**The Therapy Lady Plymouth**

**SAFEGUARDING - POLICY AND PROCEDURES**

**Reviewed on 19/01/25 Scheduled in my diary to be reviewed on 19/01/26**

In this document Tessa Adkins (The Therapy Lady Plymouth) will be referred to as “the therapist”.

Tessa Adkins’s current clinical supervisor is Aiysha Mughal [aiyshamughal84@gmail.com](mailto:aiyshamughal84@gmail.com)

**Safeguarding Statement**

The therapist recognises her moral and statutory responsibility to safeguard and promote the welfare of all children and adults and expects all staff, and volunteers to share this commitment. The therapist recognises that all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation or SEND have an equal right to protection from all types of harm or abuse. The therapist endeavours to provide a safe and welcoming environment where children are respected and valued. The therapist is alert to the signs of abuse, neglect and exploitation and will follow the procedures laid out in this policy to ensure that children and adults receive effective support, protection, and justice.

**Safeguarding legislation and guidance**

The following safeguarding legislation and guidance has been considered when drafting this policy:

* [The Safeguarding Vulnerable Groups Act 2006](https://www.legislation.gov.uk/ukpga/2006/47/contents)
* [Working Together to Safeguarding Children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)
* [Information Sharing 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf)
* [What to do if you’re worried a child is being abused](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
* [Statutory guidance on FGM](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)
* [The Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41)
* [Statutory guidance on the Prevent duty (2023)](https://www.gov.uk/government/publications/prevent-duty-guidance)
* Mental Capacity Act 2005
* Care Act 2014 - The Care Act 2014 provides a legal framework for adult safeguarding in England, ensuring local authorities have a duty to protect vulnerable adults from abuse and neglect. Safeguarding enquiries are triggered when an adult needs care and support, is experiencing or at risk of abuse or neglect, and is unable to protect themselves.

**Introduction**

The therapist is committed to ensuring the safety and physical and emotional well-being of children and adults. She recognises that PTUK members who work therapeutically will come into contact with children and adults who may be at risk of harm or exploitation including radicalisation. She has a duty to report suspected safeguarding concerns relating to a child to relevant DSL or external agencies dependent on the members place and status of work (working with an umbrella organisation or Private Practice).

**Key Safeguarding Principles**

As a PTUK member the therapist will:

When working within an organisation will:

* Undertake safeguarding training level 3
* Read Safeguarding and Prevent Policy and Procedures of that organisation
* Identify the Designated Safeguarding Lead (DSL) within the setting
* Report concerns to the DSL in a timely manner
* Contact Clinical Supervisor for support

When working in Private Practice will:

* Undertake Safeguarding training including DSL training
* Write Safeguarding Policies and Procedures
* Manage disclosures in line with policy and procedures identified in this policy
* Store signed and dated records securely in line with General Data Protection Regulations (GDPR).
* Assess their Gillick competence (if working with a child without their parent’s consent).
* Contact Clinical Supervisor for support
* Risk Assess the environment of my private Practise (see separate Risk Assessment)

**Definition of a Child**

For the purpose of this policy, a child is a person under 18 years of age.

# **Policy procedures**

**Child and Adult Abuse:** Children and adults may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their daily lives. There are 4 main categories of abuse, which are: sexual, physical, emotional, and neglect. It is important to be aware of more specific types of abuse that fall within these categories, they are:

Bullying and cyberbullying

Child sexual exploitation

Child Criminal exploitation

Child trafficking

Domestic abuse

Female genital mutilation

Grooming

Historical abuse

Online abuse

**Safeguarding children:** Safeguarding children is defined in Working Together to Safeguard Children 2023 as:

* providing help and support to meet the needs of children as soon as problems emerge
* protecting children from maltreatment, whether that is within or outside the home, including online
* preventing impairment of children’s mental and physical health or development
* ensuring that children grow up in circumstances consistent with the provision of safe and effective care
* promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
* taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children’s Social Care National Framework

**The Prevent duty -** based on Statutory guidance for England and Wales updated on 6th March 2024

As part of her safeguarding responsibilities, the therapist is committed to fulfilling the requirements of the Prevent Duty, as outlined in the Counter-Terrorism and Security Act 2015, and in accordance with the *Revised Prevent Duty Guidance: for England and Wales* (6th March 2024).

**Recognising Vulnerabilities to Radicalisation**

Children can be vulnerable to extremist ideologies due to various factors, including social isolation, exposure to extremist materials, or personal circumstances. I recognise the importance of early identification and will remain vigilant to signs that a child may be at risk, including but not limited to:

* Expressions of extremist views or language.
* Increased isolation or withdrawal from usual activities.
* A sudden change in behaviour, appearance, or peer associations.
* Use of the internet to access extremist content or materials.

**Preventive Measures**

To safeguard children from radicalisation, I will:

1. **Collaborate with Parents and Guardians:**
   * Maintain open communication with families to raise awareness of radicalisation risks and provide guidance on protecting children at home.
2. **Partnership with Agencies:**
   * Work in partnership with local safeguarding boards, the police, and relevant agencies to address any concerns about radicalisation or extremist activity.
   * Refer concerns to the appropriate channels, including the local Prevent team or the safeguarding lead, in line with the *Revised Prevent Duty Guidance: for England and Wales* (6th March 2024).

**Reporting Concerns**

Any concerns about a child being at risk of radicalisation will be managed through safeguarding procedures set out below.

**Contextual Safeguarding -** Incorporating the Adolescent Safety Framework (Safer Me)

**Introduction**

This sets out the therapist’s commitment to recognizing and responding to concerns related to contextual safeguarding, with a particular focus on adolescents. By adopting the **Adolescent Safety Framework (Safer Me)** from the Devon Children and Families Partnership (DCFP), the therapist seeks to understand the broader contexts in which adolescents may be at risk. These include peer relationships, communities, schools, and online spaces. Contextual safeguarding acknowledges that children’s safety and wellbeing can be influenced by factors beyond the family home, requiring a whole-system approach to safeguarding.

**Aims and Objectives**

* To recognize, understand, and respond to adolescent-specific risks in wider contexts outside the family home.
* To collaborate with local agencies and networks to support and safeguard children in their broader social environments.

**What is Contextual Safeguarding?**

Contextual safeguarding involves recognizing that adolescents may face risk or harm in environments outside of the family home. This includes:

* **Peer relationships** that may involve peer-on-peer abuse, coercion, or exploitation.
* **Neighbourhoods and communities** where children may be exposed to gang involvement, criminal activities, or unsafe public spaces.
* **Schools and educational settings**, where bullying, social exclusion, or unsafe peer dynamics may be present.
* **Online spaces**, where cyberbullying, online grooming, or exposure to inappropriate content can put adolescents at risk.

The **Safer Me** framework provides practical guidance for understanding these risks and helps us identify specific interventions based on the contexts in which these issues occur.

**Recognizing Contextual Risks: Key Examples from the Adolescent Safety Framework (Safer Me)**

The **Safer Me** framework provides a structured approach to identifying risks in different settings. Here are some examples of contextual risks that may be relevant to adolescents:

1. **Peer Relationships and Peer-on-Peer Abuse:**
   * **Example:** A student is involved in a friendship group where there is coercion to engage in risky behaviours (e.g., substance use, criminal activities). They may feel pressured to "fit in" or face bullying or exclusion if they do not conform.
2. **Gang Involvement and Community Risk:**
   * **Example:** A teenager has started spending time with a local gang, leading to involvement in criminal activity, violence, or exploitation.
3. **Online and Digital Spaces:**
   * **Example:** An adolescent is involved in sexting or being groomed by an online predator, or they may be a victim of cyberbullying.

**Concern about a child’s welfare**

If the therapist notices any indicators of abuse/neglect or contextual safeguarding she will record these concerns and discuss them with her clinical supervisor. If working in a school or other setting she will discuss her concerns with the DSL. The following procedures will be followed by the therapist:

**Procedures for managing a direct disclosure in an organisation**

* listen carefully and stay calm;
* make sure you have understood the matter under discussion, clarifying points if

necessary

* reassure the child that by telling you, they have done the right thing.
* give the child a chance to consent to share the information but tell them that you will need to share the information and inform them who you are going to telltake a note of the main points of conversation including names, times, dates, etc,

together with any injuries observed – complete a body map if appropriate (appendix a)

* pass on all information to the organisation’s Designated Safeguarding Lead
* contact your clinical supervisor

**Procedures for managing a direct disclosure in private practice**

* listen carefully and stay calm;
* make sure you have understood the matter under discussion, clarifying points if

necessary

* reassure the child that by telling you, they have done the right thing.
* give the child a chance to consent to share the information but tell them that you will need to share the information and inform them who you are going to tell
* take a note of the main points of conversation including names, times, dates, etc on a recording form (appendix b) - complete a body map if appropriate (appendix a)
* discuss concerns with parents and seek their consent for a MASH contact. Consent should not be sort if you believe that to do so would increase the risk to the child. If there is an immediate concern for the child’s welfare call 999.
* consider requesting a consultation with a MASH social worker to enable you to talk through concerns and consider if a MASH contact is appropriate. Plymouth Gateway Service 01752 668000 (option 1)or email [mash@plymouth.gov.uk](mailto:mash@plymouth.gov.uk) (Outside normal working hours call Plymouth Out of Hours Service 01752 346984 or for the rest of Devon Multi-Agency Safeguarding Hub 0345 155 1071 or [mashsecure@devon.gov.uk](mailto:mashsecure@devon.gov.uk)

If a MASH contact is appropriate:

* complete a MASH contact form
* the children’s social care team will tell you what happens next, this might include Early

Help Assessment, Statutory assessments or Children in need

* contact your clinical supervisor

**Requirements to work with children**

As a PTUK member, the therapist meets the requirements of PTUK as follows:

* Hold an Enhanced DBS
* Be a Certified member of PTUK
* Be receiving clinical supervision
* Conduct the sessions in a safe environment
* Work within PTUK’s ethical framework
* Have adequate professional indemnity and public liability insurance
* Be a member of ICO
* Safeguarding training (Level 3, DSL) This should be undertaken every three years as a minimum
* Have a Safeguarding policy in place

**Training and Awareness:**

* The therapist will ensure that she undertakes the appropriate level of safeguarding training and it will be current and valid.
* Any training will ensure that she understands what safeguarding is and her role in safeguarding children.
* Recognise any child potentially in need of safeguarding and act.
* Understand how to report a safeguarding alert.
* Understand dignity and respect when working with children.
* Have knowledge of the Safeguarding Children Policy for any organisation who use my services.

**Confidentiality and Information Sharing:**

* The therapist will maintain confidentiality in line with the guidance from my governing body PTUK. Information will only be shared in line with the General Data Protection Regulations (GDPR) and Data Protection.
* However, information will be shared with the Local Authority via a school’s or organisation’s Safeguarding Designated Lead, MASH or the LADO if a child is deemed to be at risk of harm. In addition, she may need to contribute to inter-agency working. The therapist will **contact the police if she believes a child is in immediate danger, or a crime has been committed**.

**Recording and Record Keeping:**

* The therapist will keep a written record about any concerns I have in regard to the safeguarding of a child or young person.
* All records will be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR).
* All records will be kept until the child’s 25 birthday

**Social Media:**

* The therapist is aware of the impact of harm to a child or young person when using social media and other digital internet use.

**Use of Mobile Phones and other Digital Technology:**

* The therapist understands that it is unlawful to photograph children and young people without the explicit consent of the person with parental responsibilities.

**Whistleblowing:**

* It is important that people with whom the therapist comes in contact through the delivery of her professional services have the confidence to come forward to speak or act if they are unhappy with anything. Whistle blowing occurs when a person raises a concern about dangerous or illegal activity, or any wrong- doing. All service users are signposted to PTUK if they wish to raise a concern about my practice.
* Further information can be found at

<https://playtherapy.org.uk/>

**Staff/Volunteer recruitment**

* If the therapist ever recruits anyone to work with her on a paid or voluntary basis she will ensure that they also follow all of the requirements within this document.

**Lone Working**

Much of the therapist’s work is conducted alone therefore she has to ensure that risk assessments are in place for any hazards she has identified:

* In the case of a medical emergency to the child or the therapist

Mitigating factors:

1. The therapist’s (Paediatric and adult) Emergency Frist Aid training is up-to-date
2. A first Aid kit is available in the therapy room.
3. The path to the therapy room, swings, the room and electrical equipment is kept in good order. The pool ladder removed and the client told that the pool is out-of-bounds (see separate risk assessment).
4. The therapist’s mobile phone is available near the therapy room.

* Loss of contact with parent or carer

Mitigating factors:

1. The parent or carer should always be in their car on the drive (or near by)
2. If the above is not possible for some reason the therapist should have the parent’s mobile number in their mobile phone.

* Mental Health concerns for the therapist

Mitigating factors:

1. Regular self-care.
2. Regular supervision.
3. Regular peer contact.

**Professional Boundaries**

Professional boundaries in Play therapy or Child and Adolescent Counselling are agreed-upon rules and limits that protect both the client, the parent/carer and the therapist. They establish a formal structure for the relationship and therapy, and help create a safe and comfortable environment for the client.

* **Practical details**

These include clear arrangements around fees, appointments, session length and contact between sessions. (This is all detailed in the Therapy contract). The therapist also has set rules within the play room to enable a permissive and accepting but safe environment.

* **Ethical considerations**

These include remaining impartial, focusing on the client's needs, and maintaining an appropriate relationship. (See PTUK’s Ethical Framework)

* **Emotional boundaries**

These involve the therapist's ability to manage their emotions and maintain emotional distance from the client. Self-care, supervision, practical boundaries help mitigate emotional boundaries.

* **Personal limitations**

These are dictated by the therapist's experience, skill, and the legal restrictions in their practice state.