

Space to Be Therapy Safeguarding Children Policy

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child Protection is defined as:

The activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm.

Space to Be Therapy takes its safeguarding responsibilities seriously at all times. Space to Be Therapy undertakes the following procedures to reduce any potential risk of harm to children and young people.

Scope

This policy applies to all employees at Space to Be Therapy.

This policy applies throughout Space to Be Therapy and in addition to children and young people attending therapy in a Private Practice context it also includes therapy outside of this setting i.e. therapeutic interventions conducted within schools and other professional organisations. Staff working within schools and other professional organisations must adhere to and follow safeguarding procedures in line with the school/organisations safeguarding whilst working in conjunction with Space to Be Therapy's Safeguarding Children policy.

Space to Be Therapy employees have a duty to report suspected safeguarding concerns relating to a child to relevant DSL or external agencies dependent on the place and status of work (working with an umbrella organisation or Private Practice).

Designated Safeguarding Lead (DSL) Governance

As a sole trader operating Space to Be Therapy, **Rosie Jefferson** acts as the Designated Safeguarding Lead (DSL) and PREVENT Lead. In private practice, all references in this policy to the DSL, Appointed Safeguarding Officer, or PREVENT Lead refer to me directly. In the event of a safeguarding concern or disclosure, I will directly assess the risk, record details factually, and make immediate referrals to the relevant Local Authority Children's Social Care (MASH) or emergency services without internal delay.

As a registered member of PTUK, I consult with my Clinical Supervisor on complex safeguarding matters while ensuring immediate actions to protect the child are taken

without delay.

Introduction

Space to Be Therapy is committed to ensuring the safety and physical and emotional well-being of children. It recognises that members who work therapeutically will come into contact with children who may be at risk of harm or exploitation including radicalisation.

In fulfilling these responsibilities Space to Be Therapy will remain mindful of their obligations under Health and Safety at work act (1974), the Children's Act (2004), the Data Protection Act (2018), the protection of Freedom of Information Act (2012) and the Counter-terrorism and security Act (2015).

Safeguarding training

Space to Be Therapy employees will undertake relevant safeguarding training at a minimum of every three years to refresh our knowledge and stay aware of changes to legislation.

Safeguarding complaint

Space to Be Therapy employees work in isolation unsupervised with children. They follow and implement the PTUK Ethical Framework when working therapeutically with children. Space to Be Therapy believes children have the right to be safe at all times. Safeguarding concerns about employees at Space to Be Therapy can be reported to the PTUK Professional Conduct Officer.

Definition of a child

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

What is child abuse?

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Definitions of abuse

Physical Abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing, and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of abuse

There are a number of warning indicators which might suggest that a child may be being abused or neglected. It is recognised that warning signs and symptoms of child abuse and neglect can vary from child to child and a warning sign does not automatically mean a child is being abused. Set out below are some examples of signs which may be indicators of abuse taken from Government non-statutory guidance 'What to do if you're worried a child is being abused' (these examples are not exhaustive).

Physical Abuse:

- children with frequent injuries
- children with unexplained or unusual fractures or broken bones

- children with unexplained bruises or buts, burns or scalds or bite marks

Emotional Abuse:

- children who are excessively withdrawn, fearful, or anxious about doing something wrong
- parents or carers who humiliate their child, for example, by name-calling or making negative comparisons
- parents or carers blaming their problems on their child

Sexual Abuse:

- children who display knowledge or interest in sexual acts inappropriate to their age
- children who use sexual language or have sexual knowledge that you would not expect them to have
- children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections, or underage pregnancy

Sexual Exploitation:

- children who have older friends (boyfriends/girlfriends)
- children who appear with unexplained gifts or new possessions
- children who regularly miss therapy appointments or have attendance issues at school

Neglect:

- children who do not have adequate clothing e.g. not having a winter coat
- children who are hungry or dirty
- children who are often angry, aggressive, or self-harm

Members of staff are expected to be aware of signs of abuse and neglect so that they can identify cases of children who may need help or protection. All staff have a responsibility to report any concerns they may have to the relevant Appointed Safeguarding Officer or where appropriate child protection services (as set out in this policy); however, they are not required or expected to investigate or decide whether a child has been abused.

PREVENT Strategy

National PREVENT Strategy

The government's national PREVENT strategy is to ensure that any people who are identified as being vulnerable or at risk of radicalisation are referred to the Prevent programme. Once referred to Prevent, the police will de-conflict the referral and ensure it is not malicious or misguided and will decide on the appropriate pathway depending on whether the individual is already within a criminal space. This could include the referral being passed to the appropriate Channel Panel. Channel is a multiagency panel, who seek to assess the individual and provide guidance on appropriate forward support. It is important to remember Channel is a voluntary programme, so the person at risk must consent to this intervention for it to happen.

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities under Section 26 to 'have due regard to the need to prevent people from being drawn into terrorism'. It is a duty for all specified organisations to ensure they have a workforce who are appropriately trained to identify, treat, or refer all patients, staff and students who may be at

risk of radicalisation.

The main aim of the Prevent programme is to stop people becoming terrorists and/or supporting terrorism by:

- Responding to the ideological challenge of terrorism and the threat we face from those who promote it
- Protecting vulnerable people from being drawn into terrorism and ensuring they are given adequate support
- Working with partner sectors and institutions where there are risks of radicalisation
- Space to Be Therapy acknowledges its duty to recognise and prevent children from being drawn into terrorism. In compliance with this duty, where applicable, we will:
 - ensure we adhere to and promote the national PREVENT Strategy
 - carry out assessments to determine the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology (including the risk of online radicalisation)
 - promote fundamental British values
 - ensure all staff undertake the online general awareness training module at <https://www.elearning.prevent.homeoffice.gov.uk/>
 - be committed to multi-agency working, facilitated by a PREVENT lead
 - ensure we provide appropriate support and guidance for all vulnerable people in relation to them being at risk of radicalisation
 - to ensure those at risk of radicalisation are referred to the PREVENT programme for the appropriate support and guidance

What are the signs of radicalisation?

It is often not one specific cause which would put a person at risk of radicalisation, but the below list is some of the more frequent reasons why people have followed a specific path to radicalisation:

- feelings of loss or bereavement
- social isolation
- confusion over personal identity
- experience of discrimination, inequality or harassment leading to a sense of grievance
- family breakdown or community tensions
- having family members or friends who are already radicalised

What triggers a PREVENT referral?

There are many reasons why someone may be at risk of radicalisation and some of the signs to look out for are listed below, but of course this is not an exhaustive list:

- out of character changes in behaviour, dress and beliefs
- changes in their friendship groups or associating with people who hold extremist views
- digital interaction with inappropriate online sites
- changes in use of social media with increased secrecy
- showing sympathy for extremist causes
- advocating extremist messages

- glorifying violence
- accessing extremist literature and imagery

In most instances, it would require a client to divulge some of the above behaviours, however, staff are required to remain vigilant to recognise the potential signs of radicalisation and to act appropriately in both recording and reporting the concern.

What to do if you are concerned about a client in relation to them being at risk of radicalisation:

- Contact the PREVENT lead or the Children's DSL via their individual emails
- Ensure your concerns are documented on the 'Adult Safeguarding Concerns' form
- Ensure all meetings, contact and advice you received from the PREVENT Lead or DSL are documented
- When a client is at risk of radicalisation, the PREVENT lead in conjunction with the clinical team will refer the person to the PREVENT programme
- If the PREVENT lead or safeguarding team are unavailable and you have an immediate concern for
- an individual's safety, please call 999
- It is important to gain consent to a PREVENT referral wherever possible
- Sharing of information in relation to the individual at risk must be proportionate and necessary

What to do if you are concerned about a colleague in relation to them being at risk of radicalisation

- Contact the PREVENT Lead or the
- Children's DSL safeguarding lead via their individual emails
- Where a colleague is considered to be at risk of radicalisation, the PREVENT lead will refer the person to the Channel programme
- If the PREVENT lead or safeguarding team are unavailable and you have an immediate concern for
- an individual's safety please call 999
- It is important to gain consent to a PREVENT referral wherever possible
- Sharing of information in relation to the individual at risk must be proportionate and necessary

What happens to individuals who have passed the PREVENT stage and have been convicted of a terror related crime?

People who are convicted of terrorist related crimes are known as TACT offenders (Terrorist ACT). The Home Office have started a de-radicalisation programme for offenders within communities, whereby the released individual is closely monitored and managed by either the Police or a mental health provider and most TACT offenders will have a manager who usually sits within Probation or the Local Authority. All health workers are encouraged to find out who that individual is and work with them to ensure the individual is being safeguarded appropriately.

Whichever agency is leading the care plan for an individual TACT offender, they should ensure the individual is accessing "de-radicalisation" services that the Home Office provide

to these individuals on release from prison. This is a relatively new initiative which is growing as more and more TACT offenders are released. For TACT offenders there are also usually monthly MAPPA (Multi-Agency Public Protection Arrangements) meetings or equivalent meetings which will sit to discuss the cases that are being managed within the local area.

Safeguarding in Specific Circumstances

Female Genital Mutilation ("FGM")

If staff have concerns that FGM has taken place, as well as reporting this to the police, they should also activate local safeguarding procedures using existing and national and local protocols. Unless the member of staff has a good reason not to, they should still consider and discuss any case of FGM with the Appointed Safeguarding Officer and involve children's social care as appropriate.

Forced Marriage

A 'forced' marriage (as distinct from a consensual 'arranged' marriage) is defined as one conducted without the valid consent of at least one of the parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. Forced marriages of children may involve non-consensual and/or underage sex, emotional and possibly physical abuse and should be regarded as a child protection issue and referred to Children's Social Care. Forced marriage is primarily, but not exclusively, an issue of abuse against girls and young women, however there is evidence to suggest that 15% of victims are male.

Peer on Peer abuse

Space to Be Therapy recognises that children can abuse other children and such behaviours are never viewed simply as 'banter' or as part of growing up. We recognise that peer on peer abuse can take many different forms such as:

- Cyber-bullying
- Sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over the internet by persons aged under 18 (referred to as Youth Produced Sexual Imagery)
- Sexual assault
- Sexually harmful or problematic behaviour
- Gang initiation or hazing type violence

Sexualised behaviours

Where children display sexualised behaviours, the behaviours will be considered in accordance with the children's developmental understanding, age and impact on the alleged victim. Tools such as Brook Traffic Light Tool will be used to assist in determining whether the behaviour is developmental or a cause for concern. This will assist in ensuring the children receive the right support at the right time either via an Early Help response or referral to Children's Social Care.

Gang related violence

Space to Be Therapy recognises the risks posed to children in relation to involvement in gang

related activity which may be street gang, peer group or organised crime. Young people who are involved in gangs are more likely to suffer harm themselves, through retaliatory violence, displaced retaliation, territorial violence with other gangs or other harm suffered whilst committing a crime. In addition, children may experience violence as part of an initiation or hazing practices.

Space to Be Therapy understands that Early Help can be crucial in the early identification of children who may need additional support due to gang related activity and as such will provide an early help response when concerns are raised about indicators of gang activity. If, however information suggests a child may be at risk of significant harm due to gang related activity, a referral will be made to the Multi Agency Safeguarding Hub within Children's Social Care. Where there are concerns that a child or young person may be, or is at risk of becoming involved in gang related activity, a referral will be made to the MAG panel in accordance with local procedures as part of the safeguarding response.

Youth Generated Sexualised Imagery

Space to Be Therapy recognises the impact of online social communication and the issue of sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over the internet. We pay due regard to the Guidance issued by the UK Council for Child Internet Safety in relation to how we respond to incidents. In all cases where an incident of youth produced sexual imagery is reported the following actions will be undertaken:

- The incident should be reported to the Designated Person for Child Protection as soon as possible.
- Designated Person for Child Protection should hold an initial review discussion or meeting with appropriate staff.
- There should be subsequent interviews with the young people involved (if appropriate).
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.
- An immediate referral will be made to the Police and Social care in the following circumstances:
 1. The incident involves an adult
 2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)
 3. The imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
 4. The imagery involves sexual acts and any child in the imagery is under 13
 5. There is reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as

suicidal or self-harming

Space to Be Therapy staff will not view youth produced sexual imagery unless there is a good and clear reason to do so – valid reasons must be identified on the safeguarding disclosure form (see appendix A). Wherever possible the Designated Person for Child Protection will respond to an incident based on what they have been told about the imagery and all incidents will be recorded on the safeguarding disclosure form (see appendix A).

Child Sexual Exploitation

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Space to Be Therapy recognises that both boys and girls can be vulnerable to Child Sexual Exploitation and as such ensure staff are alert to signs and indicators.

Space to Be Therapy recognises that there are various 'models' of CSE which include but not limited to: Gangs and groups, Boyfriend/Girlfriend model, Peer on Peer, Familial and Online via social media platforms, chat groups, text and email.

Where concerns are identified in relation to Child Sexual Exploitation the LSCB thresholds framework will be consulted in order to ensure the child receives support at the earliest possible opportunity. An Early Help multi agency response may be initiated by completing an Early Help Assessment form and engaging with the Early Help Hub or Stronger family's support team. Where parental consent cannot be obtained, advice will be sought from the Early Help Hub.

If a child is thought to be at risk of significant harm through child sexual exploitation a referral will be made to the Multi Agency Safeguarding Hub within children's social care.

In all cases intelligence will be shared with Bedfordshire Police using the intelligence form which will also be copied to the Single Point of Contact for CSE within the relevant local authority.

Working with Parents, Carers, and Information Sharing

Space to Be Therapy is committed to working in partnership with parents and carers to promote the safety and well-being of children. Parents and carers will be informed of my statutory duty to promote child welfare and report safeguarding concerns to relevant authorities where necessary.

While I will normally seek to discuss concerns sensitively with parents/carers first, parental consent is not required to share information if doing so would:

- Put the child at risk of harm or increased risk;
- Cause unnecessary delay in protecting the child;
- Compromise or impede a police or local authority child protection investigation.

In accordance with statutory guidance (*Working Together to Safeguard Children* and DfE *Information Sharing Advice for Safeguarding Practitioners*), UK GDPR and the Data Protection Act 2018 do not prevent the sharing of personal information to keep children safe. Information will be shared proportionately on a strict 'need to know' basis.

Children with additional needs and English as an additional language

Space to Be Therapy recognises that disabled children are at an increased risk of being abused compared with their non-disabled peers. They are also less likely to receive the protection and support they need when they have been abused. Space to Be Therapy understands and is committed to the need to share existing knowledge and good practice and work towards ensuring equal protection for disabled children. We aim to do this by:

- raising awareness about the abuse of disabled children and challenging attitudes and assumptions that act as barriers to protection
- building on good practice and measures already in place that help ensure the effective delivery of child protection for disabled children.

Broader aspects of care

Safeguarding is not just about protecting children from deliberate harm, neglect and failure to act. It relates to broader aspects of care including:

- meeting the needs of children and learners with medical conditions
- providing first aid
- appropriate risk assessments and procedures followed to ensure children's safety and security
- maintaining an inclusive environment for all children to be able to access therapy

Managing disclosures

All members of staff will know how to respond to a child or young person who discloses abuse, or where others raise concerns about them and will be familiar with procedures to be followed.

Many children will find it difficult to use words to disclose concerns and therefore disclosures may not be verbal but demonstrated through behaviour. Staff should therefore always be alert to even small changes in behaviour, which should always be taken seriously, recorded, and passed on to the Designated Safeguarding Lead.

When responding to a child making an allegation of abuse, we will:

- Stay calm
- Listen carefully to what is being said
- Give reassuring nods and words of comfort
- Allow the child time
- Ask questions for clarification only and always avoid asking questions that may suggest a particular answer. Use the 'TED' analogy of 'Tell', 'Explain', 'Describe' to avoid asking leading question
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared

This information will be recorded and the Designated Safeguarding Lead within the organisation will be informed immediately.

If a disclosure is made in Private Practice, then the following process will occur:

- Contact the Children's Social Care Team/MASH (Multi Agency Safeguarding Hub) at the Local Council.
- Report the information.
- Complete the relevant form and email as soon as possible.
- The children's social care team will tell you what happens next, this might include Early Help Assessment, Statutory assessments or Children in need.

In addition, as a PTUK member I will contact my Clinical Supervisor.

Recording and reporting concerns

When concerned about the welfare or safety of a child, staff should always act in the best interests of the child and have a responsibility to take action as outlined in this policy.

Any concerns staff have should be raised, as concerns may accumulate over a period of time and may only be evidenced by building up a picture of harm over time. This is particularly the case in regard to emotional abuse or neglect. Staff should ensure that written records are kept with sufficient detail and care should be taken to record factually and indicate

where professional judgements have been made. Records should be completed in a timely manner in order that appropriate action can be taken, if necessary by the Designated Safeguarding Lead. It is important that the member of staff reporting the welfare concern records any action they have taken, for example phoning the parent for more information. Written records should be signed and dated and then emailed and passed to the Designated Safeguarding Lead to decide upon the most appropriate action.

Children may express anxiety and other emotions through behaviours which may include self-injury/self-harm. Regardless of this all signs of physical injury must be recorded and reported, even if the cause seems explainable.

At no time should a member of staff be asked to or consider taking photographic evidence of any injuries or marks to a child's person. Instead, the appropriate body map should be completed in accordance with recording and reporting guidance as above.

Any concerns should be reported without delay. If the child's case is already open with social care or if they are a Looked After Child, information should also be sent to their named social worker.

Where concerns are raised by staff, completed forms/documentation will be retained and stored in a secure manner by the Designated Safeguarding Lead. Contact with social care teams and Local Authority Designated Officer (LADO) should be made in a timely manner and recorded in the chronology. Telephone referrals should be followed up in writing within 24 hours of the initial contact.

If at any point, there is a serious risk of serious harm to a child an immediate referral should be made to the social care duty team in the local authority in which the child lives. Alternatively dial 999 and report the matter to the police. Anyone can make a referral.

Child Protection information will only be shared on a 'need to know' basis. Information will be shared in the interests of the child and on the understanding that it remains in the strictest confidence.

Record Keeping of Safeguarding Decisions

All safeguarding concerns, disclosures, observations, and body maps will be documented factually, signed, and dated. In line with statutory guidance, I will keep a clear written record of **all** safeguarding decisions—including the explicit justification and legal rationale whenever a decision is made to share, or **not** to share, information with statutory agencies. All safeguarding records are stored securely on Fortuna in accordance with data protection rules.

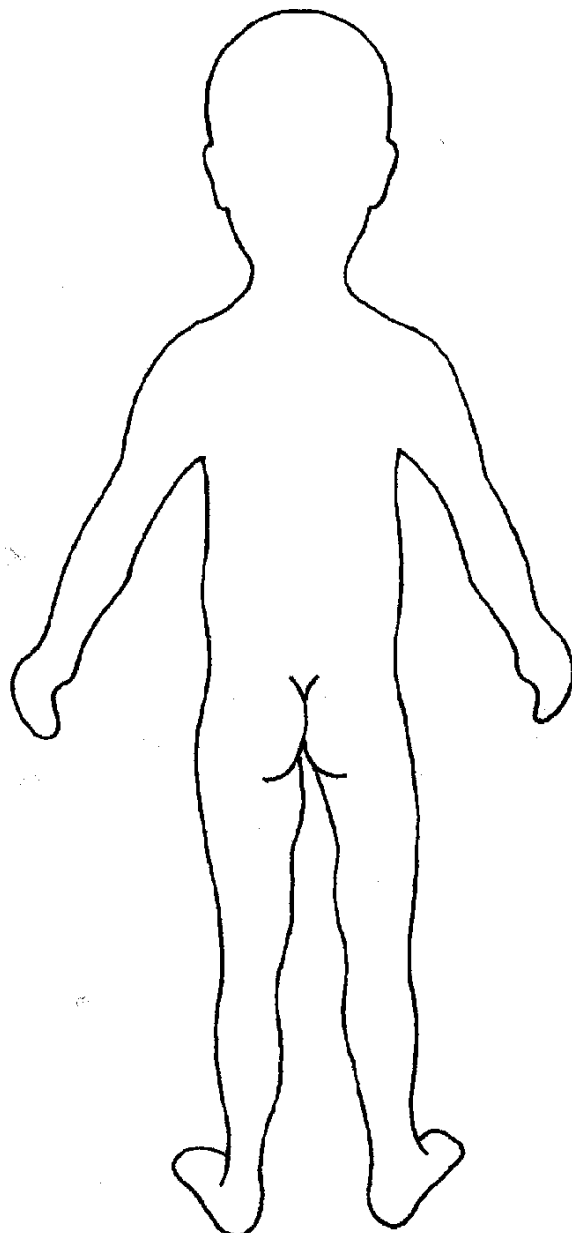
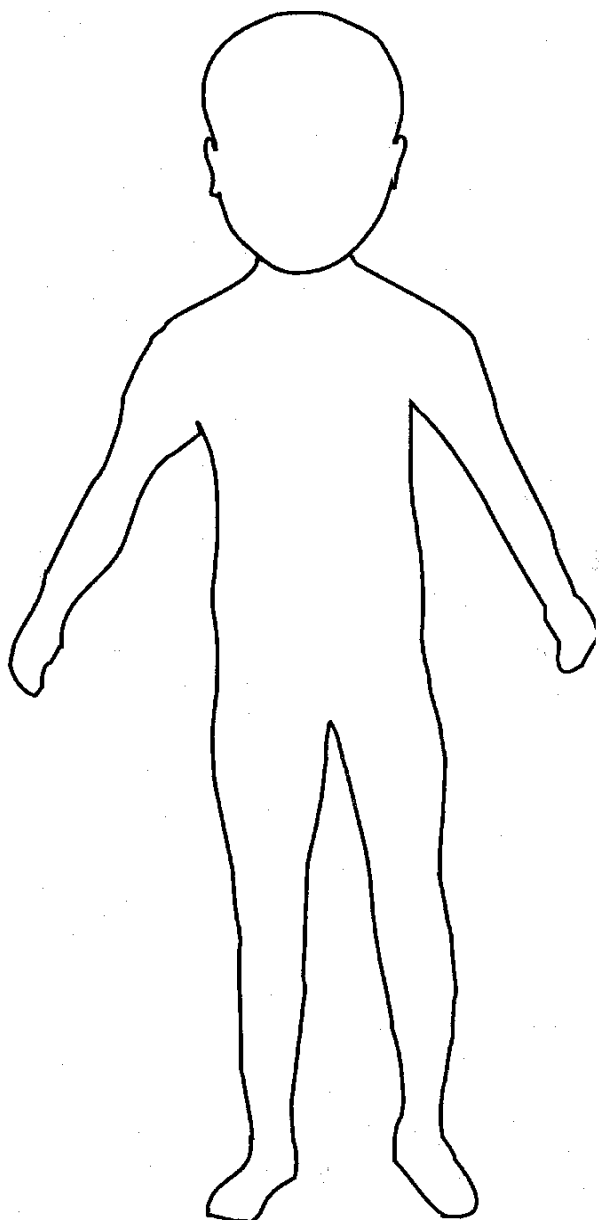
BODYMAP

(This must be completed at time of observation)

Name of Pupil: _____ Date of Birth: _____

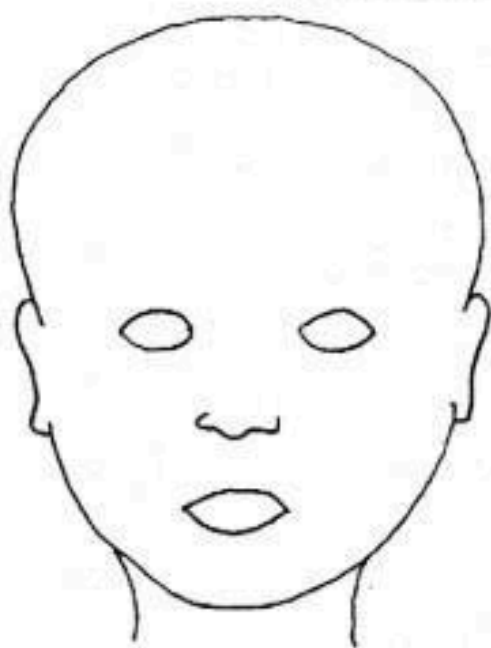
Name of Staff: _____ Job title: _____

Date and time of observation: _____

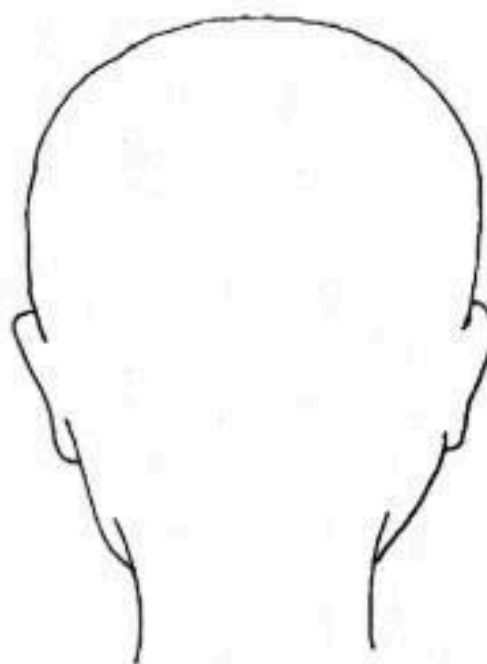


Name of pupil: _____

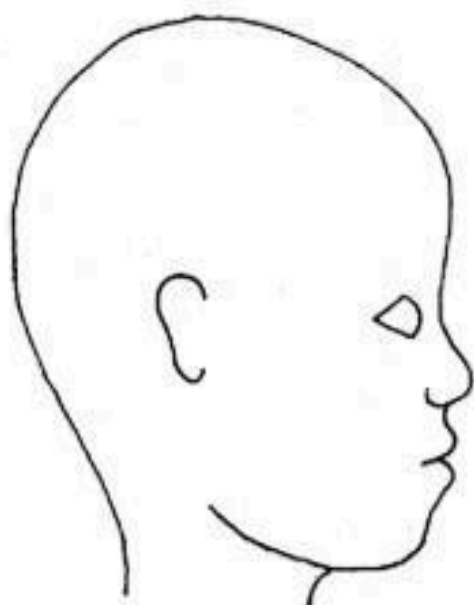
Date and time of observation: _____



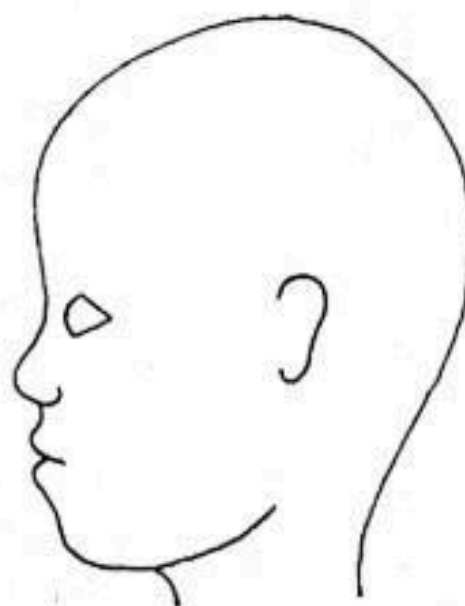
FRONT



BACK



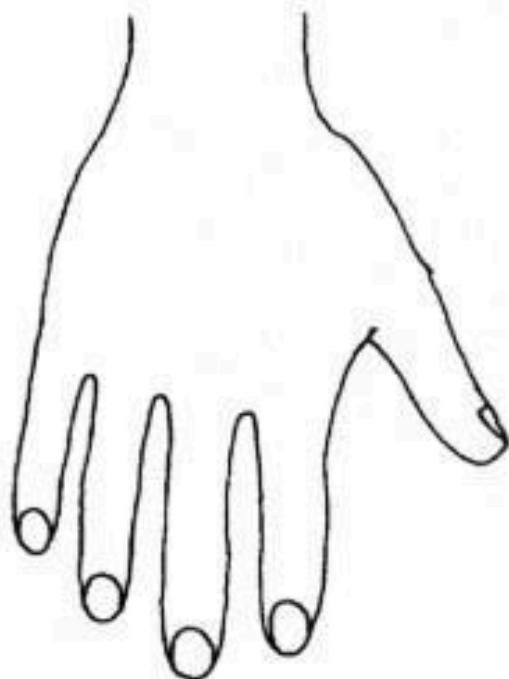
RIGHT



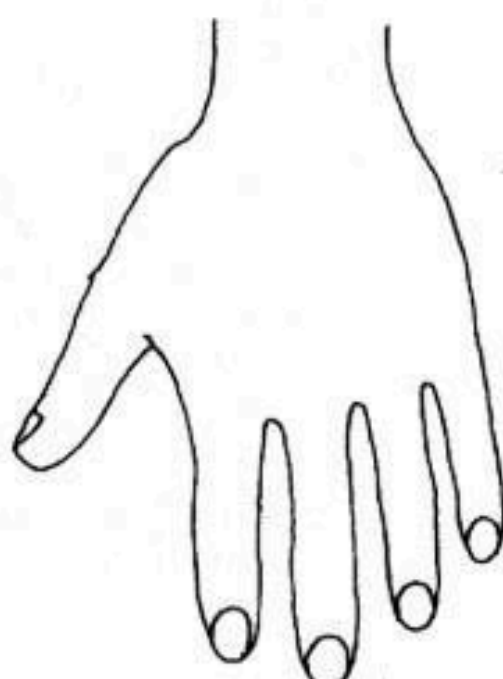
LEFT

Name of pupil: _____

Date and time of
observation: _____

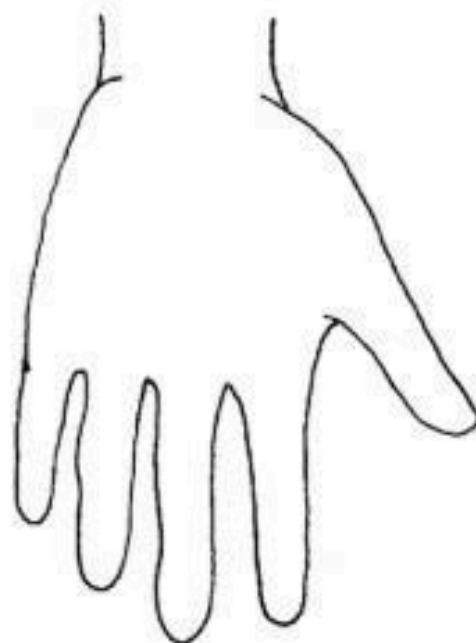
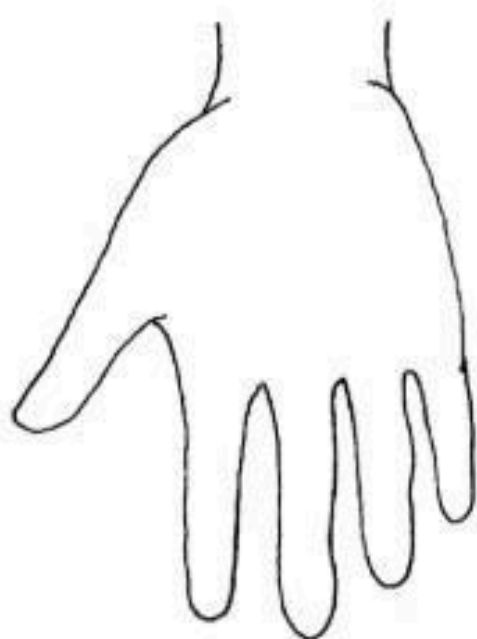


R



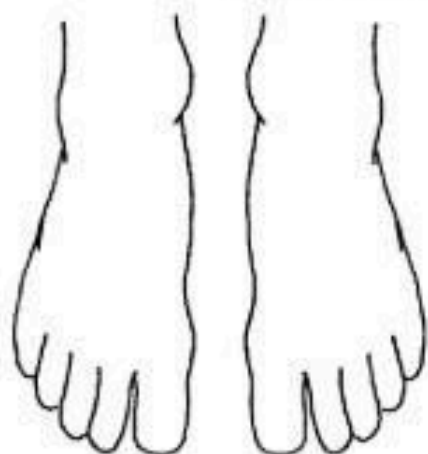
L

BACK



Name of pupil: _____

Date and time of
observation: _____



R

TOP

L



R

BOTTOM

L



R

INNER



L



R

OUTER



L

Printed Name, Signature and Job
title of staff: _____