

CHILD PROTECTION POLICY

Therapeutic Teaching

Unique solutions for unique people

Therapeutic Teaching is a provider of specialist SEN interventions
operating as a single teacher/trainer: Catherine Stephenson.

Therapeutic Teaching is **not** an alternative provider of educational tuition.

Written by Owner- Catherine Stephenson: March 1st 2019 based on ECC model CP Policy

Reviewed: February 2020; May 2020; November 2020; June 2021; June 2022; August 2023

This review: March 2025 **Next review: January 2026**

Last DSL training: 23.10.24 **Next DSL training: September 2026**

Self - reviewed annually using: NSPCC's Safeguarding in Education Self-Assessment Tool.

Reviewed by Biddy Shepherd, Safeguarding Training and Commissioning Consultant,
ACS and CYP Workforce Development Team, Suffolk County Council, November 2020

Contents

1	Introduction
2	Statutory Framework
3	Roles and responsibilities
4a	Recognising concerns -signs and indicators of abuse
4b	Specific Safeguarding issues
4c	Children potentially at greater risk of harm
4d	Online safety - remote working - see E-Safety policy
5	Procedures
6	Training
7	Professional confidentiality
8	Records and information sharing
9	Interagency working
10	Allegations about members of the workforce
11	Promoting positive mental health and resilience
12	Helping children to feel safe ('Felt Safety')
13	Whistleblowing
14	Complaints
15	Useful contacts and links
Appendices	A: Records of Contact B: Body maps

Safeguarding and promoting the welfare of children is **everyone's** responsibility. 'Children' includes everyone under the age of 18. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfill this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the **best interest** of the child.

(Keeping Children Safe in Education, 2024)

Ethos statement

Therapeutic Teaching recognises the moral and statutory responsibility placed on this service as an intervention provider (to parents privately for their child/ren or under contract to a school/setting) to safeguard and promote the welfare of all children. We aim to provide a safe and welcoming environment in which children can feel safe to connect, learn and communicate underpinned by a culture of openness where both children and adults feel secure, are able to raise concerns and believe they are being listened to, and that appropriate action will be taken to keep them safe.

1. Introduction

Therapeutic Teaching provides short-term therapeutic-based educational interventions to children and young people aged 4-25. Consultations are commissioned by parents and schools to provide specialist assessment and provision advice, and in the course of this work children and young people (5-15 years) are consulted in the presence of parents and school staff. Therefore any requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) do not apply due to the service's age restrictions. This document is based on Essex County Council and Suffolk County Council model policies with adaptations specific to safeguarding the children this service supports.

Catherine Stephenson (owner Therapeutic Teaching UK) recognises the need to ensure that it complies with its duties under legislation and this policy has regard to statutory guidance, Keeping Children Safe in Education (KCSiE), Working Together to Safeguard Children and locally agreed (to the child) inter-agency procedures..

This policy is reviewed annually, as a minimum, and is made available publicly via website or on request. Therapeutic Teaching fully recognises its responsibilities for the safeguarding and protection of children in its care and its requirement to respond immediately to any aspect of concern relating to a child's safeguarding whether it happens within the school community or outside. Safeguarding means ensuring that children grow up in the provision of safe and effective care that optimises children's life chances. This policy applies to all the children and young people, the one member of staff in Therapeutic Teaching (DSL) and parents/carers involved with the organisation. It forms part of the safeguarding arrangements for Therapeutic Teaching and should be read in conjunction with the following:

- [Keeping Children Safe in Education](#) (DfE, 2024)
- [Working together to safeguard children](#) (DfE, 2023)
- [Relationships and Partnership policy](#) (relationships and behaviour)
- [E-safety policy](#) (including online/remote contact with clients)
- Health and Safety Practices inc Lone Working (how the service plans and manages health and safety- available on request.

Safeguarding and promoting the welfare of children (*everyone under the age of 18*) is defined in Keeping Children Safe in Education as:

- Protecting children from maltreatment

- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

2. Statutory framework

Section 175 of the Education Act 2002 (*Section 157 for Independent schools*) places a statutory responsibility on the governing body to have policies and procedures in place that safeguard and promote the welfare of children who are pupils of the school. Therapeutic Teaching works in collaboration with schools, often directly with parents and with Local Authorities where children and young people have a portion of alternative education or Education Other Than In/At School. It is viewed as an independent organisation or peripatetic provider to a school or college and works with their policies in respect of safeguarding.

The development of appropriate procedures and the monitoring of good practice are the responsibilities of the local safeguarding children's board. So when a child who is being supported by Therapeutic Teaching is based then the local safeguarding children's board will be consulted e.g. In Essex, all professionals must work in accordance with the [SET Procedures \(ESCB, 2022\)](#) and [Essex Safeguarding Children Board \(ESCB\)](#). For children being supported by Therapeutic Teaching who live in other areas of UK or abroad then procedures that are local to the child/young person will apply.

Therapeutic Teaching also works in accordance with the following legislation and guidance:

Education Act (2002)

[Effective Support for Children and Families in Essex](#) (ESCB, 2024)

[Counter-Terrorism and Security Act \(HMG, 2015\)](#)

[Serious Crime Act 2015](#) (Home Office, 2015)

Children and Social Work Act (2017)

Sexual Offences Act (2003)

Education (Pupil Registration) Regulations 2006

[Information sharing advice for safeguarding practitioners \(HMG, 2018\)](#)

[Data Protection Act \(2018\)](#)

[What to do if you're worried a child is being abused](#) (HMG, 2015)

[Searching, screening and confiscation](#) (DfE, 2018)

Children Act (1989)

Children Act (2004)

[Preventing and Tackling Bullying \(DfE, 2017\)](#)

Female Genital Mutilation Act 2003 (S. 74 - Serious Crime Act 2015)

[Multi-agency statutory guidance on female genital mutilation \(PDF\)](#)

[Sexual violence and sexual harassment between children in schools and colleges](#) (DfE, 2018)

[Promoting positive emotional well-being and reducing the risk of suicide \(ESCB, 2018\)](#)

[Keeping pupils and staff safe – management of behaviour in schools, including use of physical contact and restrictive / non-restrictive physical intervention to address difficult and harmful behaviour \(ESCB, 2018\)](#)

[Alternative Provision](#)

3. Roles and responsibilities

All adults working with or on behalf of children have a responsibility to protect them and to provide a safe environment in which they can learn and achieve their full potential. However, there are key people within schools and the Local Authority who have specific responsibilities under child protection

procedures. **Catherine Stephenson is trained to act as a Designated Safeguarding Lead** and there are no other employees in Therapeutic Teaching.

Catherine Stephenson as Owner is responsible for ensuring that the policies, procedures and training in Therapeutic Teaching are effective and comply with the law at all times. Catherine Stephenson ensures that all required policies relating to safeguarding are in place, that the child protection policy reflects statutory guidance and is reviewed at least annually.

Catherine Stephenson is responsible for informing any school/colleges under commission of the safeguarding arrangements that are, and would be, taken in accordance with school/college's policy and Therapeutic Teaching's policy. These are clearly stated in the service level agreement with the school/college/parent.

Therapeutic Teaching contributes to inter-agency working, in line with statutory and local guidance. She ensures that information is shared and stored appropriately and in accordance with statutory requirements. Catherine Stephenson undergoes safeguarding training as a Designated Safeguarding Lead on a two-yearly basis and other e-learning topics on an annual basis to ensure that she has the relevant skills and knowledge to keep children safe. To ensure that Catherine is fully competent to support the safeguarding of pupils, self-care practices for own wellbeing are paramount, particularly working with children and families with mental health needs and regular psychotherapy-based supervision is accessed and more frequently if needed.

Included in the commissioning agreement Catherine Stephenson supports parents in aspects of safeguarding, including online safety particularly in relation to their own and their child's mental health. Parents (and schools where the young person is on roll) are responsible for educating the child in online safety, the responsibility that Catherine Stephenson holds is only partial in respect of this E-safety education and forms part of the bigger picture of all responsible persons in the child's life.

Additional coaching in e-safety for children and parents is carried out with regards to online (remote) learning and with additional consent for digital communication via parents and use of encrypted email or shared documents on platforms such as iCloud/One Drive. A key part of the provision is supporting improvements in the child's mental health so that they can better self-regulate, make safe, healthy, assertive choices, and take increasing responsibility for their own safety.

Recruitment

This policy applies to the sole employee Catherine Stephenson and at time of review there are no plans to recruit any adults or to involve any other adults in the care of the children. Catherine Stephenson has an Enhanced DBS and updates annually. **Certificate number and access data are shared with the parent, school and referring agency. Information is provided to commissioning agencies e.g.LA, schools/colleges for their central records.**

Should this situation change, this policy will be revised to reflect that Catherine Stephenson is responsible for ensuring that appropriate safe recruitment procedures are adhered to that help to deter, reject or identify people who might abuse children and any bodies in contract will be updated with a Safe Recruitment policy.

The Designated Safeguarding Lead

Catherine Stephenson as a Designated Safeguarding Lead takes responsibility for managing child protection referrals where necessary, ensuring own safeguarding training is up-to-date and during the course of work with parents as private clients, raises awareness of all child protection policies and procedures. In the event of a serious incident that poses any risk to the safety of the child, adults responsible or Catherine Stephenson then follow emergency procedures. Catherine Stephenson will ensure that timely referrals to the Children

and Families Service local to the child are made in accordance with current local procedures. She works with the local authorities and other agencies as required.

If a child protection concern is raised or evident in which Catherine Stephenson has knowledge of a concern for the safety of a child then she will act accordingly as a Designated Safeguarding Lead.

Therapeutic Teaching has a responsibility to provide a psychologically (felt) safe environment in which children can feel safe to engage. The majority of the work is completed online via safe link with parents involvement. Catherine Stephenson supports parents to enhance the relationship they have with their child and the environment that they create for them to increase physical and psychological safety for the child. She is aware of the local early help process and how the organisation plays a role within this process. She is aware of signs of abuse and neglect so she is able to identify children who may be in need of help or protection. Processes (as set out in this policy) are followed and Catherine Stephenson will make a referral to Social Care services if there is a need to do so. If present in a school as a visitor she will follow the advice for visitors and refer immediately to the Designated Safeguarding Lead in the school. Any concerns about a child's welfare will be acted upon immediately and it will not be assumed that others have taken action.

4. Recognising concerns -signs and indicators of abuse, neglect and exploitation

Catherine Stephenson (like any member of staff in a school) should be aware of the indicators of abuse, neglect and exploitation (see below), understanding that children can be at risk of harm inside and outside of the school/college, inside and outside of home, and online. Exercising professional curiosity and knowing what to look for is vital for the early identification of abuse and neglect so that staff are able to identify cases of children who may be in need of help or protection.

Catherine Stephenson (like any member of staff in a school) should be aware that abuse, neglect, exploitation, and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap.

Catherine Stephenson (like any member of staff in a school) but especially as a designated safeguarding lead should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines and radicalisation.

Catherine Stephenson (like any member of staff in a school) should be aware that technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse and other risks online as well as face to face. In many cases abuse and other risks will take place concurrently both online and offline. Children can also abuse other children online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography to those who do not want to receive such content

4a Indicators of abuse and neglect

Abuse is defined as 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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to

them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or another child or children.

The following indicators listed under the categories of abuse are not an exhaustive list:

Physical abuse: 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: 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: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as child-on-child abuse) in education and all staff should be aware of it and of the school's policy and procedures for dealing with it. (See section 7: Specific safeguarding issues) *[schools should cross-reference their school policy/procedures for dealing with child-on-child abuse within the school's Child Protection and Safeguarding Policy]*

Neglect: 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.

(Source: Keeping Children Safe in Education 2023)

Therapeutic Teaching (Catherine Stephenson) is aware of the signs of abuse and neglect and so are able to identify children who may be in need of help or protection. She is aware of environmental factors which may impact on a child's welfare and safety and understand safeguarding in the wider context (contextual safeguarding). She is aware of safeguarding issues that can put children at risk of harm and understand that behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting put children in danger.

4b Specific Safeguarding Issues

Catherine Stephenson (like any member of staff in a school) should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as of drug taking and/or alcohol misuse, unexplainable and/or persistent absences from education, serious violence (including that linked to county lines) radicalisation and consensual and non-consensual sharing of nude and semi nude images and/or videos can be signs that children are at risk. Other safeguarding issues to be aware of include:

Child-on-child abuse

Catherine Stephenson (like any member of staff in a school) should be aware that children can abuse other children (often referred to as child-on-child abuse). And that it can happen both inside and outside of school and online. It is important to recognise the indicators and signs of child-on-child abuse and know how to identify it and respond to reports.

Catherine Stephenson (like any member of staff in a school) should understand, that even if there no reports in school it does not mean it's not happening, it may be the case that it is just not being reported. As such, it is important any concerns regarding child-on-child abuse warrants a discussion/report to the DSL (or deputy) in the commissioning school/college.

Catherine Stephenson (like any member of staff in a school) understands the importance of challenging inappropriate behaviours between children, many of which are listed below, that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Child-on-child abuse is most likely to include, but may not be limited to:

- § bullying (including cyberbullying, prejudice-based and discriminatory bullying)
 - § Abuse in intimate personal relationships between children (sometimes known as ‘teenage relationship abuse’)
 - § physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
 - § sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
 - § sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
 - § Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
 - § Consensual and non-consensual sharing of nude and semi nude images and or videos^[1] (also known as sexting or youth produced sexual imagery)
 - § upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and
 - § initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)
- Catherine Stephenson (like any member of staff in a school) should be clear about the commissioning school/college’s policy and procedures with regards to child-on-child abuse and the important role they must play in preventing it and responding where they believe a child may be at risk from it.

Child sexual exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

-Child Criminal Exploitation (CCE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others. Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however staff should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

-Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet. CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or pattern of incidents. That's abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long term impact on their health, well-being, development, and ability to learn.

Female Genital Mutilation (FGM)

Like all staff in the commissioning school/college Therapeutic Teaching communicates directly with the DSL (or deputy) regarding any concerns about FGM, as there is a specific legal duty on teachers^[2]. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

Mental Health

Catherine Stephenson (like any member of staff in a school) is aware that mental health problems can, in

some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. This includes (often repeated) experiences where the child has felt alone in a frightening situation. Where the body's alarm response has been repeatedly triggered into protective states and the child has felt unsupported, in any environment, potentially including school for some, this is what constitutes trauma. It is not the event or the severity of an experience, it's a unique to the way the individual experiences the situation. Some people have a more sensitive nervous system than others and can be deeply affected by an experience that may barely affect another person. Its effects can be lasting if left untreated. Early intervention *is* safeguarding and Therapeutic Teaching endeavours to provide this. Education systems, amongst other experiences a child can have where they have separation from the people they trust the most, can have profound impact on the child's nervous system. Therefore, where there are cases of presenting mental health issues that are impacted by an absence of felt safety in a school then this is viewed by Therapeutic Teaching as a safeguarding concern.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. As a specialist teacher (SEMH) Catherine is well trained in this field and has extensive experience to identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. She undertakes regular/at least annual CPD with Trauma Informed Schools UK and Centre for Child Mental Health Staff to stay abreast of relevant topics in children's mental health and the range of agencies that can support. Positive mental health is the concern of the whole community and Therapeutic Teaching plays a key part in this, offering training to schools and colleges, and providing specific advice to support individual children. Certified in **Trauma Informed Schools and Communities** (UEL, July 2019), current knowledge of the impact of adverse childhood events and trauma underpins and shapes the support provided through this service. This provision aims to sufficiently restore/develop the emotional wellbeing and resilience of the the children who access the service, the large majority of these have additional all complex needs. At the core of this work is an understanding that there are risk factors which increase someone's vulnerability and protective factors that can promote or strengthen resiliency. The more risk factors present in an individual's life, the more protective factors or supportive interventions are required to counter-balance and promote further growth of resilience.

Partnership with parents to support their children's well-being is central to the work. Parents are supported through effective partnership be open and share any concerns about the well-being of their child, so appropriate support and interventions can be recommended.

If there is a mental health concern about a child that is also a safeguarding concern, immediate action will be taken, referring to the the DSL or a deputy of the commissioning school or college, supporting the process of both this and the school's policy. Therapeutic Teaching pays regard to the following DfE guidance documents [Preventing and tackling bullying](#) and [mental health and behaviour in schools](#) which set out how staff can help prevent mental health problems by promoting resilience as part of an integrated, whole school approach to social and emotional wellbeing, which is tailored to the needs of pupils.

Prevention of radicalisation

As of July 2015, the [Counter-Terrorism and Security Act \(HMG, 2015\)](#) placed a new duty on schools and other education providers. Under section 26 of the Act, schools are required, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the PREVENT duty. It requires schools to:

- teach a broad and balanced curriculum which promotes spiritual, moral, cultural, mental and physical development of pupils and prepares them for the opportunities, responsibilities and experiences of life and must promote community cohesion

- be safe spaces in which children / young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas
- be mindful of their existing duties to forbid political indoctrination and secure a balanced presentation of political issues

CHANNEL is a national programme which focuses on providing support at an early stage to people identified as vulnerable to being drawn into terrorism. Therapeutic Teaching views PREVENT as part of the everyday safeguarding of children and young people and has completed the PREVENT e-learning and works in accordance with local procedures for PREVENT and with other agencies, sharing information and concerns as appropriate. **National police PREVENT line on [0800 011 3764](tel:08000113764) to get advice** or share your concern.

Referral form

Private Fostering

A private fostering arrangement is one that is made without the involvement of a local authority for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins. Parents and private foster carers have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence. Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or involved in trafficking, child sexual exploitation or modern-day slavery. **We have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement.** We need to know who has parental responsibility. As a Designated Safeguarding Lead Catherine Stephenson will speak to the family of the child involved to check that they are aware of their duty to inform the LA.

Serious violence

Catherine Stephenson (like any member of staff in a school) should be aware of the indicators which may signal that children are at risk from, or involved with, serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

[1] UKCIS guidance: Sharing nudes and semi-nudes advice for education settings.

[2] Under section 5B(11) (a) of the Female Genital Mutilation Act 2003, 'teacher' means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England)

4c Children potentially at greater risk of harm

Therapeutic Teaching recognises that whilst all children should be protected there are some groups of children who are potentially at greater risk of harm and, in some cases, these children may find it difficult to communicate what is happening to them.

Therapeutic Teaching is not an alternative provider of tuition, it is a service to complement the educational provision of a pupil and does not act as the majority provider of education for any pupils. When a school commissions this service as part of an educational package they continue to be responsible for the safeguarding of that pupil. Therapeutic Teaching provides the school with all relevant information for the school's safeguarding arrangements, as they would as a peripatetic teacher or any other complementary provider. The owner recognises that any individual student accessing alternative provision as well as this service may have complex needs and are aware of the additional risks of harm. These students may be vulnerable to. As stated above the owner, Catherine Stephenson pay regard to the following statutory guidance:

[Alternative provision – DfE Statutory Guidance](#), and [Education for children with health needs who cannot attend school – DfE Statutory Guidance](#)

Children with special educational needs and disabilities

Many children who become engaged with Therapeutic Teaching (Catherine Stephenson) are likely to have special educational needs (SEN) and disabilities or health issues and can face additional safeguarding challenges, both online and offline.

Barriers can exist when recognising abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- Being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- The potential to be disproportionately impacted by things like bullying, without outwardly showing signs or being able to communicate how they are feeling
- Communication difficulties in overcoming these barriers.

It is important to be mindful of children's cognitive understanding, for example, whether they are able to understand the difference between fact and fiction in online content and the consequences of repeating the content/behaviours in school. As such, any reports of abuse involving children with SEND will require close liaison with the DSL and SENCO in the child's school/college.

Further information can be found in the DfE's:

- [SEND Code of Practice 0 to 25 years](#), and
- [Supporting Pupils at School with Medical Conditions](#)
- [Training and resources in Safeguarding](#).
- [NSPCC - Safeguarding child protection/deaf and disabled children and young people](#)

Children who need a social worker (Child in Need and Child Protection Plans)

Children may need a social worker due to complex safeguarding or welfare needs. Children may need this help due to abuse, neglect and/or complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health. The owner expects that the Local Authority will share the fact a child has a social worker, and the school/college's DSL or LA will hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational outcomes. This should be considered as a matter of routine. There are clear powers to share this information under existing duties on both LAs and school to safeguard and promote the welfare of children.

Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absence or to a child missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).

Children absent from education

A child being absent from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage. There are many circumstances where a child may be absent or become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Are at risk of forced marriage or FGM
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families

Therapeutic Teaching informs the child's school or college or local authority over the planned schedule of support when attendance as part of the intervention needs to be monitored. Where there are scheduled sessions then a record of attendance is kept and shared with the school or college on a sessional basis, on the day of a session and each half term.

Therapeutic Teaching familiarise themselves with the attendance policies of the commissioned school or college and plays a role in helping identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes when problems are first emerging but also where children are already known to LA children's social care and need a social worker (such as on a child in need or child protection plan, or as a looked after child), where absence from education may increase known safeguarding risks within the family or in the community.

This includes informing the LA if a child leaves the school/college without a new school being named and adhering to requirements with respect to sharing information with the LA. Training is in place to look out for signs and the individual triggers of potential safeguarding concerns which may be related to being absent, such as travelling to conflict zones, FGM and forced marriage. Therapeutic Teaching pays regard to the guidance for schools concerning children who are absent from education [Working Together To Improve School Attendance](#).

Elective home education.

Therapeutic Teaching may offer parents who Home educate their children a service to support their emotional well-being, including the safe and sound protocol. This service recognises that many home educated children have a positive learning experience however this is not the case for all. It can mean that some children are not in receipt of a suitable Education and all less visible to the services that are there to keep them safe and supported in line with their needs.

Where a parent/carers has expressed their intention to remove a child from school with a view to educating at home, Therapeutic Teaching may be asked to provide advice either to the parent or to the child school and will work together with the parent and key professionals. This may involve a meeting to address any safeguarding concerns. Ideally this would be before a final decision has been made to, to ensure the parents/carers have considered what is in the best interests of each child. This is particularly important where a child has SEND, is vulnerable, and/or has a social worker. Where a child has an Education, Health and Care plan in place Therapeutic Teaching will advise the parent to contact the LA, or make contact directly with the LA in an advocacy role for the parent to review the plan.

Looked after children and previously looked after children.

The most common reason for children becoming looked after is as a result of abuse and/or neglect. Therapeutic Teaching works in collaboration with schools to ensure there are arrangements in place so that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents, or on an interim or full care order) and the child's contact arrangements with birth parents or those with parental responsibility. This may involve Therapeutic Teaching also having details of the child's social worker and the name of the virtual school head in the authority that looks after the child in order to share any relevant information.

A previously looked after child potentially remains vulnerable and Therapeutic Teaching should have the skills, knowledge and understanding to help schools or colleges to keep previously looked after children safe. The owner recognises that when dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group. For children who are care leavers, it's important to liaise with school or college or the LA Personal Advisor appointed to guide and support the care leaver and liaise with them as necessary regarding any issues of concern.

Children who are lesbian gay bi or gender questioning.

N.B. This section remains under review, pending the outcome of the gender questioning children guidance consultation, and final gender questioning guidance documents being published.

Therapeutic Teaching acknowledges that the fact that a child or young person may be lesbian gay or bisexual is not in itself an inherent risk factor for harm. However, children who are lesbian gay or bisexual can be targeted by other children. In some cases a child who is perceived to be lesbian gay or bisexual whether they are or not, can be just as vulnerable as children who are?

Risks can be compounded where children who are lesbian gay or bisexual lack a trusted adult with whom they can be open. Collaborating with their school or college to reduce the additional barriers faced and provide a safe space for them to speak out or share their concerns is important in supporting safeguarding.

4c. Online/E- safety

Therapeutic Teaching recognises that our children are growing up in an increasingly complex world, living their lives on and offline. This presents many positive and exciting opportunities, but also presents challenges and risks. Any pupil can be vulnerable online, and their vulnerability can fluctuate depending on their age, developmental stage and personal circumstance. Within the limits of the short-term involvement Therapeutic Teaching aims to contribute to the knowledge children need to make the best use of the internet and technology in a safe, considered and respectful way, so they are able to reap the benefits of the online world. Sessions are often provided online through the parents account and parents provide agreement to this contact through the service level agreement and consent. Children involved with Therapeutic Teaching are using their own home devices and the Online Safety policy and acceptable use agreements reminds parents of their responsibility to ensure that there are appropriate filters and

monitoring systems in place to safeguard their child from potentially harmful and inappropriate online material.

The use of technology has become a significant component of many safeguarding issues such as child sexual exploitation, radicalisation and sexual predation and technology often provides the platform that facilitates such harm. Therapeutic Teaching pays regard to the additional information and support set out in KCSiE and works with parents in their approach to online safety. Online safety is a priority and the way that this service is run and they are clear requirements of parents in the roles and responsibilities when supporting their child to access this service. The Online Safety policy includes specific procedures for online safety involved in this mentoring service. Online safety is also a running and interrelated theme when devising and implementing policies and procedures. This will include considering how online safety is reflected in all relevant policies and any parental engagement.

Online safety issues can be categorised into four areas of risk:

- Content: being exposed to illegal, inappropriate or harmful content, including generative AI; for example, pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, or radicalisation or extremism.
- Contact: being subjected to harmful online interaction with other users, for example, peer to peer pressure, commercial advertising, and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- Conduct: online behaviour that increases the likelihood of, or causes, harm, for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images, and online bullying); and
- Commerce: risks such as online gambling, inappropriate advertising, phishing and/or financial scams. Issues should be reported to the Anti-Phishing Working Group (<https://apwg.org/>).

An annual review is undertaken of the policy and practice involving online safety, supported by a risk assessment that considers and reflects the risks children face online. This includes ensuring the appropriate level of security protection procedures are in place in order to safeguard system used. It also outlines the expectations, applicable roles and responsibilities in relation to filtering and monitoring. Therapeutic Teaching can only advise parents of how to do this at home and cannot be directly responsible for any exposure to unsafe content the child has using a home device. Guidance on cyber security including considerations can be found at [Cyber security training for school staff - NCSC.GOV.UK](https://www.ncsc.gov.uk/learning/cyber-security-training-for-school-staff)

5. Procedures

What to do if you are concerned.

If a child makes an allegation or disclosure of abuse against an adult or other child or young person, it is important that you:

- Stay calm and listen carefully;
- Accept what is being said;
- Allow the child/young person to talk freely – do not interrupt or put words in the child/young person's mouth;
- Only ask questions when necessary to clarify, do not investigate or ask leading questions;
- Reassure the child, but don't make promises which it might not be possible to keep;
- Do not promise confidentiality;
- Emphasise that it was the right thing to tell someone;
- Reassure them that what has happened is not their fault;

- Do not criticise the perpetrator;
- Explain what has to be done next and who has to be told;
- Make a written record, which should be signed and include the time, date and your position in school;
- Do not include your opinion without stating it is your opinion;
- Pass the information to the DSL or alternate without delay;
- Consider seeking support for yourself and discuss this with the DSL as dealing with a disclosure can be distressing.

Therapeutic Teaching works with key local partners to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans which provide additional support (through a 'child in need' or a 'child protection' plan).

Therapeutic Teaching has a duty to identify and respond to suspected / actual abuse or disclosures of abuse and **will** report it immediately to the designated safeguarding lead if the child is on roll at a school/college and take action independently if this concerns private work for a parent.

Where a child is not on roll at a school Therapeutic Teaching has a duty to identify and respond to suspected / actual abuse or disclosures of abuse with immediate action:

As children involved with this service may live anywhere within the UK , all action is taken in accordance with the local guidance to the child's address. For example, where this may be an Essex or Suffolk address:

- Essex Safeguarding Children Board guidelines - the SET (Southend, Essex and Thurrock) Child Protection Procedures (ESCB, 2022)/ Suffolk Safeguarding Children Board <http://www.suffolkscb.org.uk/working-with-children/education/> <http://www.suffolkscb.org.uk/assets/Working-with-Children/How-to-Make-a-Referral/Safeguarding-Referral-Guidance.pdf>
- Essex Effective Support 0345 603 7627 / Suffolk MASH Professional Consultation Line: 0345 606 1499

Where there is risk of immediate harm, concerns will be referred by telephone to the local Children and Families Hub and / or the Police. Less urgent concerns or requests for support will be referred to the Children and Families Hub via local safeguarding portal. Wherever possible, Therapeutic Teaching will share any safeguarding concerns, or an intention to refer a child with parents or carers. However, Therapeutic Teaching will not do so where it is felt that to do so could place the child at greater risk of harm or impede a criminal investigation. On occasions, it may be necessary to consult with the Children and Families Hub and / or local Police for advice on when to share information with parents / carers.

If Therapeutic Teaching continues to have concerns about a child and feels the situation is not being addressed or does not appear to be improving, Therapeutic Teaching will press for re-consideration of the case with the child's local Children's Social Care.

Safeguarding contact details for counties relevant to all current cases are kept to hand to ensure access to safeguarding support, should it be required.

6. Training

Catherine Stephenson as a Designated Safeguarding Lead undertakes the level of DSL child protection training for at least every two years (hosted by or approved by a Local Authority). Records of any child

protection training undertaken is provided for parents/carers, referring school and shared with LA staff where applicable.

Advanced Trauma awareness with **Certification in Trauma Informed Schools and Communities** (UEL, July 2019) and annual updates inc supervision log reviewed by Trauma Informed Schools UK.

Attention is paid to Essex Schools Safeguarding Briefings/Forum presently, however local updates are also subscribed to where irrelevant for children on caseload.

Email subscription to CASPAR newsletter by the NSPCC to keep abreast with safeguarding issues and training opportunities.

Member of Safeguarding Network (UK)

CEOP resources are used as part of the mentoring programme.

Certificates can be provided upon request.

Training completed and TBA	Completed/Last update	Next update due
Designated Safeguarding Lead	Suffolk CC Feb 2019, Nov 2021, Oct 2024	Sep 2026
Introduction (L1) e-learning	Annually – March 2024	March 2025
Prevent awareness Referral course	2018: BHAQRIY51526459986 2020: 3AG8TFVO1604943451 2025: 2EUY-B263-797T	As updated
Suicide Prevention	February 2025	February 2026
Youth Mental health First Aid	August 2019	NSPCC Safeguarding for mental health and wellbeing TBA
Keeping Children Safe Online	NSPCC March 2019 v3.0 NSPCC February 2025 v.4.0	With next version
FGM Home Office Harmful sexual behaviour	March 2019 Traffic Lights tools	TBA
Safeguarding Children with SEND	Awaiting an update-course date.	
Eating Disorders (and Autism)	March 2025	-

7. Professional confidentiality

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. Therapeutic Teaching must never guarantee confidentiality to anyone about a safeguarding concern (including parents / carers or pupils), or promise to keep a secret. In accordance with statutory requirements, where there is a child protection concern, this must be reported to the Designated Safeguarding Lead where a child is on roll in a school and will be acted upon and may require further referral to and subsequent investigation by appropriate authorities.

As part of meeting a child's needs, Therapeutic Teaching understands that it is critical to recognise the importance of information sharing between professionals and local agencies and will contribute to multi-agency working in line with Working Together to Safeguard Children. Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, and to keep the information they hold safe and secure, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns. We will not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. We will have regard to the Government guidance: [Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers](#) which supports educators who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, Therapeutic Teaching (Catherine Stephenson) would speak to the child's school's DSL or a deputy DSL, or local children's safeguarding hub.

Well-kept records are essential to good child protection practice. All concerns, discussions and decisions made and the rationale for those decisions should be recorded in writing and shared as appropriate.

Therapeutic Teaching recognises that confidentiality should be maintained in respect of all matters relating to child protection. It may be relevant for Therapeutic Teaching to be kept informed on individual child protection cases by the child's school's DSL or DDSL. This will be on a 'need to know' basis and where it is in the child's best interests to do so. Therapeutic Teaching must never guarantee confidentiality to anyone about a safeguarding concern (including parents/carers or pupils), or promise a child to keep a secret which might compromise the child's safety or wellbeing.

As well as allowing for information sharing, in circumstances where it is warranted because it would put a child at risk of serious harm, the DPA 2018 and the GDPR allow schools to withhold information. This may be particularly relevant where a child is affected by domestic abuse perpetuated by a parent or carer, is in a refuge or another form of emergency accommodation, and the serious harm tests is met, so it may be that Therapeutic Teaching may not be made aware of some information.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to local authority children's social care and if appropriate the police, (see [When to Call the Police: Guidance for schools and colleges](#) (npcc.police.uk) is made immediately. Referrals should follow the local referral process.

Ordinarily, Therapeutic Teaching will always undertake to share its intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. It would be legitimate to share information without consent where: it is not possible to gain consent; it cannot reasonably be expected that a practitioner gains consent; and, if to gain consent would put a child at risk. If in doubt, there will be a consult with the local hub's Professional Consultation Line on this point.

8. Records and information sharing

Well-kept records are essential to good child protection practice. Therapeutic Teaching is clear about the need to record any concern held about a child or children engaged with Therapeutic Teaching and when these records should be shared with the commissioner of the work and other agencies.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing information where there are real safeguarding concerns. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. Generic data flows related to child protection are recorded in our Records of Processing Activity and regularly reviewed; and our privacy notices accurately reflect our use of data for child protection purposes.

These [Information Sharing guidelines](#) are reviewed routinely.

Therapeutic Teaching (Catherine Stephenson) on receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it as soon as possible, noting what was said or seen (if appropriate, using a body map to record), giving the date, time and location. All records will be dated and signed and will include the action taken.

If the child engaged with Therapeutic Teaching (Catherine Stephenson) is on roll at a school this concern is discussed with the Designated Safeguarding Lead (or the school's deputising DSL), who with Therapeutic Teaching (Catherine Stephenson) will decide on appropriate action and record this accordingly.

2.2.1 Professionals in all agencies have a responsibility to refer a child to local authority children's social care when it is believed or suspected that the child:

- *Has suffered significant harm (see Part A, chapter 1, Responding to Concerns of Abuse and Neglect);*
- *Is likely to suffer significant harm (see Part A, chapter 1, Responding to Concerns of Abuse and Neglect);*
- *Has a disability, developmental and welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent) under the Children Act 1989;*
- *Is a Child in Need whose development would be likely to be impaired without provision of services.*

The referrer should outline their concerns and will be asked to provide information to explain what they are concerned about and why, particularly in relation to the welfare and immediate safety of the child. See 2.4.4 for details of the information that might be requested. The referrer should not refrain from making a referral because they lack some of the information as the welfare of the child is the priority.

Information recorded and shared in referral:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household; Family address and (where relevant) school/nursery attended;
- Identity of those with parental responsibility;
- Names and date of birth of all household members and frequent visitors;
- Where available, the child's NHS number and education UPN number.
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents, including any disability, speech, language or hearing difficulties;
- Any significant/important recent or historical events/incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;

- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies/professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known;
- Any need for an interpreter, signer or other communication aid;
- Background information relevant to referral e.g. positive aspects of parents care, previous concerns, pertinent parental issues (such as mental health, domestic abuse, drug or alcohol abuse, threats and violence towards professionals);
- Check systems using the name, dates of birth and aliases of any person identified on the referral to establish if they are previously known to social care and if so obtain those records.

Any records related to child protection are kept in an individual child protection file (marked CONFIDENTIAL) for that child (which is separate to the case file). All child protection records are stored securely and confidentially and will be retained securely until the case is closed to Therapeutic Teaching.

Where a child/YP engages with Therapeutic Teaching and is on roll with a school, we will request information about any child protection concerns on a 'need to know' basis .

9. Interagency working

It is the responsibility of a Designated Safeguarding Lead to ensure that the organisation is represented at, and that a report is submitted to, any child protection conference called for children engaged with the provider or previously known to them. Where possible and appropriate, any report will be shared in advance with the parent(s) / carer(s) – a recommended report format will be used. If in attendance Therapeutic Teaching will be prepared to contribute to the discussions at the conference.

If a child is subject to a Child Protection or a Child in Need plan, Therapeutic Teaching will report to the school's Designated Safeguarding Lead who will ensure the child is monitored regarding their school attendance, emotional well-being, academic progress, welfare and presentation.

10. Allegations about members of the workforce

Therapeutic Teaching (Catherine Stephenson) shares a Relationship and Partnership Policy with child and parents/carers to communicate and agree upon the expectations and boundaries of appropriate behaviour and conduct. An allegation that may meet the harm threshold is any information which indicates that a member of staff /volunteer may have:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he/she may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

This applies to any child the member of staff, supply teacher, volunteer or contractor has contact with in their personal, professional or community life. It also applies regardless of whether the alleged abuse took place in the course of the service provided by Therapeutic Teaching. This always takes the child's needs into consideration. The organisation works in accordance with statutory guidance in respect of allegations against an adult working with children (in a paid or voluntary capacity).

This can vary depending on the child's location e.g. in Essex: Essex duty LADO (Local Authority Designated Officer) Telephone: **03330 139 797** and in Suffolk: Local Authority Designated Officers can be contacted for

allegations against all staff and volunteers via Email on LADO@suffolk.gov.uk or LADO central telephone number **0300 123 2044**.

As children and young people supported by Therapeutic Teaching may live anywhere in UK then the organisation follows the local procedures for reporting any concerns about a member of staff in the school (or any adult working with children). Any concerns about the conduct of a member of staff will be referred to the Headteacher (or the Deputy Headteacher in their absence) of the school the child attends. Where the concern involves the headteacher, it would be reported direct to the Chair of Governors, chair of the management committee or proprietor of an independent school, and in the event of a concern/allegation about the headteacher, where the headteacher is also the sole proprietor of an independent school, or a situation where there is a conflict of interest in reporting the matter to the headteacher, this should be reported directly to the local authority designated officer(s) LADO(s). Details of the local LADO will be kept in an individual case file for quick reference.

If a concern is raised about another professional involved with the child (outside of the school) then Therapeutic Teaching (Catherine Stephenson) will inform the duty Local Authority Designated Officer (LADO) in the local Children's Workforce Allegations Management Team (e.g. Essex **03330 139 797**) within one working day.

11. Promoting positive mental health and resilience in Therapeutic Teaching

Therapeutic Teaching has the wellbeing and emotional and physical safety at the centre of its work with children and young people who have needs that impact on their social engagement and with learning. The key aims of the work of Therapeutic Teaching is to develop the emotional wellbeing and resilience of all children and young people engaged with the organisation, as well as provide support for parents and carers in understanding and responding to their child's needs. Therapeutic Teaching understands that there are risk factors which increase someone's vulnerability and protective factors that can promote or strengthen resiliency. The more risk factors present in an individual's life, the more protective factors or supportive interventions are required to counter balance and promote further growth of resilience. The Relationship and Partnership Policy we have describes this in detail. It is vital that we work in partnership with parents to support the well-being of children and young people involved with the organisation. Parents/carers should share any concerns about the well-being of their child with Therapeutic Teaching and the referring school/ LA, so appropriate support and interventions can be identified and implemented if within the role/remit of a provider.

12. Helping children to feel safe ('Felt Safety')

The adult behaviours described in Therapeutic Teaching's Relationship and Partnership Policy are employed to build a trusting relationship so that the child feels both psychological and physical safety in the presence of the therapeutic teacher (Catherine Stephenson). The environment adds to this safety and every effort will be made to maximise the conditions for safety and wellbeing, whether this is online or in a school. When in a school then the service level agreement sets out how the policies of Therapeutic Teaching work in conjunction with those of the school.

The document '[Positive environments in which children can flourish](#)' (Ofsted, updated 2021) sets out that staff should work 'positively and confidently' with children and find the least intrusive way possible to support, empower and them safe. It cites good practice as:

- building relationships of trust and understanding*
- understanding triggers and finding solutions*
- if incidents do occur, defusing the situation and/or distracting the child wherever possible.*

This guidance has been updated to explain the importance of protecting and promoting children's rights; recognises that any interaction can negatively impact children's mental health and well-being and highlight

the importance of taking positive steps to understand children's communication, and to identify triggers for and problem-solve difficult situations by taking positive steps to defuse situations.

Where children show dangerous or harmful behaviour, identified with parents/carers and the referring school through a risk assessment, then an additional adult with responsibility for the care of the child will be present. Without their presence sessions cannot go ahead.

13. Whistleblowing

Whistleblowing is 'making a disclosure in the public interest' and occurs when a worker (or member of the wider school community) raises a concern about danger or illegality that affects others, for example pupils in the school or members of the public. Therapeutic Teaching (Catherine Stephenson) is aware of the duty to raise concerns about the attitude or actions of staff or members of the public and would refer to the policy pertaining to the person's place of work or local police. If we feel unable to raise these concerns locally, then we would call the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or email: help@nspcc.org.uk. Alternatively we would contact Protect's advice line : 02031172520 (<https://protect-advice.org.uk>). Parents or others in the wider school community with concerns can contact the NSPCC general helpline on: 0808 800 5000 (24 hour helpline) or email: help@nspcc.org.uk .

14. Complaints. Should a parents or professional have concerns about how child protection responsibilities and procedures are carried out by Therapeutic Teaching they are advised to raise their concern firstly with Catherine if they feel comfortable doing so. If not advice should be sought from local duty LADO (Local Authority Designated Officer). If the complaints procedure does not resolve the concern the issue can be raised to the Local Government and Social Care ombudsman:

<https://www.lgo.org.uk/make-a-complaint/fact-sheets/social-care/child-protection-issues>

Useful Contacts and links:

Traffic Light Tool (HSB) <https://www.brook.org.uk/education/sexual-behaviours-traffic-light-tool/>
https://www.lucyfaithfull.org.uk/wp-content/uploads/2024/11/Traffic_Light_Guide_Teenager.pdf

Appendix A

Record of concern about a child/young person's safety and welfare

Part 1 (for use by any staff – must be handwritten and legible/ or equivalent information on electronic recording system)

Pupil's name:		Date of birth:	Class/Form:
Date & time of incident:		Date & time (of writing):	
Name (print): Job title: Signature:			
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.</i>			
What is the pupil's perspective?			
Professional opinion, where relevant <i>(how and why might this have happened?)</i>			
Any other relevant information. Previous concerns etc. <i>(distinguish between fact and opinion)</i>			
Note actions, including names of anyone to whom your information was passed and when			

Check to make sure your report is clear to someone else reading it.

Please pass this form to your DSL without delay

Record of concern about a child/young person's safety and welfare

Part 2 (for use by DSL)

Information received by DSL:	Date:	Time completed:	From whom:		
Any advice sought, if applicable	Date:	Time completed:	From: name/organisation:		
	Advice received:				
Action taken with reasons recorded (e.g. MARF completed, monitoring advice given to appropriate staff, CAF etc)	Date:	Time completed:	By whom:		
Outcome	Date:	Time completed:	By whom:		
Parent/carer informed?	Y	Who spoken to:	Date:	Time:	By whom:
	N	Detail reason:			
Is any additional detail held, if so where?					
Prior safeguarding history	No. of previous records of concern:				
	Has the child been subject of CAF/Early Help assessment?				
	Currently on CP Plan (CPP) / Child in Need Plan (CiN)				
	Previously on CP Plan (CPP) / Child in Need Plan (CiN)				
	Is child known to other agencies?	Y / N			
Name of DSL:			Signature:		

1. Appendix B

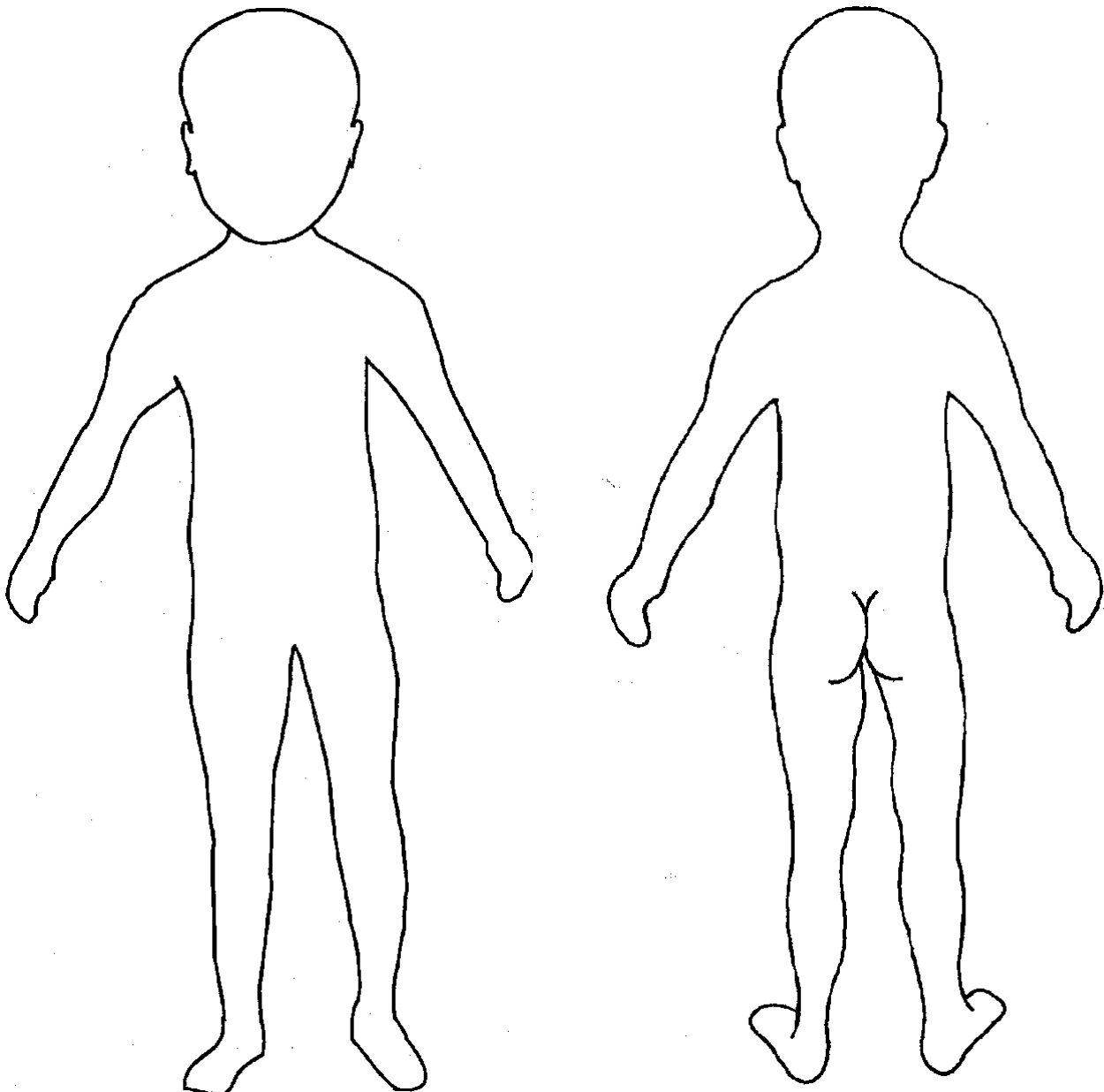
BODYMAP

(This must be completed at time of observation)

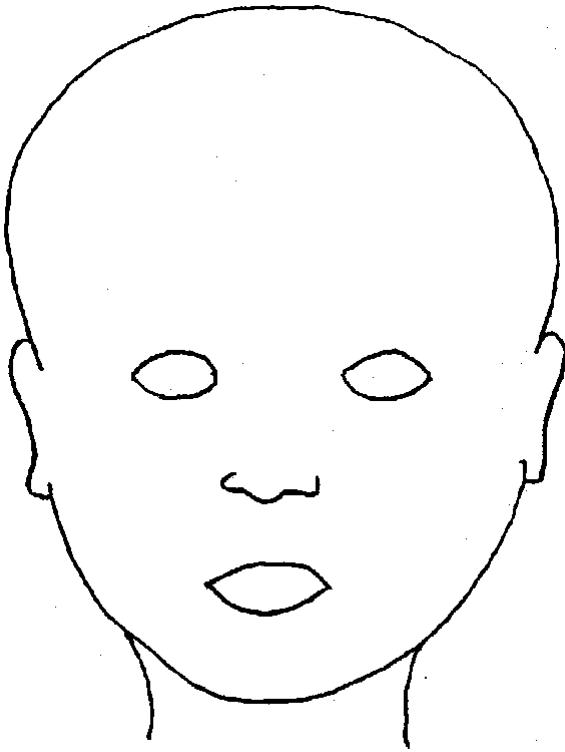
Name of Pupil: _____ Date of Birth: _____

Name of Staff: _____ Job title: _____

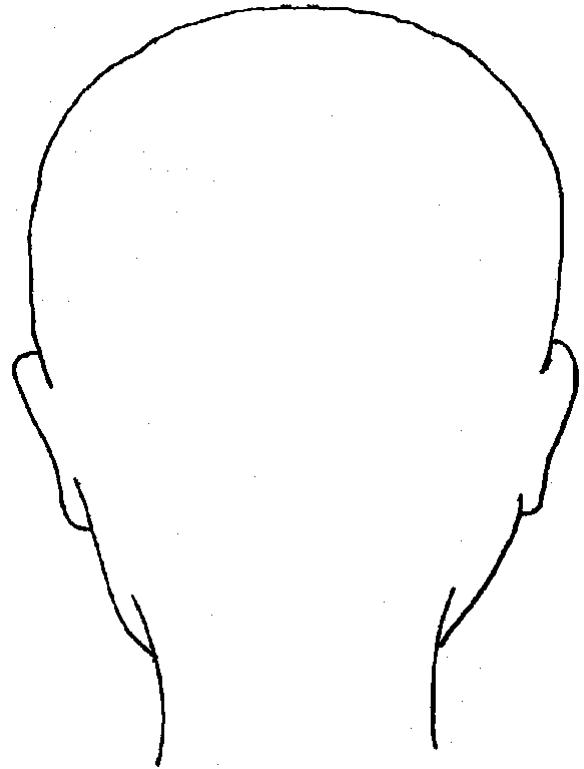
Date and time of observation: _____



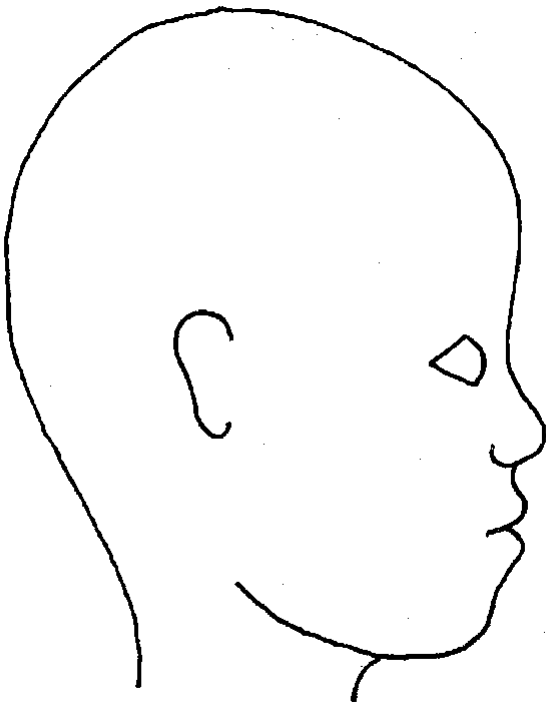
Name of pupil: _____ Date and time of observation: _____



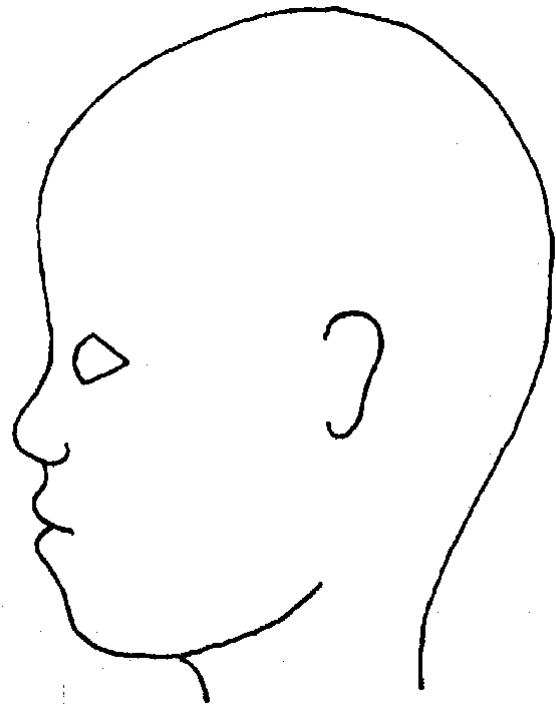
FRONT



BACK



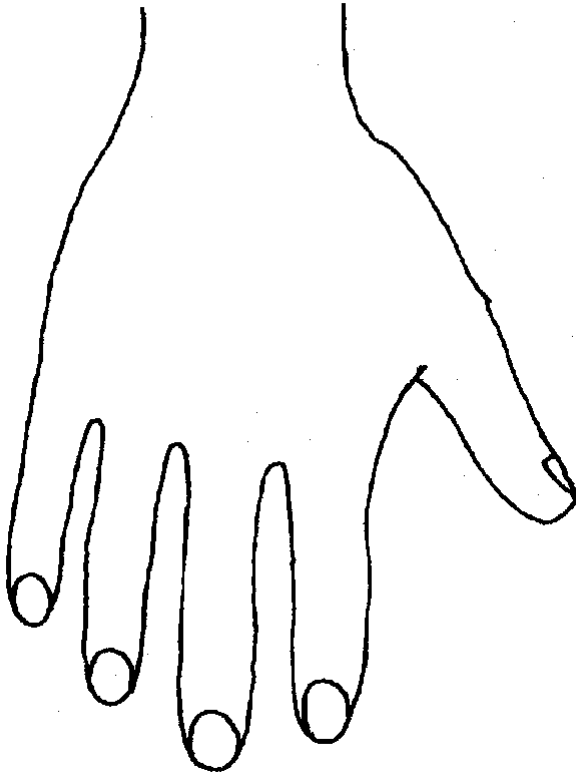
RIGHT



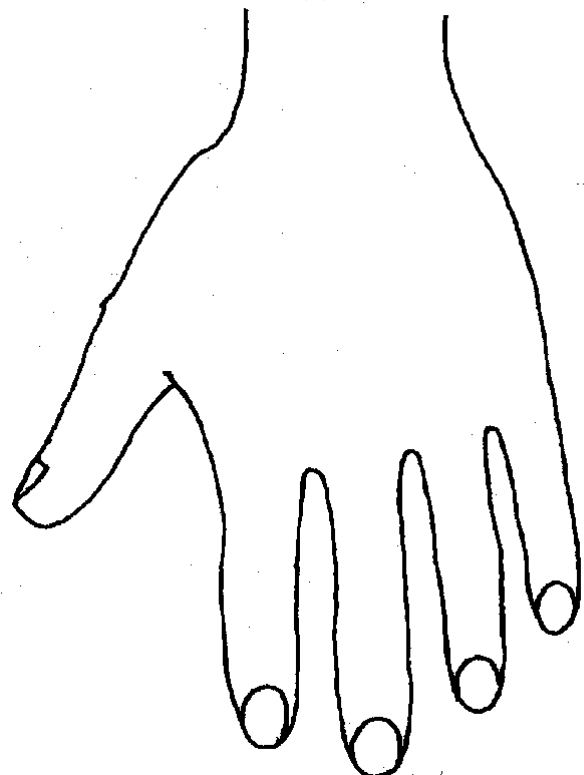
LEFT

Name of pupil: _____

Date and time of
observation: _____

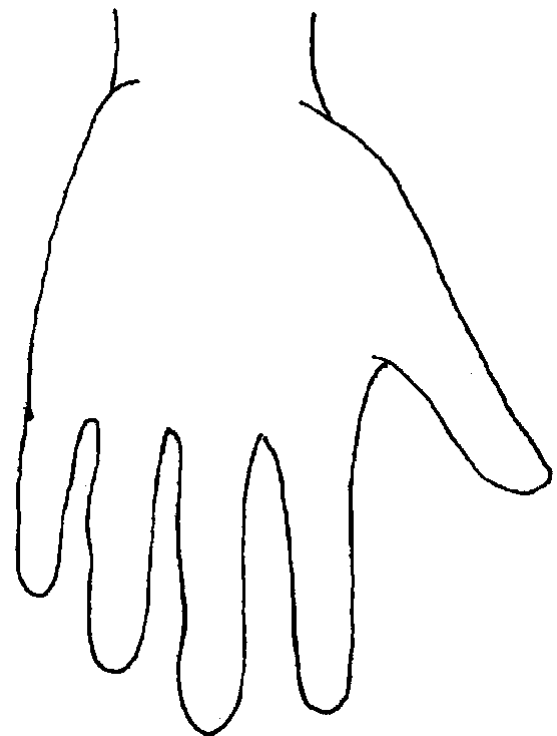
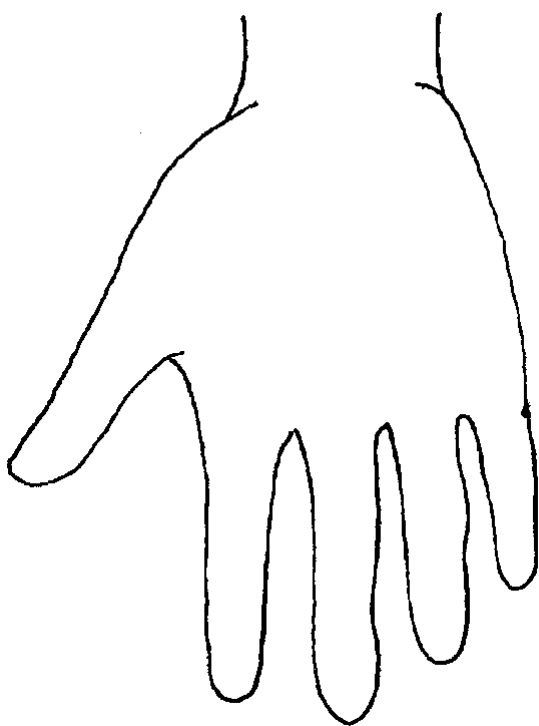


R



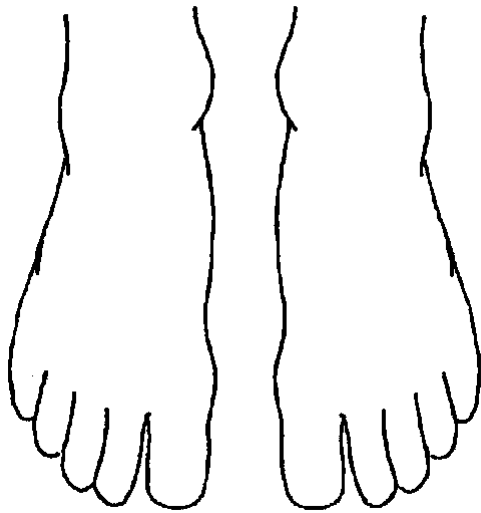
L

BACK

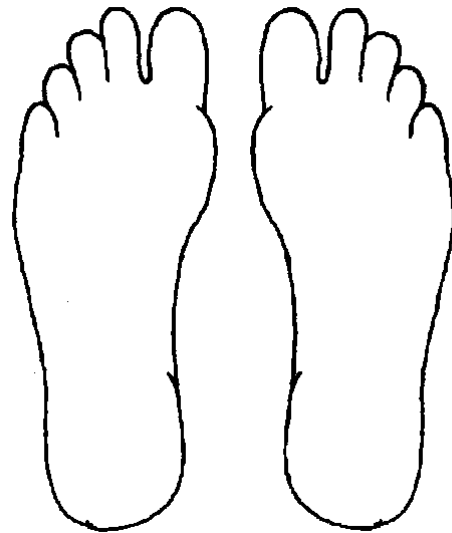


Name of Pupil: _____

Date and time of
observation: _____



R TOP L



R BOTTOM L



R



L

INNER



R



L

OUTER

Printed Name,
Signature and Job
title of staff: _____