

**PATCH Therapy**  
**Safeguarding Policy**  
**Reviewed Aug 2025**



**Definitions:**

**Safeguarding** - all those actions that will operate to enhance a child's health, development and welfare and prevent the risk of harm.

**Child protection** - all the legal measures that can be implemented to protect a child from the risk of serious harm, or to stop or prevent the continuation of any serious harm that has already occurred.

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**1. Therapist safeguarding measures**

**1.1. Professional practice**

In order to practice as a play therapist and integrative counsellor in a way which safeguards the children in my care, I will:

- Continue my registration with the DBS using the update service so that I am legally cleared to work with children and young people.
- Attend safeguarding training every 3 years.
- Have my practice supervised by a qualified supervisor, attending supervision for at least 1.5 hours monthly, as stipulated by the BACP.
- Engage regularly with Continuous Professional Development, meeting at least the minimum requirement set out by the BACP, currently 30 hours per year.
- Work within my clinical competence, referring cases as necessary. I will discuss this with my supervisor.
- Engage in self-care and limit caseloads to protect my own wellbeing and capacity to sustain a high-quality service.
- Keep up to date and accurate records, storing them appropriately to meet ICO requirements [Information Commissioner's Office website](#).
- Abide by all other recommendations outlined by the BACP's Ethical Framework for the Counselling Professions [BACP Ethical Framework](#).

**1.2. Personal conduct**

- I will conduct myself in a manner that respects children's autonomy and privacy.
- I will be a safe adult, doing everything in my power to 'do no harm'.
- I will value each young person and treat them with kindness.
- I will hold clear professional boundaries.
- I will provide ethical care and hold in mind the personal principles outlined by the BACP, including:
  - Being trustworthy.
  - Autonomy.
  - Beneficence.
  - Non-maleficence.
  - Justice.
  - Self-respect.

## **2. Young person consent and confidentiality**

- It is important that all young people consent to therapy, even young children. I will explain what therapy is, how it can help and the structure of therapy (how many weeks/sessions) to each child in an age-appropriate way.
- Children who are under 16 and deemed Gillick competent can give their own consent to receive therapy without parental consent. However, parents/guardians will be involved in the process whenever possible.
- Children have a legal right to privacy and confidentiality. This will be explained to them and to parents/guardians. Upholding confidentiality is essential in order for the young person to trust me and confide difficult things to me in order to access therapeutic support.
- If requested by the child, or with their permission, I will speak on their behalf to parents/ guardians, teachers and other professionals working with the child, sharing only what the child has agreed to.

### **2.1. Breaches to confidentiality can only occur in the following circumstances:**

- **Serious risks of significant harm**
  - A young person is at serious risk of significant harm from another person
  - A young person is at serious risk of significant harm to themselves
  - A young person is at serious risk of significant harm to others.
- **Certain crimes:**
  - If there is a threat of terrorism
  - Drug trafficking
  - Money laundering
- **Courts of law / police requests**
  - Family courts dealing with child protection cases may order the production of documents including personal medical reports which would otherwise have been protected from disclosure.
  - The police acting on behalf of the Crown Prosecution Service and usually with the written consent of the young person, may seek access to therapy and counselling notes.
- In all situations (unless this increases the risk of harm to a young person), parents will be informed and consent will be sought from the young people to share the concern with other professionals. However, consent is not necessary to report safeguarding concerns and reports will still be made without it.
- Children will be informed to whom and what information will be shared by the therapist.

### **2.2. In all decisions regarding safeguarding:**

- I will ask myself “What is in the best interests of the child?”
  - I will consult with my supervisor
  - I will seek the young person’s consent
  - I will make a written report of my decision-making process and the action taken
- **When I do not have the young person’s consent for information sharing, I will consider the following:**
  - If I refer, what is likely to happen?
  - If I do not refer, what is likely to happen?
  - Do the likely consequences of non-referral include serious harm to the young person or others?
  - Are the likely consequences preventable?
  - Is there anything I (or anyone else) can do to prevent serious harm?
  - What steps would need to be taken?
  - How could the young person be helped to accept the proposed action?

- Does the young person have the mental capacity to give explicit informed consent at this moment in time?
- If the young person does not have mental capacity, then what are my professional responsibilities to the young person and in the public interest?
- If the young person has mental capacity, but does not consent to my proposed action (e.g. referral to a GP), what is my legal situation if I go ahead and do it anyway?

- **Advice taken from the BACP, when deciding whether to make a safeguarding referral.**

Assess:

- the seriousness of the likely harm
  - how imminent the risk is to the child or others
  - the effectiveness and impact of disclosure
  - whether we are referring with young person consent or making a referral without consent in the public interest.
- When working in a school or other agencies, I will follow their safeguarding procedures.
  - **When working independently, I will consult my supervisor and report concerns to:**
    - **Children's First Response MASH on 01202 123334**
    - **Out of hours number 01202 738256.**

## Relevant Legislation

- **The Care Act 2014** sets out statutory responsibility for the integration of care and support between health and local authorities. NHS England and Clinical Commissioning Groups are working in partnership with local and neighbouring social care services. Local Authorities have statutory responsibility for safeguarding. In partnership with health they have a duty to promote wellbeing within local communities.
- **Working Together to Safeguard Children 2010** – the way that agencies and organisations should work together to carry out their duties and responsibilities under the 1989 Children Act and other legislation is set out in a document called ‘Working Together to Safeguard Children’. It sets out the responsibilities of all agencies in the protection of children, and is aimed at staff in organisations that are responsible for commissioning or providing services to:
  - Children, young people and adults who are parents/carers.
  - Organisations that have a particular responsibility for safeguarding and promoting the welfare of children and young people.
- **The Mental Capacity Act 2005** – in order to protect those who lack capacity and to enable them to take part as much as possible in decisions that affect them, the following statutory principles apply:
  - You must always assume a person has capacity unless it is proved otherwise.
  - You must take all practicable steps to enable people to make their own decisions.
  - You must not assume incapacity simply because someone makes an unwise decision.
  - Always act, or decide, for a person without capacity in their best interests.
  - Carefully consider actions to ensure the least restrictive option is taken.
- **The Deprivation of Liberty Safeguards 2009 (DoLS)**, an amendment to the Mental Capacity Act 2005, provide a legal framework to protect those who lack the capacity to consent to the arrangements for their treatment or care, for example by reason of their dementia, learning disability or brain injury and where levels of restriction or restraint used in delivering that care for the purpose of protection from risk/harm are so extensive as to potentially be depriving the person of their liberty.
- **The Public Interest Disclosure Act 1998** – this Act, often referred to as the Whistleblowers Act, encourages staff to report suspected wrongdoing and protects those that do against being dismissed or suffering a detriment by their employers. It also gives protection to employees against suffering a detriment or retaliation from another employee for reporting suspected wrongdoing.

The following legislation is also relevant to counsellors in safeguarding children and vulnerable adults, but is not limited to:

- **GDPR and information sharing** – the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 introduced new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. However, the GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and vulnerable adults safe.
- **Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill** – this Act was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.
- **The Equality Act 2010** – this Act aims to protect people or groups of people who have one or more “protected characteristics”.
- **The Human Rights Act 1998** applies to anyone whose care or treatment is funded or provided by a public body. Section 6 requires all public authorities to act in ways that are compatible with human rights when making decisions.

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