



WayMaker Child Therapy C.I.C Child Protection Policy

Scope

In this document, the terms “we”, “us”, “our” and/or WayMaker Child Therapy C.I.C refer to WayMaker Child Therapy C.I.C. The term “you” and/or “your” refer to all service users of WayMaker Child Therapy C.I.C or their advocates, to whom this policy applies. This policy may be subject to change and statutory updates at our discretion.

At WayMaker Child Therapy C.I.C, we are committed to a practice which protects children from harm. Staff and volunteers in this organisation accept and recognise our responsibilities to develop awareness of issues, which cause children, and young people harm.

We will endeavour to safeguard children and young people by:

- Adopting child protection guidelines through a code of behaviour for staff and volunteers
- Sharing information about child protection and good practise with children, parents, staff and volunteers
- Sharing information about concerns with agencies who need to know and involving parents and children appropriately in accordance with our ethical principles of confidentiality
- Following Safer Recruitment procedures for the recruitment and selection of staff and volunteers
- Providing effective management for staff and volunteers through supervision, support and training.

We are committed to reviewing our policy and good practice at regular intervals.



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1. Code of Behaviour

a. Statement of Intent

It is the policy of WayMaker Child Therapy C.I.C to safeguard the welfare of all children and young people by protecting them from all forms of abuse including physical, emotional and sexual harm and neglect.

This organisation is committed to creating a safe environment in which young people can feel comfortable and secure while engaged in any WayMaker Child Therapy C.I.C activities. Personnel should always show respect and understanding for individual's rights, safety and welfare and conduct themselves in a way that reflects the ethos and principles of WayMaker Child Therapy C.I.C

b. Definition of Safeguarding

(Working Together to Safeguard Children 2015)

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best chances

Safeguarding can involve a range of potential issues such as:

- Child Sexual Exploitation (CSE)
- Domestic abuse
- Human Trafficking
- Peer on peer abuse
- Bullying
- Substance misuse
- Sexting



Guidelines for all WayMaker Child Therapy C.I.C Staff and Volunteers

Attitudes

Staff and volunteers should be committed to:

- Treating children and young people with respect and dignity
- Always listening to what a child or young person is saying
- Valuing each child and young person
- Recognising the unique contribution every individual can make

By Example

Staff and volunteers should endeavour to:

- Provide an example that we wish others to follow
- Use appropriate language with children and young people
- Respect a young person's right to privacy

Physical Contact

Staff and volunteers should never:

- Engage in sexually provocative or rough physical games, including horseplay
- Do things of a personal nature that a child or young person can do for themselves
- Allow, or engage in, inappropriate touching of any kind (see touch policy)



General

Staff and volunteers should:

- Be aware that someone might misinterpret our actions no matter how well intentioned
- Never draw any conclusions about others without checking the facts
- Never exaggerate or trivialise child abuse issues
-

c. **Sharing Information about Child Protection and Good Practice with Children, Staff and Volunteers**

Good communication is essential in any organisation. At WayMaker Child Therapy C.I.C, every effort will be made to assure that should individuals have concerns they will be listened to and taken seriously.

It is the responsibility of the management to ensure that information is available to and exchanged between all those involved in this organisation and its activities. Some information is confidential and should only be shared on a strictly need to know basis.

When information is requested from an outside agency on the work of WayMaker Child Therapy C.I.C, staff will question why the information is being requested, who by, and for what purposes before releasing any information in line with the Data Protection policy. This is to safeguard confidentiality and data protection.

Children and Young People

Children and young people have the right to information, especially any information that could make life safer and better for them. WayMaker Child Therapy C.I.C will act to ensure they have information on how and with whom they can share their concerns, complaints and anxieties.

When sharing information, WayMaker Child Therapy C.I.C will be sensitive to the level of understanding and maturity, as well as the level of responsibility of the people with whom they are sharing.

Parents

Parents / persons with parental responsibility are ultimately responsible for their children's welfare at all times and they should be assured that their children are involved with a credible organisation.



We achieve this by:

- Publicising information about all our work
- Publishing the names of Designated Child Protection Person(s) and how to make a complaint on www.wearewaymaker.com
- Publishing a full copy of our Child Protection Policy on our website www.wearewaymaker.com

Staff and Volunteers

As an organisation which offers support and guidance to children and young people it is imperative that each member of the WayMaker Child Therapy C.I.C staff is aware of their responsibilities under the Child Protection legislation and has a working knowledge of WayMaker Child Therapy C.I.C's procedures.

Each member of the therapy team is required to have up to date) safeguarding training through a recognised Safeguarding Board Northern Ireland. Therapists are expected to confirm their safeguarding children's board to WayMaker Child Therapy C.I.C prior to attending and send their certificate following completion.

Therapists are expected to make themselves aware of the schools safeguarding policy or any other relevant organisation's safeguarding policy and designated safeguarding leads.

2. Disqualification by Association

A member of staff may become disqualified from working within a therapy setting by association with others, such as living in the same home as another who is disqualified from working with children.

The grounds for disqualification include

- Being on the Access NI Children's Barred List
- Being convicted of, cautioned for or charged of certain violent and sexual offences both against children and adults (at home or abroad)
- Being the subject of certain other orders relating to the care of children
- Refusal or cancellation of registration relating to childcare or children's homes or being prohibited from private fostering

Disqualification occurs as soon as the above criteria are met and as soon as a caution or conviction occurs. A person does not yet have to be formally included on the children's barred list.



WayMaker Child Therapy C.I.C will ask staff annually, in their appraisal if they are disqualified by association. Staff are required to inform Eileen Russell immediately if they believe themselves to have been disqualified, or disqualified by association.

3. Equal Opportunities and Safeguarding

WayMaker Child Therapy C.I.C staff adhere to the following statement:

"The Equality Act 2010 puts a responsibility on public authorities to have due regards to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular need"

4. Other Bodies

A copy of our Child Protection Policy will be made available to any other appropriate body.

5. Explaining Confidentiality to Children in Play and Creative Arts Therapy Sessions

WayMaker Child Therapy C.I.C Therapists regard children's safety and wellbeing as the **most** important aspect of the Play and Creative Arts Therapy intervention. As Therapy sessions are confidential, it is important that we are able to explain the boundaries and limits of confidentiality in a way that children understand. This helps to create an atmosphere of trust and safety within the therapeutic relationship.

Play and Creative Arts Therapists will explain confidentiality to children in a boundary statement at the beginning of the Play and Creative Arts Therapy intervention and will repeat this boundary statement at the beginning of each Play and Creative Arts Therapy session to remind the child.

Example boundary statement:

"You will be coming to see me each week to do Play and Creative Arts Therapy sessions with me in this room. You can choose what you would like to play with in the room as long as you don't hurt yourself, me or something in the room. This is your space to choose what happens here and I will not tell anyone about what we do or talk about here unless you tell me that someone has hurt you, as it is my job to keep you safe."



Children may need to be reminded of this boundary statement at different times during the Play and Creative Arts Therapy process. This reminder helps children to feel safe within the sessions and they can predict what will happen if they did choose to disclose any information to their Play and Creative Arts Therapist.

Play and Creative Arts Therapists will often use a drawing to show children how communication works around Play and Creative Arts Therapy. This diagram helps children to understand that they can talk to their friends, parents, teachers and anyone else that they like about what happens in the Play and Creative Arts Therapy session. It explains to children that the Play and Creative Arts Therapist will only speak to the safeguarding officer about disclosures or concerning situations that happen in the Play and Creative Arts Therapy sessions.

Schools / parents that we work with understand that the Play and Creative Arts Therapy is a confidential process, whereby our Therapists will share limited information about what takes place in the sessions but can share wider information about the progress that the child is making in more general terms.

Children who have Play and Creative Arts Therapy need to feel that they are allowed to express themselves safely in whichever way they choose without concerns about who this information might be shared with, however they also need to be aware of the limits of this confidentiality, so they know what to expect if a disclosure of harm is made.

6. Play and Creative Arts Therapy Ethical Framework and Confidentiality

WayMaker Child Therapy C.I.C Play and Creative Arts Therapists are all individually registered with governing bodies of Play and Creative Arts Therapies through Play Therapy UK or British Association of Play Therapists. Play and Creative Arts Therapists work within a strict ethical framework to inform their way of working.

Notable ethical principles that cover children's safety and confidentiality of Play and Creative Arts Therapy are the principles of fidelity, autonomy, beneficence and non-maleficence.

How do these principles apply to confidentiality?

- **Fidelity** – honouring the trust placed in the Play and Creative Arts Therapist

Play and Creative Arts Therapists adopt this principle and act in accordance with the trust placed in them, regard confidentiality as an obligation arising from the client's trust, restrict any disclosure of confidential information about clients to furthering the purpose for which it was originally disclosed.



- **Autonomy** – respect for the child’s right to be self-governing

Play and Creative Arts Therapists adopt this principle and protect privacy, protect confidentiality, and normally make disclosures of confidential information conditional on the consent of the client involved (or will inform the client of the intention to disclose confidential information for the purpose of keeping the client safe).

- **Beneficence** – the commitment to promoting the child’s wellbeing

Play and Creative Arts Therapists work within the best interest of the client based on professional assessment. This will become paramount when working with clients whose capacity for autonomy is diminished because of immaturity, lack of understanding, extreme distress, serious disturbance or other significant personal constraints.

- **Non-maleficence** – the commitment to avoiding harm to the child

Play and Creative Arts Therapists have an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended. This includes being aware of safeguarding issues that might impact upon a child and when the Therapist needs to disclose any concerns that they may have around the welfare of a child.

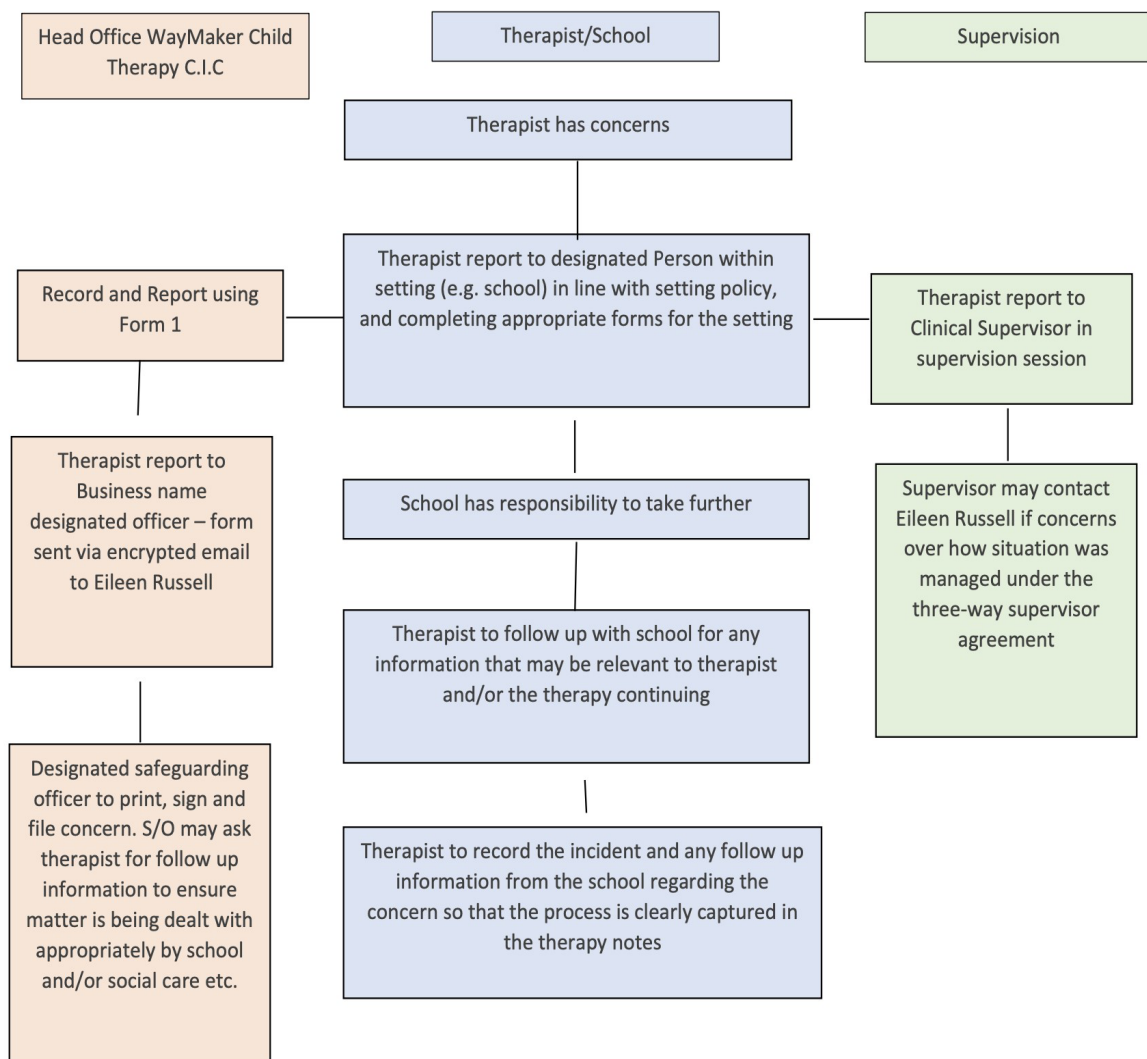
For more information see WayMaker Child Therapy C.I.C’s Ethics Policy.



7. Procedure for Reporting Allegations or Suspicions of Abuse

In any case where an allegation is made, or someone involved with WayMaker Child Therapy C.I.C has concerns Form 1 must be completed. (See appendix 1.)

Reporting Procedure





8. Designated Child Protection Persons

Therapists working for WayMaker Child Therapy C.I.C in a school / children's centre / early years setting will be working under the safeguarding and child protection policy and procedure of the setting (e.g. each individual school will have a different policy and procedure). Staff need to be aware of the Designated Person within their setting and to be familiar with the procedure of the setting.

Staff will be provided with a copy of the Child Protection Policy and Procedure on commencement of employment, or agreement of services with WayMaker Child Therapy C.I.C.

For reasons of confidentiality the only persons within WayMaker Child Therapy C.I.C who need to know this information are the following Designated Child Protection Persons who have completed relevant safeguarding officer training.

Eileen Russell

Email: Eileen@wearewaymaker.com

[Tel:07849703077](tel:07849703077)



9. Important Numbers

For therapists working with children in Northern Ireland:

Immediate Concerns about a Child please report to Gateway Services teams for Children's Social Work at Health and Social Care (HSC) Trust in the area that the child lives.

The Gateway Services team is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

- A child or young person discloses physical abuse
- If there are signs of physical abuse e.g. injury
- A child or young person discloses sexual abuse
- A child presents as very different/scared to go home anxious and you are aware home could be risky

You should call the Gateway Services Immediately in your area, click below for your local office, (A copy included in Appendix 2)

<https://www.nidirect.gov.uk/sites/default/files/publications/GatewayServiceTeamContactDetails.pdf>

Advice can also be obtained from the NSPCC Helpline calling 0808 800 5000.

INFORMATION FROM SAFEGUARDING BOARD FOR NORTHERN IRELAND

The Responsibility to Refer

All staff in statutory/voluntary and community organisations have a responsibility to refer a child/young person to children's social services if they believe or suspect that the child/young person has suffered or is likely to suffer significant harm (see [Responding to Abuse and Neglect Policy and Procedure](#)).

In an emergency a referral should be made directly to the police.



When staff make a referral to children's social services, they should include relevant information in respect of the child/young person. Any information they have about the child/young person's developmental/communication needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information.

Making a Referral to children's social services

Anyone with a concern about the safety or welfare of a child/young person should contact children's social services in the relevant HSC Trust Children's Gateway Single Point of Entry.

Referrals outside normal working hours should be made to the Regional Emergency Social Work Service (RESWS). Where the person making the referral is aware that the child/young person is already known to social services, the referral should be made to the social worker involved with the child/young person or, in their absence, to the social worker's manager.

Referrals can be made by the child/young person themselves, staff from both statutory and voluntary/community services, volunteers, as well as family members and members of the public.

Referrals can be made:

- Directly in person;
- By telephone;
- In writing.

If the child/young person is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager.

Referrals should be acknowledged in writing within five working days. If the referrer has not received an acknowledgement within five working days, they should contact children's social services again.



Advice for Staff Making a Referral

Professionals who make a verbal or telephone referral to children's social services should confirm the referral in writing within 24 hours to Gateway Single Point of Entry (see Referral Form/Referral for Expectant Mothers to Children's Services). In doing so, the referrer should provide information about their concerns and any other relevant information they may have gathered prior to making the referral (Refer to [UNOCINI Guidance](#), [Threshold of Needs documents](#) and [UNOCINI Forms](#)).

Where a member of staff is making a referral, the parents and if applicable the child/young person's consent should be sought before making the referral, unless this may itself place a child/young person at risk or potentially interfere with or undermine a police investigation. Where staff decide not to seek parental consent before making a referral to children's social services, the decision must be recorded in the child/young person's file with reasons, dated, signed and confirmed in a written referral to children's social services.

Receiving a Referral

The Gateway Social Worker receiving a referral should take all available information to enable them to identify (in conjunction with their team leader) whether urgent action is needed to protect or safeguard a child/young person who may be suffering, or is likely to suffer, significant harm; and to support an initial assessment of the referral following allocation to a social worker to determine the risk to the child/young person and the level of intervention that may be required.

The Gateway Social Worker receiving the referral will

- Help the referrer to give as much information as possible—staff receiving information from those with communication difficulties or where English is not their first language should be sensitive to the needs of the person making the referral;
- Clarify information that the referrer is reporting directly and whether information has been obtained from a third party;
- Clarify who knows about the referral;
- If necessary, explain the role of social services;
- Explain the process and timescales for social services initial assessment of the referral;
- Clarify the extent to which the referrer's anonymity can be maintained;



- Clarify expectations about how and when feedback needs to be given;
- Inform the referrer about who else he/she may need to contact and provide the relevant telephone number if they need to telephone again;
- Record the detail of referral information received;
- Record date and time the referral was received; and
- Record how the referral was received, e.g. by telephone, in person, anonymous.

Good information taking is essential. Taking time to get all the information necessary can avoid gaps in information that could prove important at a later stage and prevent the need to contact the referrer again, which may not always be possible, e.g. in the case of anonymous referrals.

The person receiving the referral should seek information to enable them to establish, as far as possible:

- The name and other details of the child/young person to which the concerns relate;
- The nature of the concerns;
- How and why the concerns have arisen;
- Whether the concerns involve allegations of abuse or neglect;
- Whether there is a need for any urgent action to protect the child/young person or any other child/young person in the household or community.
- Who has parental responsibility for the child/young person;
- The child/young person's views, if known;
- What the child/young person's and the family's needs appear to be, including communication/language needs;
- Details of other services involved with the child/young person and/or the family.
- Whether the parents/family are aware of the referral and whether they are in agreement with it or not.

The referrer should be asked for information about:

- The cause for their concern, including any allegations, their sources, timing and location;
- The child/young person's current location and emotional and physical condition and whether the referrer believes the child/young person needs immediate protection;



- The person the referrer believes poses a risk to the child/young person and/or the alleged perpetrator of any abuse;
- Their own name, address and contact details (including how to contact the referrer again if further clarification is required) and their relationship with the subject(s) of the referral, where the referrer is agreeable to providing this information.

Every effort should be made to obtain details of the identity of the referrer and their relationship with the child/young person concerned, their family and the person believed to pose a risk to the child or the alleged abuser. However, if a referrer is reluctant to provide this information, it is important that they are not deterred from making the referral.

Agency staff may ask for their anonymity to be protected as far as possible because of a genuine threat to self/family. In such instances this anonymity should be protected with an explanation to the staff member that absolute confidentiality cannot be guaranteed as information may become the subject of court processes.

Members of the public may prefer not to give their name to children's social services, or they may disclose their identity but not wish for it to be revealed to the parent(s) of the child/young person concerned. Wherever possible, staff should respect the referrer's request for confidentiality.

However staff should not give the referrer any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

In addition to providing details about the child/young person about whom they have concerns, the nature of those concerns and their own contact details (where they are agreeable), the referrer should also be asked for as much information as possible to help children's social services make an initial decision about the case. The list below is intended to cover the broad range of information that the referrer might be asked to provide. However, it is unlikely that the person making the referral will have all of this information—a member of the public making a referral to children's social services, for example, is unlikely to have the same information about a child/young person and their family as a healthcare professional making a referral. The Gateway Social Worker receiving the referral must exercise judgement in the questions asked of the referrer and ensure that these are targeted as appropriate in light of the referrer's relationship or connection to the child/young person.



Other information that the referrer could be asked to provide might include:

- Family address and (where relevant) school/nursery attended.
- Details of all other children/ young people in the household—for example, their full names (including aliases and spelling variations), date of birth and gender—where the referrer knows this information.
- The details of those with parental responsibility for the child/young person and any other significant adults who may be involved in caring for the child/young person such as grandparents;
Names and date of birth of all household members;
Information regarding parental knowledge of, and agreement to, the referral;
- The child/young person's views and wishes in relation to the referral, if known;
- Ethnicity and first language of child/young person and parents;
- Details of other services involved with the child/young person and/or the family;
- Any specific needs of the child/young person or parents, including any physical, sensory or learning disabilities or communication difficulties.
- Any significant recent or historical incidents in child/young person or family's life that might be relevant to the concerns;
- Information on previous or current court orders relating to the child/young person;
- Information on previous or current court orders, or criminal convictions, relating to the person who is believed to pose a risk to them.

Difficulty in obtaining information from a referrer should not delay any immediate protective measures, preliminary enquiries, engagement and consultation with other agencies as necessary, or seeing the child/young person.

Verbal or telephone referrals from staff should be followed up in writing by the member of staff making the referral within 24 hours. However, action should not be delayed pending receipt of the written referral.

If a member of the public contacts any staff member outside of Children's Gateway Single Point of Entry with concerns about the welfare of a child/young person or an unborn baby, the staff member who receives the contact should always:

- Gather as much information as possible to be able to make a judgement about the seriousness of the concerns;



- Take basic details—for example the name, address, gender and date of birth of child/young person; name and contact details for parent(s), and any other information they may have such as the educational setting (e.g. nursery, school) and primary medical practitioner (e.g. GP practice);
- Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible;
- Discuss the case with their manager and the agency's designated safeguarding child/young person advisor to decide whether to make a referral to children's social services in line with the procedure outlined above.

Acknowledgement of a Referral

Receipt of a referral should be acknowledged in writing within 5 working days.

Following a Referral Role of the Gateway Social Worker Following a Referral

After receiving a referral the Gateway Social Worker, as part of the initial information gathering stage, should immediately check:

- The Child Protection Register;
- Social services' computerised and manual records;
- With all agencies, including their own, that may have information about the child/young person and family—the parents' and, if applicable, the child/young person's consent should be sought before discussing a referral about them with other agencies, unless this may itself place a child/young person at risk of significant harm.

Where a referral is received outside normal office hours the Child Protection Register must be checked and any immediately necessary action must be taken without delay. Any further preliminary checks may have to be undertaken during the following working day.

In the course of this initial information gathering stage, every attempt should be made by the Gateway Social Worker to fill gaps in the referral information, record this fully and pass this to their line manager.



This initial checking and information gathering stage must involve an immediate assessment of any concerns about either the child/young person's health and development, or actual and/or potential harm, which justify further enquiries and/or interventions.

If the child/young person is or has been known to any other HSC Trust, consideration should be given as to what information may be required from that Trust. Liaison should take place with the other Trust and agreement reached about ongoing responsibility.

If the child/young person about whom a referral is made is or has been on the Child Protection Register of another HSC Trust, or is or has been looked after by another HSC Trust, the Children's Gateway Single Point of Entry social worker where the child/young person is found should involve the other HSC Trust for the child/young person without delay. Where there is a reasonable cause to suspect that the child/young person is suffering, or likely to suffer, significant harm, the HSC Trust in whose area the child/young person has been found is the responsible authority and must make, or cause to be made, such inquiries as it considers necessary to enable it to decide whether it should take any action to safeguard or promote the child/young person's welfare. See [Co-operating to Safeguard Children and Young People in Northern Ireland \(revised August 2017\)](#).

The Gateway Social Worker will pass the referral to the Gateway Social Work Manager following the initial information gathering stage outlined above (or at any point during the information gathering stage where this is considered necessary), to arrange appropriate further action.



Role of Gateway Social Work Manager Following Referral

The Gateway Social Work Manager will take appropriate further action as follows:

- Allocate the referral immediately to a suitably qualified and experienced social worker—if the child/young person or family is currently known to the HSCTrust, the referral should be progressed by the social worker with case responsibility for the child/young person;
- Act to ensure the immediate protection of the child/young person, including medical care, if necessary;
- Agree a contingency plan;
- Support, advise and supervise the social worker;
- Take account of all information to make decisions about further action;
- Discuss with the appropriate line manager (band 8a or above) the need for a Child Protection
- Case Conference; o In conjunction with the Gateway Social Worker agree any decision to refer a child/young person to other services/agencies;
- Ensure that the referral information is entered on the computer data system on the day of referral.

Seeing the Child/Young Person

The child/young person must be seen and spoken to within 24 hours of children's social services receiving the referral, where the referral information indicates significant harm or the potential of significant harm to the child/young person.

Opening of Case File in Gateway

Following referral, the Gateway Social Work Manager should ensure that a file and record is created in respect of each individual child/young person within 24 hours.

The manager of the social worker responsible for the agreed actions and interventions should read and agree the decisions and actions recorded and countersign and date the child/young person's case file.



Initial Assessment Following Allocation

Following allocation of the referral, an initial assessment should be undertaken to determine the need of and risks to the child/young person. This initial assessment should be completed within 10 working days. Refer to [Understanding the Needs of Children in Northern Ireland \(UNOCINI\) Policy and Procedure](#).

The assessment and any subsequent actions and decisions should be recorded in the child/young person's file and countersigned by the manager of the social worker to whom the case has been allocated. The manager should be involved in any decision to refer a child/young person to another service or agency.

If at any stage during the initial assessment there is reasonable cause to suspect that the child/young person is suffering or likely to suffer significant harm, inquiries under Article 66 of the Children Order must be initiated. Refer to [Child Protection Investigation Policy and Procedure](#).

Outcome of a Referral

Children's social services will determine the threshold for intervention based on the UNOCINI Framework following receipt of the referral. On completion of the initial assessment, the Gateway Social Worker should inform the referrer in writing about the outcome of the referral including, where appropriate, the proposed action, who will be undertaking it, and timescales. Feedback must be consistent with the rights to confidentiality of the child/young person and their family.



Referral outcomes about a child/young person typically fall in to one of four categories and pathways:

Referral Outcome	Pathway
No further action	N/A
Early intervention / prevention / family support	Part IV and Schedule 2 of the Children Order - UNOCINI Level 1
Child in Need UNOCINI Level 2	Article 18 of the Children Order -
Child Protection	Article 66 of the Children Order - UNOCINI Level 3

The Gateway Social Worker should inform, in writing, all the relevant agencies involved in the assessment process. The child/young person and family should also be informed in writing of the outcome of the referral as appropriate.

If the referrer is a member of the public and disagrees with the decisions made by children's social services about the outcome of the referral, they may consider making a complaint under the HSC Complaints procedure. If staff disagree with the decisions made by children's social services about the outcome of a referral they may wish to raise the matter in accordance with each agency's Policies and Procedures.

The child/young person and parents should be informed about local procedures for raising complaints, and local advocacy services. This should be communicated verbally and in writing.

Where the outcome of the referral leads to a continuing assessment, see the [Understanding the Needs of Children in Northern Ireland \(UNOCINI\) Policy and Procedure](#).



Important safeguarding numbers nationwide

**Police: If you think a child is in immediate danger, call the police on 999 NSPCC
Helpline: 0800 800 500 (24 hours) Childline: 0800 1111**

10. Record Keeping

Filing System

All records, information and confidential notes should be kept in separate files in a locked drawer or filing cabinet. Only authorised personnel will have access to these files.

Client Record Policy

WayMaker Child Therapy C.I.C therapists keep brief notes of all client sessions on our secure encrypted online system called Fortuna. All notes and information related to each client will be securely stored for 3 years in paper form from the end of therapy, at which point all therapy notes will be destroyed (see Data Protection Policy)

11. Good Practice Advice on Disclosure

- Never guarantee absolute confidentiality, as Child Protection will always have precedence over any other issues.
- Listen to the child rather than question him/her directly. Offer them reassurance without making promises and take what the child says seriously.
- Allow the child to speak without interruption. Accept what is said – it is not your role to question or investigate. Do not overreact.
- Alleviate feelings of guilt and isolation, while passing no judgement.
- Advise you will try to offer support, but that you must pass the information on. Explain what we will have to do and whom you will have to tell.
- Record the discussion accurately, as soon as possible after the event. Use the child's words or explanations – do not translate into your own words in case you have misconstrued what the child was trying to say.
- If the child has made a serious disclosure, or you believe they are about to, ask the child if they would like to go with you to tell the Designated Safeguarding Officer within the school so that the child can deliver the disclosure directly to this person. This removes the therapist from needing to escalate further and can remove any barriers that are associated with multiple professionals being involved at disclosure stage.
- Contact the WayMaker Child Therapy C.I.C. Designated Officer for advice / guidance, or call the no names consultation line if you are unsure.
- Record any discussions / actions taken within 24 hours.



- Therapist should discuss any disclosures in clinical supervision.

12. Suspicions and Allegations of Harm and Abuse

Children make disclosures in different ways in therapy sessions. This policy document outlines how WayMaker Child Therapy manage concerns and disclosures of abuse.

A **direct disclosure** is when a child **tells** a WayMaker Child Therapy C.I.C Therapist that they have been, or are being abused or hurt.

Children may play out scenes of a sensitive nature in their Therapy sessions, through any of the creative mediums available within the therapy room. WayMaker Child Therapy C.I.C Therapists do not assume that this type of suggestive play is related to a disclosure – however Therapists are highly vigilant at noticing and recording elements of the play that might raise concerns.

WayMaker Child Therapy C.I.C Therapists are required to keep an official record of Therapy sessions. These records outline the date of the session, whether the child attended, what themes arose in the play and how the child presented in the room. These records are not in any way an interpretation of the play and do not make assumptions about what is happening for the child in their lives, **unless** there is reason to believe that the child might be at risk of harm. In this case, the therapist will record the child's play in note format to help us build up a picture of what might be going on for the child.

WayMaker Child Therapy C.I.C Therapists have a duty of care to record and report suspicions or allegations of abuse by following the guidance set out in this policy.



13. How WayMaker Child Therapy C.I.C supports the investigation process with other agencies and professionals

1. We will work in a cooperative and transparent manner with other organisations and agencies to promote the best interests of the child.
2. When our therapists are able, they will attend meetings related to the safety and welfare of the child, particularly if there has been a disclosure made directly to the WayMaker Child Therapy C.I.C Therapist
3. WayMaker Child Therapy C.I.C will remunerate therapists for their time dedicated to supporting child protection issues. The amount of time to be remunerated will be agreed with Eileen Russell.
4. WayMaker Child Therapy C.I.C will provide additional supervision for their therapists on request when they are working with difficult child protection cases.
5. WayMaker Child Therapy will provide a summary report of Therapy sessions as required by social care, the court or police. This will document a record of the sessions that took place, how the child presented over the course of the Therapy intervention and all concerns that have been noted and escalated over the period.
6. WayMaker Child Therapy only keep actual records about Therapy sessions, including date, whether the child attended the session, what they played with, any themes noticed in the play and any factual information that raises concerns for the therapist.
7. Therapists do not make interpretations about a child's play or identify any play as a **direct disclosure** of harm or abuse. Therapists have a duty to pass on concerns to the school and WayMaker Child Therapy Designated Safeguarding Leads if they witness any play that may be a cause for concern.
8. When a child engages in borderline suggestive play, but the therapist deems it age appropriate or low risk, therapists will keep a written record of what happened and when to build up a picture of what might be happening for the child, without escalating as a Child Protection issue. This will be discussed in supervision. Over a period of time this may amount to a concern that would then be escalated.
9. Our therapists maintain trust within the relationship with the child by making therapeutically sound judgements about what information to pass on in line with WayMaker Child Therapy's ethics policy, and in consultation with Eileen Russell and the Therapists Clinical Supervisor.



10. WayMaker Child Therapy C.I.C's Therapists receive a minimum of 1.5 hours' clinical supervision per month with a suitably qualified supervisor to discuss all cases relating to WayMaker Child Therapy C.I.C clients.

Requests for information relating to Child Protection and/or disclosures is to come directly to WayMaker Child Therapy's Head Office, Floor 2, Fairhill House, 124 Broughshane Street, Ballymena, BT43 6EE

To request a summary report as a professional as part of a child protection concern, please contact Eileen Russell directly.

E: eileen@wearewaymaker.com

T:07849 703077

14. Safer Recruitment

WayMaker Child Therapy C.I.C operates employment and supervision procedures that ensure highest priority is given to issues relating to child protection.

Each member of therapeutic staff working with children is required to undergo a DBS check as part of our recruitment policy, which is refreshed every 3 years (see Access NI policy). WayMaker Child Therapy C.I.C will carry out a disqualification by association check annually.

WayMaker Child Therapy C.I.C encourages the development of staff and volunteers through its ongoing support, supervision and training.

There is always at least one member of the WayMaker Child Therapy C.I.C Head Office team who has done recent Safer Recruitment training, which is updated every 3 years.

Induction

Each new member of staff or volunteer is made familiar with WayMaker Child Therapy C.I.C policies and procedures including the Child Protection Policy and Code of Behaviour in their induction to the role.

15. Appraisal and support

- Each new member of head office staff undergoes 1 month / 3 month and 6-month appraisal
- All Therapists have a review every 6 months with Eileen Russell
- There is an official annual appraisal system for each member of staff
- Self-employed therapists are offered termly check-in sessions with the Eileen Russell in the absence of appraisals



- WayMaker Child Therapy C.I.C customer schools are asked to provide feedback on their experience of the therapists working in their school
- WayMaker Child Therapy C.I.C have a three-way agreement between therapist, their clinical supervisor and WayMaker Child Therapy C.I.C to share any important information
- WayMaker Child Therapy C.I.C Therapists are required to have a minimum of 1.5 hours of clinical supervision per month for their WayMaker Child Therapy C.I.C clients.

Training

- All staff are required to have safeguarding training through a recognised Safeguarding Board Northern Ireland.
- All newly appointed therapists must complete appropriate level Safeguarding training.
- Therapists must have refresher training every two years, plus meet their governing body quota for CPD training annually (usually 30 hours of additional training and learning)

16. Whistleblowing

Whistleblowing is when a staff member reports certain types of wrongdoing or misconduct within an organisation. The wrongdoing disclosed must affect others, e.g. children. The concern could be past, present or something that could happen in the future.

All allegations of abuse against children by persons working with children must be taken seriously.

The whistleblowing procedure should be followed if a person working with a child *has*:

Behaved in a way that has, or could have harmed a child or put a child at risk

Disclosures may concern a WayMaker Child Therapy C.I.C Therapist or member of the Head Office team. It may also concern an un-paid volunteer or adults within school settings WayMaker Child Therapy C.I.C work within. Allegations may be historic or recent; both should be responded to with equal urgency.

All staff working at WayMaker Child Therapy C.I.C have an obligation to report suspicions of abuse, even when the case regards a colleague.



If concerns are about a staff member at WayMaker Child Therapy C.I.C:

- Staff should report their concerns to Eileen Russell who will contact the Certification Officer for Northern Ireland to report the concern and receive advice on the following actions
- You will be informed on whether the case is being investigated within 10 days
- You might not be told what the outcome is to protect confidentiality

If concerns are about the WayMaker Child Therapy:

- Report your concerns to Play Therapy UK who might ask further questions about the disclosure

If concerns are about a staff member at a school WayMaker Child Therapy C.I.C are working in:

- Staff should report their concerns verbally, or in writing to the school's head teacher/ deputy head teacher/ DSL in line with the school's whistleblowing policy
- Staff should also update Eileen Russell and their supervisor
- The case will then be dealt with following the school's whistleblowing / allegations procedure

Following disclosure:

- A whistle-blower can request confidentiality
- The person with whom you have raised your concern will decide what action needs to be taken
- You will be written to within 10 days to update you on how your concern has been dealt with
- An investigation may be carried out dependent on the nature and evidence of the disclosure. Details of the investigation may not be shared with you, to protect others confidentiality.

If staff members do not feel their concerns have been dealt with appropriately, concerns can be raised to outside agencies such as:



- The police
- The Citizens Advice Bureau

Staff have a duty to WayMaker Child Therapy C.I.C not to disclose the confidential information they share. This does not prevent staff from seeking support from an outside agency or their clinical supervisor.

Updated: 24th October 2022 Signed:

Eileen Russell,
Director
WayMaker Child Therapy C.I.C



Appendix 1

Reporting Allegations or Suspicions of Abuse Form

In any case where an allegation is made, or someone involved with WayMaker Child Therapy C.I.C has concerns, a record should be made using this form. Details must include, as far as practical:

Name of child or young person	
Age	
Home address	
DOB	
Names and address of parent(s) or persons with parental responsibility	
Telephone number	
Name and job title of person reporting concern	
Is the person making the report expressing their own concerns or passing on those of someone else? Record details	
What has prompted these concerns? Include times and dates of any specific incidents	
Has the child or young person been spoken to? If so, what was said?	
Has anybody been alleged to be the abuser? If so, record details	



Who has this been passed onto, in order that appropriate action is taken? E.g. designated office, social services etc.	
Has anyone else been consulted? If so, record details	
<i>Date concern received by designated officers</i> (office use only)	<i>Date:</i> <i>Print Name:</i> <i>Sign:</i> <i>Action taken:</i>

