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TERAPIA SAFEGUARDING POLICY



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1. SAFEGUARDING POLICY STATEMENT

Fundamental to Terapia's provision of a range of high-quality services and training is the recognition that the welfare of children and young people, their parents/carers, and those who work with them, is of paramount importance.

1.1. Terapia's Safeguarding Policy is applicable to all members of the 'Terapia Community' – staff, volunteers, tutors, supervisors, students, trainee therapists - and represents how Terapia intends to keep children, young people and adults at risk, safe.

1.2. Our wider responsibility to safeguard all students and members of staff are addressed in other policies: Middlesex University's Safeguarding Policy and Peninsula HR documents.

1.3. Our commitment to **safeguarding** and **promoting the welfare of children, young people and adults at risk** is in line with the expectations set out in statutory guidance and professional best practice frameworks.

This responsibility is defined as:

- protecting children from maltreatment,
- preventing impairment of children's health or development,
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care,
- taking action to enable all children to have the best life chances.

We also recognise our duty to be alert to the risks and dangers that can be created from exposure to radicalism and extremism.

Child protection is part of this commitment to safeguarding and promoting welfare. Child Protection refers to:

- the activity that is undertaken to protect specific children, young people or adults at risk who are suffering, or are likely to suffer, significant harm.

More information about categories of abuse and neglect is contained in Appendix 1.

1.4. This policy has been written with reference to '**Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children**' (current edition 2018) pdf accessible via:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

2. POLICY PRINCIPLES

2.1. Legal Principles

- a) Under the 1989 and the 2004 Children Acts a child or young person is anyone under the age of 18 years.
- b) Safeguarding Children refers to the activity that is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm. All agencies and individuals should be proactive in safeguarding and promoting the welfare of children.
- c) An adult at risk of harm (referred to as an 'adult at risk' in this policy) is defined as someone aged 18 and over who:
 - has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - is experiencing, or is at risk of, abuse or neglect and;
 - 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.

A framework and principles for safeguarding in this area are contained in the 2014 Care Act accessible via: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

- d) All members of the Terapia Community have a duty to protect and safeguard the welfare of children, young people and adults at risk, and must familiarise themselves with, and follow Terapia's safeguarding policies and procedures at all times.

If in doubt, it is always best to consult with a member of Terapia's Safeguarding Team (refer to: Roles and Responsibilities – Section 4).

2.2. Basic Principles

- a) Safeguarding children, young people and adults at risk is a **fundamental** component of Terapia, and the welfare of these groups is paramount to the organisation. We encourage discussion and awareness of safeguarding issues and confront such issues when they arise.
- b) It is the responsibility of **all** adults to safeguard and promote the welfare of children and young people and adults at risk. This responsibility extends to a duty of care of all adults employed, volunteering or contracted to work with children and young people. We foster an open culture where service users and members of the Terapia Community feel able to raise concerns, knowing they will be appropriately responded to.
- c) Adults who work with children and young people are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- d) Adults should work and be seen to work in an open, honest, respectful and transparent way.
- e) The same professional standards should **always** be applied regardless of culture, disability, gender, age, language, racial origin, religious belief and/or sexual identity.
- f) All members of Terapia's Community should continually monitor and reflect on their practice and ensure they follow the guidance contained in this policy and other documents they must refer to.

3. SAFEGUARDING AND CONFIDENTIALITY

The UKCP and BACP ethical frameworks place a strong emphasis on offering respect, integrity and valuing of the client's autonomy. Establishing good therapeutic relationships requires that a therapist and psychotherapeutic service offers sufficient confidentiality to enable a professional relationship based on trust to be established. This applies to all clients irrespective of age. At the same time, we have an ethical and legal imperative to safeguard children and adults at risk of harm and this means that there are circumstances in which confidentiality **does need** to be broken. Careful thought must always be given to breaking confidentiality balancing respect for client autonomy with our safeguarding duties. Ideally, clients will be involved and informed whenever there is a requirement or may be a requirement to break confidentiality (See: Appendix 5 for UKCP guidance on Safeguarding).

4. INFORMATION SHARING

Terapia recognises that sharing information, particularly with partner agencies and other professionals, in a timely manner is crucial in identifying and tackling all forms of abuse and neglect. The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe (See Appendix 3).

5. CONTEXTUAL SAFEGUARDING

Terapia understands the importance of contextual safeguarding. That is to say that safeguarding concerns and assessment of risk need to take account of all areas of life potentially including family, friends, other peers, relationships and behaviour inside and outside of school and the wider environment in which they live.

6. TERAPIA'S SAFEGUARDING POLICY AND PROCEDURE

As a child and adolescent counselling and psychotherapy training and therapeutic services provider, we acknowledge our duty of care to protect the children and young people we work with. The aim of this document is to ensure that, throughout Terapia, children, young people and adults at risk are protected from: Physical abuse, Emotional abuse, Sexual abuse, and/or Neglect.

6.1. We are **committed to a best practice** which safeguards children and young people irrespective of their background, and which recognises that a child/young person may be at risk of significant harm regardless of their age, gender, religious beliefs, racial origin or ethnic identity, culture, class, disability or sexual orientation.

6.2 Furthermore we recognise that some people are at increased risk of abuse and some face additional barriers with respect to recognising or disclosing abuse. We are committed to recognising

diversity and ensuring anti-discriminatory practice so that everyone has the same protection. We are aware that special consideration may need to be given to people:

- With special educational needs (SEN) or disabilities
- Are young carers
- Are missing education
- Experiencing discrimination due to their race, ethnicity, religion, gender identification, or sexuality
- Who are at risk of FGM, sexual exploitation, forced marriage or radicalisation.
- Are asylum seekers
- Have English as an additional language
- Living in difficult situations e.g. issues at home, such as substance abuse/misuse, domestic abuse, or where a family member is in prison or has mental health needs.
- Who are at risk due to their own or a family member's health needs.
- Who are within the care system and are looked after or have been previously looked after or have a social worker.

6.3. We **recognise research** has shown child abuse offenders target organisations working with children, seeking to abuse their position; we recognise and take this risk, fully committed by our actions to reduce this extremely serious risk.

6.4. We also **recognise our duty of care** to raise concerns and act whenever a child, young person or adult at risk is in a situation, or acting, in a way that puts them, or another person at risk of significant harm.

6.5. Our procedures, set out in this policy, ensure we:

- a) Respond quickly and appropriately wherever and whenever a safeguarding concern is raised.
- b) Provide children, young people, parents and carers with chances to raise concerns of their own care or the care of others.
- c) Have a system for dealing with, escalating and reviewing concerns.
- d) Remain aware of current child protection procedures, complying with best practice and maintaining links with other bodies especially the Barnet MASH team.
- e) Undertake a risk assessment of the need for anyone working in the organisation to undergo an Enhanced Disclosure and Barring Service (DBS) check based on the role they perform (as opposed to an assessment of the individual). This is applicable to all members of the Terapia Community.
- f) Ensure that external room hirers have either an appropriate professional registration or work for an organisation with appropriate safeguarding policies and procedures in place.

7. ROLE AND RESPONSIBILITIES OF THE DESIGNATED SAFEGUARDING TEAM

Terapia's Designated Safeguarding Team (DST) is formed of a Designated Safeguarding Lead, a Deputy Designated Safeguarding Lead and the CEO and clinical Director, who each have a responsibility at both a strategic level within the organisation and on a day-to-day basis. The role and responsibilities of the DST will be explained to members of the Terapia Community at induction and refresher safeguarding training.

7.1. The **Designated Safeguarding Lead (DSL)** is an organisation’s ‘named practitioner’ for safeguarding children and young people, as specified in the Children Act 2004. The Deputy Designated Safeguarding Lead (DDSL) provides cover and support for the DSL.

7.2. Key responsibilities of the DSL/DDSL’s role include:

- a) Making sure all members of the Terapia Community and service users are aware of how to raise safeguarding concerns.
- b) Ensuring all members of the Terapia Community understand the indicators of child abuse and neglect.
- c) Referring all cases of suspected abuse and/or neglect to the Local Authority Children’s Social Care team.
- d) Monitoring any concerns reported, keeping accurate and secure records where required.
- e) Liaising with the Local Safeguarding Children’s Board (LSCB) to ensure awareness of any updates made to safeguarding and child protection policies, locally and nationally.

7.3. Terapia’s CEO and Clinical Director, Bozena Merrick, has **overall responsibility** for making sure robust Safeguarding policies and procedures are in place, including for safer recruitment. In addition, they provide cover and support for the DSL/DDSL. It is also their responsibility to investigate, or appoint an appropriate other, to investigate any report of a member of Terapia’s Community not complying with safeguarding policies and procedures, and if relevant to make a referral to the Local Authority Designated Officer (LADO).

Designated Safeguarding Lead (DSL)	Sacha Richardson (Clinical Lead)	Tel: 07598 121617 or 0208 201 6101 Email: safeguarding@terapia.co.uk
Deputy Designated Safeguarding Lead (DDSL)	Pamela Butler (Head of Services and Development)	Tel: 0208 201 6101 Email: safeguarding@terapia.co.uk
CEO and Clinical Director	Bozena Merrick	Tel: 0208 201 6101 Email: safeguarding@terapia.co.uk or bozena.merrick@terapia.co.uk

7.4. Terapia has a nominated **Safeguarding Lead Trustee/Board Member**; their role is to meet annually with the DSL and DDSL to report on and review anonymised safeguarding Cause for Concern Logs to contribute for both policy and procedure improvements. They must also be notified of any serious incidents.

7.5. Internal Safeguarding Review group consists of the DST, DSL, DDSL and CEO. This group meets quarterly to review safeguarding cases and will convene urgently should a serious incident or near miss occur. This group is also responsible for reviewing Terapia’s Safeguarding Policy annually, revising procedures as required, and ensure that appropriate safeguarding training is delivered to all members of the Terapia Community.

8. CONDUCT AND RESPONSIBILITIES OF THE TERAPIA COMMUNITY

The 'Terapia Community' is formed of staff, volunteers, tutors, supervisors, students and trainee therapists.

8.1. All members of the Terapia Community have a duty to familiarise themselves with Terapia's Safeguarding Policy and procedures, and any other relevant safeguarding policy that applies to their role/placement, and have a duty to act to safeguard children, young people and adults at risk.

8.2. Our safeguarding policy is made accessible to all members of the Terapia Community and members will be notified of any updates made to the policy. In addition, members of the Terapia Community undertaking roles/placements with external organisations, including schools, must seek access and adhere to the policy and procedures of the placement/applicable to their role.

8.3. For Terapia staff, tutors and supervisors, failure to adhere to the policy could lead to dismissal or constitute gross misconduct. For volunteers, students and trainee therapists, their individual relationship with the organisation may be terminated.

8.4. To achieve a child-safe organisation, members of the Terapia Community need to be able to:

- a) Describe their role and responsibility.
- b) Describe acceptable behaviour.
- c) Recognise signs of abuse and neglect.
- d) Describe what to do if they are worried about a child or young person.
- e) Respond appropriately to concerns or disclosures of abuse.
- f) Minimise any potential risks to a child or young person.
- g) Ensure Terapia's systems work well to ensure all relevant safeguarding information is communicated, recorded and stored in a timely and secure fashion.
- h) Ensure information relating to safeguarding, child protection or adult at risk issues are regularly updated in the relevant secure place (Terapia Services Database for Terapia clients or Safeguarding Teams Channel for external clients).

8.5. It is essential that every member of the Terapia Community is conscious of how they should conduct themselves. The general guidelines below aim to protect children, young people, adults at risk and members of the Terapia Community; these are by no means exhaustive therefore all Terapia staff should remember to conduct themselves in a manner appropriate to their position. Members of the Terapia community should, wherever possible, be guided by the following advice. However, if it is necessary to carry out practices contrary to it you should only do so after discussion with, and the approval of the DSL/DDSL/CEO and Supervisor.

General guidelines for Terapia Community members conduct -

- a) Provide an example of good conduct you wish others to follow.
- b) Respect a child or young person's right to personal privacy and encourage children, young people and adults to feel comfortable to point out attitudes or behaviours they do not like.
- c) Involve children and young people in decision-making as appropriate.
- d) Be aware that someone else might misinterpret your actions.
- e) Never engage in, nor tolerate, any bullying of a child or young person, either by adults or other children or young people.

- f) Never promise to keep a secret about any sensitive information that may be disclosed to you; always following the practice guidance on confidentiality and sharing of information.
- g) Never offer to take a child or young person in your own car.
- h) Never exchange personal details, such as your home address, with a child or young person.
- i) Never engage in, nor allow, any sexually provocative games, whether based on talking or touching.
- j) Never display favouritism or reject any individuals.

9. SAFER RECRUITMENT

Terapia are committed to ensuring that all children, young people and adults at risk are not exposed to unsuitable personnel. We apply a rigorous selection and recruitment procedure to prevent this. We, particularly, follow up references, explore gaps in employment history and ensure we receive a valid Enhanced DBS check. Whether the position is part-time, full-time, casual or voluntary all procedures must be adhered to.

9.1. Checks with the **Disclosure and Barring Service (DBS)** are undertaken for all members of the Terapia Community who have contact with children and young people, whether their position is paid or voluntary. Information of how to apply for a DBS can be obtained from the Training Recruitment Officer (Tel: 020 8201 6101; Email: training@terapia.co.uk).

9.2. A **Childcare Disqualification Requirement** check is carried out on relevant members of the Terapia Community upon induction and the declaration is revisited and completed annually. This is a requirement both the DfE's 'Keeping Children Safe' 2020 Statutory Guidance and 2018 Childcare (Disqualification) Regulations. The Regulations prohibit anyone who is disqualified themselves, or who lives in the same household as a disqualified person, from working in settings which provide childcare. The Childcare Disqualification Requirement statement can be obtained from the Head of Services and Development (Tel: 020 8201 6101; Email: pamela@terapia.co.uk).

10. INDUCTION AND TRAINING

Terapia implements a robust induction and training system, along with ongoing support, committed to safeguarding children and young people.

10.1. Trainee Therapists - Safeguarding training is an integral part of Terapia's Child and Adolescent Psychotherapy and Counselling Training programme. Terapia Trainee Therapists are formally assessed in their knowledge of 'Safeguarding Children' during the first year of their training. The DDSL provides refresher training to trainee therapists delivering Terapia School Services and Therapeutic Services at The Bothy. Trainee therapists are encouraged to pursue any safeguarding training offered within placements. The DSL and Supervisors provide on-going support and guidance.

10.2. Terapia Staff and Volunteers - Regular safeguarding training is attended as appropriate to an individual's role and/or recognised training needs. Training is refreshed at least every three years

and can be accessed more regularly for those who have a safeguarding role. Terapia follows safer recruitment practices (see: Section 8).

10.3. Supervisors, Tutors and Service Co-ordinators - Supervisors, Tutors and Service Co-ordinators have a personal responsibility to make sure they are familiar with Terapia's Safeguarding Policy and procedures and best practice in the field. They have a responsibility to maintain and refresh their safeguarding knowledge by arranging to attend relevant training courses on a regular basis. Attending, at a minimum, a safeguarding refresher training every three years.

11. CONFIDENTIALITY AND PRIVACY

The reporting and recording of information relating to suspected cases of child abuse should be conducted in a place where confidentiality and privacy can be assured, as the information is often highly sensitive.

11.1. To fulfil their role, members of the Terapia Community may at times need to access confidential (perhaps highly sensitive) information about children and young people. Information about clients will be kept securely on the Terapia Services Database. Information that cannot be stored on the therapeutic services database, for instance concerns that relate to people who are not Terapia's clients, will be stored on the secure Safeguarding Teams Channel folder (accessible only to the Designated Safeguarding Team/internal safeguarding review group).

11.2. Whilst always respecting the confidential nature of therapeutic work, it is always essential that safeguarding concerns are prioritised above confidentiality. When we need to act on safeguarding concerns inevitably this means sharing information with others; this always needs to be done securely and on a need-to-know basis.

11.3. Whilst adults need to have an awareness of the need to listen to and support children and young people, the importance of not promising to keep secrets, or never requesting this of a child or young person, must also be understood.

11.4. In addition, concerns and allegations about adults should be treated as confidential and passed to a designated or appointed person. Within Terapia these concerns should be raised with the DSL, DDSL or CEO.

11.5. In general, if a person decides to disclose confidential information without consent, they should be prepared to explain and justify their decision and they should only disclose as much information as is necessary for the purpose for which it is shared.

12. DISCLOSURE BY A SERVICE USER – REFERRING AND RECORDING

If a child, young person, or adult at risk, discloses that they are being abused, or another individual informs you of significant concerns, as a member of the Terapia Community **you must act**, as outlined in this section.

- 12.1. Be Responsive** – If a client discloses abuse and/or neglect:
- Stay calm and listen to what is being said without rushing or probing.
 - Reassure the individual they were right to talk to you; **do not** promise confidentiality, explain you will need to share the information with others who can help.
- 12.2. Immediate Action** – Immediately following the disclosure:
Any safeguarding concerns must be immediately reported to the appropriate Designated Practitioner according to the guidelines of your placement/place of work.

For **Terapia School Services** placements:

- Consult the school/organisation's Safeguarding Policy and enact the placement's procedure. Following this, the concern must be reported on to Terapia's Designated Safeguarding Team via email (safeguarding@terapia.co.uk).
- A **Cause for Concern Log** (located on Terapia's 'Student Zone', under 'Placement Resources') must be completed as a written record of the disclosure, password protected then shared with the school/organisation's Safeguarding Lead.
- Any concern must also be reported to the project/service co-ordinator, where applicable to your placement, and discussed during Clinical Supervision.
- The information completed on the Cause for Concern Log must be added as a **'Safeguarding Session' note** on Terapia's Services Database (this can be copied and pasted) (consult Terapia Services Database User Guide for further guidance on flagging a safeguarding concern). The Safeguarding note must be updated as and when action is taken.
- Every time a 'Safeguarding Session' note is added or updated on Terapia's Services Database an email must be sent to safeguarding@terapia.co.uk stating the client code and date of the note added.

For Therapeutic Services provided at **The Bothy**:

- Where a concern arises for client work at **The Bothy**, this should be discussed with the DSL/DDSL/CEO (in that order, as outlined in Section 4 of this policy) and a follow up email must be sent to safeguarding@terapia.co.uk as a written record of the disclosure.
- A **'Safeguarding Session' note** must be added to Terapia's Services Database (consult Terapia Services Database User Guide for further guidance), including concise factual information about the concern, who the concern has been reported to, any additional information shared from third parties and the actions taken or agreed. Where other professionals are involved or have been given information include their full name, job title and contact details.
- Every time a 'Safeguarding Session' note is added or updated on Terapia's Services Database an email must be sent to safeguarding@terapia.co.uk stating the client code and date of the note added.

Where concerns arise at an **external placement** to Terapia's Therapeutic Services or School Services these should be reported and discussed with the placement's on-site Designated Safeguarding Practitioner in line with the placement's safeguarding policy and procedures, and where applicable, with a placement co-ordinator.

12.3. In all cases a concern should be discussed during Clinical Supervision. Clinical supervisors can also be contacted where urgent assessments/decisions are required, and the DSL/DDSL/CEO cannot be reached.

13. WHISTLEBLOWING

13.1. Terapia recognises the importance of building a culture that allows all members of the Terapia Community to feel comfortable in sharing information, in confidence and with an appropriate designated practitioner, regarding any concerns they have about inappropriate behaviour.

13.2. Inappropriate behaviour includes behaviour that is not linked to child abuse yet has pushed appropriate professional boundaries beyond acceptable limits. Open, honest working cultures, where people feel they can challenge unacceptable behaviour and be supported in doing so, help keep everyone safe.

13.3. Where allegations have been made against any member of the Terapia Community, relevant disciplinary procedures may need to be followed, and the involvement of the Local Authority Designated Officer (LADO) may be necessary (for further information refer to: Section 11 of the 2004 Children Act).

Sources of Information:

- **What to do if you're worried a child is being abused:** Advice for practitioners (Published March 2015)
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- **Working Together to Safeguard Children:** Statutory guidance on inter-agency working to safeguard and promote the welfare of children (Published March 2015; updated December 2020)
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- **Keeping Children Safe in Education:** Statutory guidance for school and colleges on safeguarding children and safer recruitment (Published March 2015; updated January 2021)
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- **Information Sharing Advice for Safeguarding Practitioners:** Guidance on information sharing for people who provide safeguarding services to children, young people, parents and carers (Published March 2015; updated July 2018)
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- **Disclosure & Barring Service (DBS)**
<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Appendix 1

CATEGORIES OF ABUSE AND NEGLECT

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. A child or young person may be abused in a family or an institutional or community setting; by those known to them or by a stranger, including via the internet. The warning signs and symptoms of abuse and neglect can vary from child to child.

There are four main categories of abuse and neglect:

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect

N.B. Working Together to Safeguard Children (2015) statutory guidance sets out full descriptions of each.

DEFINITIONS AND INDICATORS

It is important to be alert to signs of abuse and neglect; these might not always be obvious, and a child/young person might not tell anyone what is happening to them. Information in this document is shared to help members of the Terapia Community to identify the possible signs of abuse and neglect. Possible indicators are not all-encompassing, always be vigilant and if in doubt seek advice.

Physical Abuse

Definition: Physical abuse is deliberately hurting a child. It may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately inducing illness in a child.

Possible Indicators:

- Unexplained or unusual injuries, fractures, bite marks, bruises, scalds or burns, particularly to areas of soft tissue.
- Frequent, recurrent or untreated injuries.
- Injuries to both sides of the body.
- Improbable reasons given to explain injuries.
- Withdrawal from physical contact.
- Keeping arms/legs covered during hot weather (excluding for cultural dress reasons).
- Fear of medical treatment.
- Disclosure or fear of returning home.

Emotional Abuse

Definition: Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment, though it may occur alone.

Emotional abuse may involve:

- Conveying that a child is worthless or unloved, inadequate, or valued only to the extent that they meet the needs of another person.
- Seeing or hearing the ill-treatment of another.
- Not giving a child opportunity to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.
- Imposing age or developmentally inappropriate expectations on a child; this may include interactions that are beyond their developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Serious bullying (including cyber-bullying), causing a child to feel frightened or in danger, or the exploitation or corruption of children.

Possible Indicators:

- Sudden or unexplained changes in behaviour or emotional state.
- Physical / mental / emotional developmental delay.
- Neurotic behaviours or anxieties.
- Extremes of passivity or aggression.
- Self-harm.
- Excessively fearful or anxious about making mistakes.
- Running away, going missing and/or school refusal.
- Continual self-depreciation.

Sexual Abuse

Definition: Sexual abuse is any sexual activity involving a child or young person, including forcing or enticing a child/young person to take part in sexual activities, whether they are aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at sexual images or grooming a child in preparation for abuse (including via the internet).

Possible Indicators:

- Sudden changes in behaviour.
- Displays of affection in a sexual manner, sexualised behaviours, or asking others to behave sexually or play sexual games.
- Use of sexual language or sexual knowledge that is unexpected/inappropriate to the child’s age/development.
- Physical sexual health problems, including soreness in the genital areas or sexually transmitted infections.
- Secrecy, distrust of adult or anxiety in being left alone with a particular person.
- Inappropriate use of the internet or social media.
- Unexplained gifts or new possessions.
- Regular non-attendance at school or disengaged.

Online sexual abuse includes:

- Persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting.
- Persuading or forcing a child to take part in sexual activities via a webcam or smartphone.
- Having sexual conversations with a child by text or online.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Child sexual exploitation doesn't always involve physical contact and can happen online.

Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online.

Harmful sexual behaviour

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.

HSB can include:

- Using sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older (two or more years) or if one is pre-pubescent and the other is not. However, a young child can abuse an older child if they have more power over them, for instance if the older child is disabled. (From NSPCC – Definitions and signs of child abuse July 2020).

Sharing nudes and semi-nudes

The UK council for internet safety (UKCIS) defines this as “the sending or posting of nude or semi-nude images, videos or live streams online by young people under the age of 18”. This could be via social media, gaming platforms, chat apps or forums. It could also involve sharing between devices like Apple’s AirDrop which works offline. Alternative terms used by children and young people may include “dick pics” or “pics”.

The motivations for taking and sharing nude and semi-nude images, videos and live streams are not always sexually or criminally motivated. Where adults share nudes or semi-nudes of young people who are under 18-year-olds this is a form of child sexual abuse and government guidance is that this should be referred to the police.

The full government guidance for education settings on this issue is available here:

<https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education->

Neglect

Definition: Neglect is the *persistent* failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. Neglect is not always straightforward to identify.

Neglect may involve a parent/carer:

- Not providing adequate food, clothing or shelter for the child (including exclusion from home or abandonment).
- Failing to protect a child from physical and emotional harm or danger (including lack of supervision).
- Failure to ensure access to appropriate medical care or treatment.
- Being unresponsive to a child's basic emotional needs.

Possible Indicators:

- Persistent unkempt appearance, poor state of clothing or poor personal hygiene.
- Constant tiredness or hunger.
- Unexplained weight loss or faltering growth or development.
- Frequent lateness or non-attendance.
- Untreated medical issues or unmet special needs.
- Neurotic behaviours or anxieties.
- Disclosure of being left alone to excess or with the care of other children, or of living in dangerous conditions i.e. around drugs, alcohol or violence.
- Repeated injuries suggesting inadequate supervision.

Domestic abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse.

Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse, or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect. (NSPCC)

Female genital mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016).

FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

Spotting the signs of female genital mutilation

A child at risk of FGM may not know what's going to happen. But they might talk about or you may become aware of:

- A long holiday abroad or going 'home' to visit family.
- Relative or cutter visiting from abroad.
- A special occasion or ceremony to 'become a woman' or get ready for marriage.
- A female relative being cut – a sister, cousin or an older female relative such as a mother or aunt.
- Missing school repeatedly or running away from home.

A child who has had FGM may:

- Have difficulty walking, standing or sitting.
- Spend longer in the bathroom or toilet.
- Appear withdrawn, anxious or depressed.
- Have unusual behaviour after an absence from school or college.
- Be particularly reluctant to undergo normal medical examinations.
- Ask for help but may not be explicit about the problem due to embarrassment or fear.

Reporting requirements

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under-18s to the police (FGM act 2003).

Some of the above material was copied from the NSPCC briefing paper 'Definitions and signs of child abuse – Guidance for professionals who work with children on how to recognise the signs of child abuse – published July 2020) <https://learning.nspcc.org.uk/research-resources/briefings/definitions-signs-child-abuse>.

The Prevent Duty

The Counter-Terrorism and Security Act 2015 places a duty on us to prevent people from being drawn into terrorism. To fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation and know what to do when they are identified.

Sources of further information and guidance:

HM Government:

Multi-agency statutory guidance on female genital mutilation

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Sexual violence and sexual harassment between pupils in schools and colleges Sept 2021

<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges>

Sharing nudes and semi nudes advice for schools and colleges Dec 2020

<https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people>

BACP - Good Practice in Action (031) – Safeguarding children and young people within the counselling professions in England and Wales

<https://www.bacp.co.uk/media/12397/bacp-safeguarding-children-and-young-people-lr-gpia031-jul21.pdf>

NSPCC – Definitions and signs of child abuse

<https://learning.nspcc.org.uk/research-resources/briefings/definitions-signs-child-abuse>

Appendix 2

ALLEGATIONS OR CONCERNS RAISED AGAINST MEMBERS OF TERAPIA COMMUNITY

Terapia’s Designated Safeguarding Team has responsibility for responding to any allegations against or concerns made in relation to a member of the Terapia Community. It is ultimately the decision on the CEO to decide whether to escalate concerns about a member of the Terapia community. At times, where appropriate, these concerns may otherwise be dealt with within Terapia’s disciplinary procedures initially and/or they may then be passed onto the Local Authority Designated Officer (LADO).

The LADO deals with allegations against staff within the Children and Family Services of the Local Authority in which the services are being provided.

Where one of the following allegations against a member of the Terapia Community have been made, these must be reported to the LADO within one working day:

- An individual has behaved in a way that has harmed or may have harmed a child.
- An individual possibly committed a criminal offence against or related to a child.
- An individual behaved towards a child or children in a way that indicates they might pose a risk of harm if they work with the child/children regularly or closely.

The LADO can also be contacted for advice regarding concerns or suspicions about behaviour towards children by staff within the Local Authorities children's workforce. This includes volunteers as well as paid staff, and those in a position of trust, for example faith leaders.

Barnet’s LADO can be contacted via the **Multi Agency Safeguarding Hub (MASH) Team**

Telephone: 020 8359 4066

Email: mash@barnet.gov.uk

<https://www.barnet.gov.uk/directories/directme/multi-agency-safeguarding-hub-mash-team-childrens>

Hertfordshire’s LADO can be contacted via **Children’s Services, Customer Services**

Telephone: 0300 123 4043

Or the **Hertfordshire Safeguarding Children Partnership Team**

Telephone: 01992 588757

Email: AdminHSCPHSAB@hertfordshire.gov.uk

<https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/hertfordshire-safeguarding-children-partnership/contact-us-and-register-for-updates/contact-us-and-register-for-updates.aspx#>

Appendix 3

INFORMATION SHARING

Safeguarding children, young people and adults at risk is our paramount concern, and it has been established that sharing information is essential and necessary and supersedes the normal requirements of confidentiality. Where abuse and/or neglect of a child or young person is suspected their welfare takes priority.

General principles for sharing information:

The 'Seven Golden Rules' of information sharing are set out in government guidance (see below), and are applicable to all professionals who have the responsibility of sharing information, including in safeguarding and child protection scenarios:

- 1. The Data Protection Act is not a barrier to sharing information** but provides a framework to ensure personal information about living persons is shared appropriately.
- 2. Be open and honest** with the person/family from the outset about why, what, how and with whom information will be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice** if you have any doubt, without disclosing the identity of the person if possible.
- 4. Share with consent where appropriate** and where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent, if, in your judgement, that lack of consent can be overridden by the public interest. You will need to base your judgement on the facts of the case.
- 5. Consider safety and well-being**, base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure**, ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely.
- 7. Keep a record of your concerns, the reasons for them and decisions** - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Further guidance is available in the Government resource: "Information Sharing – Advice for practitioners providing safeguarding services, to children, young people, parents and Carers – July 2018.

Consent should be sought prior to sharing a disclosure, unless:

1. That would undermine the purpose of the disclosure [such as fabricated and induced illness, sexual abuse or the client is at risk of physical abuse].
2. Action must be taken quickly because delay would put the child or adult at risk at further risk of harm.
3. It is impracticable to gain consent.

Appendix 4

LEVEL OF CONCERN ASSESSMENT MATRIX

This matrix is used to help assess the level of risk of safeguarding concerns reported to Terapia's Designated Safeguarding Team.

		Risk of Harm		
		(1) Slightly harmful	(2) Harmful	(3) Extremely harmful
Likelihood	<u>Level of Concern Assessment Matrix</u>			
	(1) Highly unlikely	(1) Minor Risk	(2) Tolerable Risk	(3) Moderate Risk
	(2) Unlikely	(2) Tolerable Risk	(4) Moderate Risk	(6) Substantial Risk
	(3) Likely	(3) Moderate Risk	(6) Substantial Risk	(9) Intolerable Risk

Risk Score	Action and Timescale
Minor Risk (1)	No further action, beyond reporting, is required.
Tolerable Risk (2)	Monitoring is required to ensure the concerns do not escalate.
Moderate Risk (3 - 4)	The risk should be reduced as far as reasonably practicable, considering additional support, within a suitable timescale.
Substantial Risk (6)	The risk must be considerably reduced and, if concerns are ongoing, they must be stopped. Liaise with relevant agencies where necessary.
Intolerable Risk (9)	Refer to specialist services. Work must not continue until the risk has been removed or substantially reduced.

Appendix 5

UKCP SAFEGUARDING GUIDELINES

These guidelines sit alongside the UKCP Safeguarding Protocol and The UKCP code of ethics. They are to help you to manage your practice in relation to safeguarding and adhere to the standards set out by any organisation that you are working for. These guidelines are designed to inform and enable adherence to standards of good practice within a sound ethical framework.

It is important that you keep up to date with the statutory regulations pertaining to safeguarding in your part of the UK as there are different interpretations and processes across the individual home nations.

Safeguarding practices and procedures are drawn up within a legal framework. Local Authorities have clearly laid out responsibility for making provision for these to be carried out. This includes the provision of a designated safeguarding lead professional who is available to support with enquiries or reported cases of disclosure, or where there is reasonable cause to suspect significant harm. This is available to the public and to all professionals including those working in private practice or working alone. (Email your Local Authority for specific information on Safeguarding.)

Clinical supervision is an ongoing requirement of psychotherapeutic practice and provides a space where safeguarding issues can be discussed. Those working in private practice or alone should consider any additional support or sources of information which they might need to have in place. However, even where procedure is clearly defined and psychotherapeutic support is in place, the therapist may at times meet dilemmas within the interface of safeguarding and psychotherapeutic practice that will require careful judgment and consideration.

The following guidelines consider key points in relation to the interface between the requirements of safeguarding procedure and the role of the therapist. To this end the seven principles of ethical practice (avoiding harm, benevolence, candour, competence, honesty, human rights and social justice and personal accountability) help you to frame your responses to the Five Steps approach set out in these safeguarding guidelines.

It is recognised that each case will be unique, and the process of learning will be continuous.

STEP ONE: BE AWARE

- Abuse may be physical, psychological, sexual, financial, material, discriminatory, or involve neglect.
- If working directly with a child or vulnerable adult you may hear or see signs that reasonably indicate preliminary evidence that they or another person have suffered, is suffering, or is likely to suffer actual abuse.

UKCP Safeguarding Guidelines

- You may hear or see signs that reasonably indicate preliminary evidence that the client has inflicted, is inflicting, or is likely to inflict actual abuse on a child or vulnerable adult. Note that this is possible whether your client is an adult or a child.
- You may also become aware of possible abuse via other means, for example in an enquiry

email from a potential client.

- You have a responsibility to protect children, vulnerable adults, your client and yourself.

But also consider:

- Proportionality and be measured: what is the weight of the evidence pertaining to the signs? In the case of an adult client reporting historical abuse where there is no evidence or indication of present abuse, good practice would be that they should be facilitated to consider whether to report the matter or not rather than you make the decision to report.
- That there could also be circumstances when an adult client may disclose information about a present-day relationship that you may consider includes harmful or abusive elements. Remember adults with capacity can make choices; sometimes choices that you may consider harmful. Questions you could consider asking in this situation are: How harmful? Is it significant harm? What might be the reasons a client would not want to report? What might happen if you were to report and the client then denies it? As a therapist you may consider that there is a rationale not to report when the abusive behaviour is not significant but to work with the client so that they are no longer in a harmful relationship.
- That an adult's description of childhood events could be considered abusive in the current legislative context but would not have been at the time when the client was a child.
- That therapy can evoke a changing and complex kaleidoscope of 'memories', feelings and perceptions which are multi-layered. Experiences described may be actual, perceived, phantasy or an exploration, a wondering or a 'What if?'. Be aware that accounts offered by clients will need to be assessed against this landscape.
- The effect of allegations on all involved (not just on the client).
- Your responsibility compared to that of others.
- The implications where alleged abuse involves a professional.

STEP TWO: IMMEDIATE RESPONSE

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)

UKCP Safeguarding Guidelines (continued)

Your response may be:

- To listen and be empathic when a client is telling you something serious. If it proceeds to be a full or clear allegation, clarifying questions should not be asked.
- To show empathy without collusion and listen actively to what is being said without asking leading questions.
- Where partial or unclear comments are made, to seek to clarify, but be aware that the client may be indicating that they are not ready to share more detail at this stage of the therapeutic work and **should not** be pressured to do so. By clarifying you may contribute to a need to act after the session. Any response should be in the considered best interest of the child, adolescent or adult at risk.
- To show an expression of concern: reassure but do not promise inappropriate confidentiality.

- Good practice is to make clear in an initial contract that where their safety or the safety of others is a concern, the therapist may need to talk with relevant people to ensure their safety. You may want to remind a client of this agreement.
- To make the client aware of any statutory responsibilities that would be invoked by specific disclosures.
- To provide support for the client to report (or similar).

(The categories were also enshrined in the Children's Act 2002 enacted 2005 and the inter-agency guidance Working Together to Safeguard Children 2015)

There are helpful definitions of abuse relating to children and adults to be found in Appendix 2 of the NHS Safeguarding Policy (June 2015).

In the case of adults, the threshold of significant harm has been replaced by the phrase 'adult at risk' from: self-neglect, modern slavery, domestic abuse and exploitation (Adult and Care Act 2014).

STEP THREE: THINK!

- If working in an organisation such as the NHS, a school, college or university or within an organisation in the private or voluntary sector, you have a responsibility to formally inform and consult the designated safeguarding person in that setting at the earliest opportunity.
- If in private practice, unless you are certain that no action needs to be taken, it is good practice to consult your supervisor to discuss your concerns.
- By giving yourself time to discuss in supervision, you can separate yourself from the emotion of the moment so that you can see things clearly, which allows for reflection on the many things that may need to be considered.

UKCP Safeguarding Guidelines

- If your assessment of risk suggests that you need to take urgent action and you are not able to contact your supervisor in time, you could call the local authority's designated safeguarding lead professional or local authority's duty care officer who will have experience of dealing with many cases and ask for advice on the case. Note that once the name of the client is given, the person you have contacted would be required to take the case forward. In extreme circumstances where you perceive that someone is in imminent danger and that you are legally obligated to act, you would need to call the police.
- It is useful to have a pre-planned arrangement as to whom to call if your supervisor is unavailable.
- In **ALL** cases full notes should be taken of your decision, actions and reasons for them.

STEP FOUR: ACT

Following the above steps your actions may be:

- In the first instance, to make a formal report to the designated safeguarding lead in your setting.
- To make a formal report of the case to an employer or other service
- To discuss further with your client
- To formally contact children's or adult services
- To formally contact the police
- To do nothing – (the rationale for your decision should be recorded and where

appropriate agreed with your supervisor)

- Should you continue to have a well-reasoned concern which has not been taken up by the setting in which you are working, you should take the responsibility for reporting your concern to the relevant authority.

But also consider:

- How to respect the confidentiality of clients and treat information that does not need to be disclosed about them as confidential
- How you ensure that clients are informed about how and why information about them is collected, stored and shared with others in relation to matters of safeguarding
- How and when you inform clients that a disclosure could trigger further action by a relevant body that there would be the possibility of heightened risk to them by continuing to make such a disclosure.

UKCP Safeguarding Guidelines

You can:

- Share confidential information without consent if it is required by law, directed by the court, or if the benefit to the child or adult that will arise from sharing that information outweigh both the public and the individual's interest in keeping the information confidential.
- Weigh the harm that is likely to arise from not sharing the information against the possible harm, both to the person and to the overall trust between yourself and your client, whether a child or an adult, from releasing the information.
- Discuss the case with the local authority safeguarding team if you are uncertain that the child or adult is at risk. They are the body that takes responsibility (ultimately passed to the courts) for any further action. In the first instance you may want to withhold personal details of the person at risk. In sharing concerns about neglect and abuse you are not making the final decision how best to protect the individual.

STEP FIVE: REFLECT

You may wish to review how you have dealt with a disclosure and the impact that it had on you as a practitioner by:

- use of supervision
- reviewing your recording process
- reviewing your own support strategies and processes
- noting your learning from the case.