendy Brewer and Barbara Mitchels – G2 Information Sheet BACP 2009.*

Confidentiality is considered to be one of the central tenets of the counselling/therapeutic relationship. Clients will feel more confident to share personal information if they know that what they say will be discussed and recorded in confidence.

As a practitioner you have an ethical responsibility to maintain strict confidence in relation to your client work, providing that doing so, does not contravene legal and ethical frameworks that exist for the protection of the public and individuals. Whilst not common, there may be a few occasions when there is a conflict between maintaining confidentiality and the need to disclose information that is considered to be in the public interest or individual protection.

In order to build confidence in this area and to ensure that the clients rights are protected, as much as possible, if a breach is deemed necessary, it is important that your clients understand their rights in this area, this involves informing them about:

- The extent and limitations of such confidentiality
- How, why and to whom you will discuss them, e.g. clinical supervision; training.
- What records will be kept about them, how they will be kept, for how long they will be retained and for what purposes they may be retained, destroyed and/or disclosed.
- The circumstances under which confidentiality may be breached
- The process that will be followed if confidentiality may have to be, or is about to be breached (unless there is a defensible reason why this cannot be the case, such as in some cases of child protection or terrorism).

Clear statements in relation to the above, will in most cases, if delivered with care, reassure your client that their right to confidentiality is important and is being protected, it will also provide them with the information that they need to make an informed choice about how much they want to and choose to share with you. In order to be able to deliver this information with confidence it is important that you know when you may be required to break confidentiality and the process you will need to follow, if you are considering doing so.

There are very few areas in which you have a statutory obligation to disclose information, but it is important that you know what these are. There are other areas that do not carry a legal obligation, as such, but may present you with a moral dilemma, in which disclosure may be a defensible response. These areas are outlined below.

## **Statutory obligations to disclose**

### **Terrorism**

The Terrorism Act 2000 makes it a criminal offence for anyone, including a therapist or counselor to fail to disclose, without reasonable excuse, any information which they know or believe might help prevent another person carrying out an act of terrorism or might help in bringing a terrorist to justice in the UK.

### **Drug Trafficking and Money Laundering**

It is unlikely that you will acquire the kind of information that is required for you to have a statutory obligation to disclose drug trafficking and money laundering, all of which are covered under the Drug Trafficking Act 1994, Proceeds of Crime Act 2002 or the Money Laundering Regulations 2007. If you are in doubt, however, that you have acquired the kind of information that would make you eligible to disclose, you should seek legal advice. In many cases, disclosure of this type of information may be justified on the balance of public interest and or a moral obligation.

### **Court orders**

You may be ordered to attend court, including a coroner's court and to bring notes and records with you, pertaining to your work with a client. Refusal to do so may constitute contempt of the court.

It is best practice, wherever possible to obtain written consent directly from your client, before you do this. Clients may ask to see the reports written about them and unless there is a sound reason showing that it is not in their interests or that of the public, they should be allowed to do so.

### **Requirements to produce counselling records**

Family courts dealing with child protection cases have different rules of evidence from other civil and criminal courts. The police acting on behalf of the CPS and usually with the written consent of the client, may seek access to your therapy and counselling notes. This is most likely to happen if they contain reports of allegations of rape or sexual abuse, particularly if you are one of the first or the first person that the client has disclosed to.

## **Potential Moral Obligations to disclose**

### **Crime**

There is no general or legal obligation on you to either report a crime or to answer police questions about a client if asked to do so, although deliberately giving misleading information is likely to constitute an offence. Conversely, neither are you legally bound to maintain confidentiality if a crime has been committed and/or you think by reporting it, you can help in the prevention or detection of a crime.

### Prevention of serious harm to the client or to others

As above, you have no legal obligation to report cases where an individual has suffered serious harm, or you feel they or others are in danger of doing so, this includes, such things as 'Murder, manslaughter, rape, treason, kidnapping and child abuse. Whilst there is no legal obligation to break confidentiality, you may feel that morally, due to the seriousness of the cases or particularly where a child is involved, that these cases require you to do so. Additionally you may be required by the agency in which you work, to take certain prescribed action.

### Clients at risk of suicide

In British Law there is no general duty on you to report clients who are at serious risk of committing suicide. If you know that a client is likely to harm self (or others) but who will not give consent for referral you have to carefully consider the ethics of going against the client's known wishes and also the possible consequences of either referral or non-referral.

Wherever possible and appropriate, this should be discussed with the client and also in supervision, where your supervisor can help you to assess risk and help you think through what action you will take. If you have strong views about either preventing or allowing suicide this is best disclosed from the outset and built into the confidentiality policy that you develop between you. Your decision may be affected by your assessment of the current mental capacity of your client to make rational and informed decisions. The MCPS student handbook contains a checklist for assessing risk in this area.

### Child protection

During a therapy session you may become aware that a client is sharing or giving an indication of, a possible/probable safeguarding situation that meets the threshold of significant harm. This is defined as 'the threshold that justifies compulsory intervention in family life in the best interests of the child. This covers physical, sexual and emotional abuse and neglect.' (The Children's Act 1989)

There is currently no general legal requirement on those working with children in England to report known or suspected child abuse or neglect. The statutory guidance, Working Together to Safeguard Children, says "anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so." While statutory guidance does not impose a legislative requirement to report abuse, it creates an expectation that those working with children will comply with the guidance unless there are exceptional circumstances.

The nature of counselling and psychotherapy requires trust and confidentiality. In most cases best practice requires the practitioner to seek to empower the client in addressing the situation. Where a disclosure by practitioner is required, it is important to seek the consent for any disclosure of personally sensitive information. Where a child is not at immediate risk of harm, the client must be given adequate information and time to make a considered decision.

When considering your course of action regarding a child protection safeguarding concern it's important to discuss the concern with the service manager (when appropriate) as well as your

primary supervisor. You may also want to consult your local Children's' Services Consultation and Advice Service. They offer help to all professionals to think through and discuss issues that relate to safeguarding children with a view to whether a referral should be made to Children's' Services.

#### Making a decision about breaching confidentiality

In each case where you consider breaching confidentiality, it is necessary to be able to justify the action both to yourself and to others if the decision is challenged. There are no hard and fast rules here; each decision has to be made on its own merits.

It is important to take all issues of potential breach of confidentiality to supervision, whenever possible, and to discuss them fully and openly with the supervisor and if in placement with the placement manager, before taking action. It may also be advisable, where appropriate, to seek legal or other professional advice via your insurance company or the insurance company of your placement.

Each placement will have their own procedures for how to do this and you should be aware of what these are, if you are in placement at MCPS, the following procedure will be followed.

Where you have a concern regarding a client, you should seek supervision at the earliest opportunity and/or in the case of an emergency, call the emergency services, always if possible in consultation with the placement manager.

Where the concern is highly likely to lead to a breach of confidentiality, you should, if possible, seek advice from your supervisor and report the matter to the placement manager, unless to do so is likely to cause a delay that might result in further harm. In these cases, both the supervisor and the placement manager should be informed at the earliest possible opportunity.

The purpose of seeking supervision and reporting the matter to the placement manager is to help decide what if any action is necessary. Where required, the placement manager may seek consultation with, for example, the DSO, the chair of the equality and diversity committee and/or outside bodies. If, as a result of these discussions, it is agreed that you need to break confidentiality, it is important keep a record of your decision-making process (including who you have consulted). If, as is best practice, the client gives consent to this breach of confidentiality, they should be made fully aware of the process that is likely to follow. Where consent is not given, the client should again be informed of why the breach is considered necessary and the process that will follow, unless doing so is considered not in the client's or the public's best interest.

Where it is decided that confidentiality does not need to be breached, and no further action is necessary (other than that associated with sound clinical practice), you should, where it is deemed the concern was valid, record your concerns in client notes and together with your supervisor review the matter regularly.