

Mable Therapy

Safeguarding and Child Protection Policy

2025/26

This Safeguarding and Child Protection Policy is available to be viewed on the Mable Therapy website and is reviewed and ratified annually by Mable Therapy and Keys Group Ltd.

Status

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Approved by: Natalie Jennings, Managing Director

1. Glossary:

This glossary provides brief working definitions of some key terms used in this

policy. a. The **'Organisation'** refers to Mable Therapy.

b. The term **'Employee'** refers to any individual employed by Mable Therapy.

c. **'Associates'** is an overarching term, used to describe individuals who are contracted to work with Mable Therapy, such as Counsellors and Speech and Language Therapists. d.

'Children and Young People' (CYP) As in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday.

e. **'Adult at Risk'** 'refers to any person who is aged 18 years or over and at risk of abuse or neglect because of their need for care and support'.(Care Act 2014 - England) This definition is broadly consistent with definitions across the devolved nations. In Scotland, however, the definition of an 'adult at risk' or 'vulnerable adult' applies to those aged 16 years and over.

f. The term **'Vulnerable Adults' (VA)** refers to those individuals whose day-to-day experiences are affected owing to specific short or long-term circumstances. The use of this term acknowledges the possibility of acquired vulnerability in response to different situations, e.g., stress, bereavement, or accidental injuries and that an individual can be temporarily vulnerable.

g. **'Safeguarding'** in this policy refers to the actions taken to ensure the safety and well-being of children and adults, protect them from abuse or neglect, prevent impairment of their health and development and ensure they are safe and free from harm or exploitation.

h. **'Child Abuse'** is the ill-treatment of a child by an adult or another child which causes or may cause significant harm to the child. It can be physical, sexual or emotional and can happen in person or online, in families and in communities. It also includes a lack of love, care and attention - this is neglect.

i. **'Adult Abuse'**, means the ill-treatment or abuse of an adult at risk. Adults can be abused in a family, in the community by those known to them or by those responsible for organising, participating, or providing support or care.

j. **'Child Protection' (CP)** refers to the actions taken by adults to protect children where 'significant' harm is known or suspected.

- k. **'Children's Social Work Services' (CSWS)** are Children's Social Care, they are responsible for supporting and protecting children, this includes providing children and their families with extra help. Where children are thought to be at risk of harm, children's services will take steps which aim to make sure they are kept safe
- l. **'Adult Protection'** refers to the actions taken to protect adults where harm is known or suspected.
- m. **'Duty of Care'** is the duty, which rests upon an individual to ensure that all reasonable steps are taken to ensure the safety of a child, young person or adult at risk involved in any activity, or interaction for which that individual is responsible. Employers also have a **'duty of care'** to employees, and contracted individuals which means that all reasonable steps should be taken to support their health, safety and wellbeing. This includes providing guidance about managing and responding to challenging situations so they can develop safe working practices.

2. Safeguarding Statement:

Mable Therapy aims to provide support for Children, Young People, and vulnerable Adults (CYP/VA) who are facing challenges or experiencing difficulties to ensure they get the help they need when they need it.

- a. Our Safeguarding Policy sets out our overall position, while the Child Protection Procedures set out practical application and guidance for all Mable Therapy employees and Associates that they must consider in particular situations or where concern is raised.
- b. Our organisational system of safeguarding comprises more than policy and procedure. Safer recruitment, code of conduct, induction process, supervision and training are integral to ensuring the workforce is suitable and has essential safeguarding knowledge and skills.
- c. All Mable Therapy employees and associates must read and fully understand the CP/Safeguarding policy on appointment or engagement and always prior to undertaking work with any CYP/VA.
- d. Together, we operate a safeguarding-aware culture.
- e. The Safeguarding Team will consult with Mable Therapy employees and Associates regarding changes to the Policy and CP procedures annually or when relevant legislation

changes.

f. It is essential to understand that Mable Therapy is not a crisis service.

3. Introduction

- A. Mable Therapy contributes positively to a strong and safe community and recognises the right of every individual to stay safe. The organisation's mission is to make therapeutic services more engaging and enjoyable for children, to provide meaningful outcomes for educators, and to provide functional support for parents through innovative technology. We use our data and research to grow and develop clinically excellent products and services. We will continue to have a friendly, fair, and creative work environment that respects diversity, new ideas, and hard work.
- B. Mable Therapy comes into contact with CYP/VA through the following activities:
 - a. Online meetings
 - b. Online assessments
 - c. Online therapy sessions
 - d. Online training
- C. This policy seeks to ensure that Mable Therapy undertakes its responsibilities concerning the protection of CYP/VA and will respond to concerns appropriately. The policy establishes a framework to support employees & Associates in their practices and clarifies the organisation's expectations

4. Purpose of this policy:

- A. Mable Therapy believes that it is always unacceptable for a CYP/VA to experience abuse, or be at risk of harm of any kind and recognises its responsibility to safeguard the welfare of all children and young people/adults.
- B. Mable Therapy Associates, with the support of the Mable Therapy Safeguarding team, are accountable for ensuring appropriate actions are taken in order to safeguard any of our service users.
- C. Mable Therapy believes in a child-centred approach. It keeps the child in focus when making decisions about their lives and works in partnership with them, their families, and significant other responsible adults, such as relevant school staff, GPs, and other agencies.

This policy seeks to:

- A. Ensure that Mable Therapy undertakes its responsibilities concerning protecting CYP/VA and will respond to concerns appropriately.
- B. Provide protection for those CYP/VA who receive Mable Therapy services.
- C. Provide all staff and Associates with guidance on procedures they should adopt to support their professional judgement if they suspect a CYP/VA may be experiencing, or is at risk of, harm.
- D. This policy applies to all employees, Associates and Keys Group.

Mable Therapy recognises that:

- A. The welfare of the CYP/VA is crucial.
- B. All CYP/VA, regardless of their age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- C. Working in partnership with children, young people & vulnerable adults, their parents, carers, and other agencies is essential in promoting young people's welfare.

We will seek to safeguard children and young people/adults by:

- A. Valuing them, listening to and respecting them.
- B. Adopting safeguarding and child protection guidelines.
- C. Recruiting employees and Associate Therapists safely and ensuring all necessary checks are made.
- D. Sharing information about child protection and good practice with children, parents, employees and Associate Therapists
- E. Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- F. Ensuring effective management of all staff and Associate Therapists through line management, support & training. In addition, Associate Speech and Language Therapists access their own independent 1:1 formal clinical supervision and are registered with the professional body, HCPC.

Mable Therapy's Directors, Employees and Associates must be aware of their safeguarding duties and ensure that they:

- A. Promote the safety and wellbeing of the CYP/VA at all times.
- B. Understand the law and statutory guidance concerning child protection and safeguarding is complied with.
- C. Respect the policies of the school, the Local Authority, Safeguarding Partners & Child Protection Committees in which Mable Therapy is working.
- D. Comply with the Child Protection and Safeguarding Policy.
- E. Treat all disclosures or concerns arising the same, and are all covered by this policy.
- F. **It is not the role or responsibility of Mable Therapy or any of its staff or Associates to investigate allegations of harm or risk of harm.**
- G. **It is important to understand Mable Therapy is not a crisis service.**

5.The Mable Therapy Safeguarding Team

| Safeguarding role | Name | Contact details |
|-------------------------------------|------------------|--|
| Designated Safeguarding Lead | Emily Woodhouse | emily@mabletherapy.com |
| Deputy Designated Safeguarding Lead | Eleana Pritchard | Eleana@mabletherapy.com |
| Managing Director | Natalie Jennings | Natalie.Jennings@keys-group.co.uk |

6.The principal legislation governing this policy:

- A. [Working Together to Safeguard Children 2023](#)
- B. [The Children Act 1989 & 2004 amendment](#)
- C. [The Adoption & Children Act 2002](#)
- D. [Safeguarding Vulnerable Groups Act 2006](#)
- E. [Care Standards Act 2000](#)
- F. [Care Standards Act changes October 2023](#)
- G. [Public Interest Disclosure Act 1998](#)
- H. [Mental Health Act 1983 and 2007 amendment](#)
- I. [NHS and Community Care Act 1990](#)
- J. [Rehabilitation of Offenders Act 1974](#)
- K. [Keeping Children Safe in Education 2024 - Statutory Guidance](#)
- L. [The Children and Social Work Act 2017](#)
- M. [Multi-agency Statutory Guidance on FGM & FGM Act 2003](#)

7. The statutory and legal framework in England and Wales:

- A. The Children Act 1989 and 2004 provide the overall framework for safeguarding children and promoting their welfare. The child's welfare is to be the paramount consideration in all decision-making.
- B. Working Together to Safeguard Children 2018 (often shortened to Working Together). Working Together acknowledges the need for all providers of children's services, including those in the voluntary sector, to work in collaboration and to agreed local standards.
- C. Keeping Children Safe in Education sets out what schools and colleges in England must do to safeguard and promote the welfare of children and young people under the age of 18.
- D. [The All Wales Child Protection Procedures 2008](#) provide the common standards to guide and inform child protection practice in each of the Local and Regional Safeguarding Children Boards across Wales.
- E. [Keeping Learners Safe 2015 is the Welsh Assembly](#) statutory guidance setting out the infrastructure and arrangements needed to ensure that people in the education service have the skills, means and training necessary to ensure children and young people are protected from harm.
- F. Sections 157 and 175 of the Education Act 2002 and the Education and Inspections Act 2006 place upon School Governors the duty to ensure that schools safeguard and promote the welfare of children.
- G. **We recommend that Mable Therapy staff, Associates and stakeholders are aware of their Local Safeguarding Children Partnership policies and procedures and where to find those of the clients they are working with.**

8. Statutory and legal framework Scotland:

- A. The legal duty to investigate and report in relation to child care and child protection issues is

derived from two sources: [the Police \(Scotland\) Act 1967](#), which provides the mandate for police officers; and [the Children \(Scotland\) Act 1995](#), section 53 of which provides the mandate for local authorities and section 56 for Reporters to the Children's Hearing.

- B. [The Social Work \(Scotland\) Act 1968](#) provides the primary mandate for social work intervention in Scotland and section 12 of this legislation requires local authorities to provide services to promote the welfare of children in need.
- C. [The National Guidance for Child Protection in Scotland 2021](#) provides the context for child protection work in Scotland, outlines the roles and responsibilities of services and organisations, provides a framework for identifying and responding to concerns about children and provides additional information on child protection in specific circumstances. The guidance clearly states how Child Protection is the responsibility of all who work with children and families, regardless of whether that work brings them into direct contact with children.
- D. [Getting It Right for Every Child \(GIRFEC\) \(Scottish Government 2012\)](#) stipulates a consistent approach in Scotland for people to work with all children and young people and promotes action to improve well-being in eight areas, taking into account the UN Convention on the Rights of the Child. These well-being indicators state that children and young people must be: healthy, achieving, nurtured, active, respected, responsible, included and, above all in the context of this policy, safe. The primary indicator for child protection is to keep a child safe and, in doing so, attention is given to other areas of well-being as appropriate.
- E. **We recommend that Mable Therapy staff, Associates and stakeholders are aware of their Local Safeguarding Children Partnership policies and procedures and where to find those of the clients they are working with.**

9. Professional Standards:

- A. The professional standards governing this policy are the [Health & Care Professionals Council \(HCPC\)](#)
 - a. Standards of Conduct, Performance of Ethics
 - b. Standards of Proficiency
 - c. Standards of continuing professional development

We recommend that Mable Therapy staff & Associates know their own Local Safeguarding Children Partnership policies and procedures and where to find those of the clients they are working with.

10. Definition, Recognition and Reporting:

A. It is essential that those who work with CYP/VA and families should be alert to the signs of child abuse, this includes cases where children may disclose non-recent / historical abuse and signs and indicators of harm. There are four main categories of abuse:

- a. **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.
- b. **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, e.g. as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
 - i. provide adequate food, clothing and shelter (including exclusion from home or abandonment).
 - ii. protect a child from physical and emotional harm or danger.
 - iii. ensure adequate supervision (including the use of inadequate caregivers).
 - iv. ensure access to appropriate medical care or treatment.
 - v. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- c. **Emotional Abuse** - The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve:
 - i. conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
 - ii. not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
 - iii. Age- or developmentally inappropriate expectations are being imposed on children.
 - iv. Interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction.
 - v. Seeing or hearing the ill-treatment of another.
 - vi. serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
 - vii. Some level of emotional abuse is involved in all types of maltreatment of a child,

though it may occur alone (Working Together, 2018).

- d. **Sexual Abuse** - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:
 - i. 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.
 - ii. non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities
 - iii. encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.
 - iv. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (Working Together, 2018) [Working Together to Safeguard Children](#)
- h. It's worth highlighting that some children may be more vulnerable to abuse because of their characteristics or their history, e.g. care experience children, children from minority communities, disabled children, young carers and children who have previously been abused or subject to a child protection plan / on the child protection register.

11. Other safeguarding concerns:

- A. **Adverse Childhood Experiences (ACEs):** ACEs are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity” (Young Minds, 2018). [Young minds understanding ACEs and trauma](#)
- B. Examples of such experiences include any form of abuse or neglect (as outlined above), living with someone who abuses drugs or alcohol, living with someone who has gone to prison or who is currently incarcerated, living with someone with serious mental illness or losing a parent through divorce, death or abandonment. Experience of ACEs can impact children's (and adults') mental and physical health.
- C. **Domestic Abuse** - As highlighted above, Domestic Abuse is generally treated as falling under emotional abuse. The cross-government definition (2014) of domestic violence and abuse is as follows:
- D. Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family

members regardless of gender or sexuality. The abuse can encompass but is not limited to, psychological, physical, sexual, financial and emotional.

- E. Mable Therapy considers that domestic abuse is a child protection issue and that if children witness or hear domestic abuse, this must be treated as a child protection matter, even if they are not directly involved in the incidents. [The Adoption and Children Act 2002](#) states that impairment can be caused by seeing or hearing the ill-treatment of another.
- F. [The Domestic Abuse Act 2021](#) brought about some key changes to the way domestic abuse is responded to; those changes include:
- a. A legal definition of domestic abuse which recognises children as victims in their own right;
 - b. A Domestic Abuse Commissioner to stand up for survivors and life-saving domestic abuse services;
 - c. A legal duty on councils to fund support for survivors in 'safe accommodation' iv. New protections in the family and civil courts for survivors – including a ban on abusers from cross-examining their victims, and a guarantee that survivors can access special measures (including separate waiting rooms, entrances and exits and screens);
 - d. New criminal offences – including post-separation coercive control, non-fatal strangulation, threats to disclose private sexual images.
 - e. Legislation around The Domestic Abuse Act 2021 can be found on the below link: [Domestic Abuse Act 2021](#)
- G. **Child Criminal Exploitation (CCE)** - As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.
- a. An example of CCE is **County Lines** - As set out in the Serious Violence Strategy, county lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
- H. **Child Sexual Exploitation (CSE)** - Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce,

manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Further details can be found at: [CSE Definition and Guide for practitioners; Criminal exploitation of children and vulnerable adults - County Lines](#)

- I. **Contextual safeguarding** - Contextual safeguarding recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their families. For example, in school or college, in the local community, in peer groups, or online. Children and young people may encounter risk in any of these environments. Sometimes, the different contexts are interrelated, which can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people, and help keep them safe.
- J. **Extremism and Prevent Duty** - Any concerns about radicalisation and extremist views or behaviours in children and young people must be reported as a safeguarding concern. Mable Therapy employees & Associates work in line with [Prevent Duty 2015 guidance](#) and will consult with local Prevent Coordinators where necessary. "Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the [Counter Extremism Strategy 2015](#) as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist" ([Working Together 2018](#))
- K. **Female Genital Mutilation (FGM)** - Concerns that a child has been, or may be about to be, subjected to FGM, fall under this policy and must also be reported as a safeguarding concern. FGM is a collective term for a range of procedures which involve partial or total removal of the external female genitalia, or other injury to the female genitals for non-medical reasons. It is sometimes referred to as female circumcision or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. Mandatory reporting to the Police is required. [Mandatory reporting duty](#)
- L. **Forced Marriage** - A forced marriage is where one or both people do not, or cannot, consent to the marriage and pressure or abuse is used to force them into the marriage. In England and Wales, it is also when anything is done to make someone marry before they

turn 18, even if there is no pressure or abuse ([Marriage and Civil Partnership \(Minimum Age\) Act 2022](#)). The pressure put on people to marry against their will may include threats or physical/sexual violence and/or emotional or psychological abuse, for example, making someone feel they are bringing shame on their family. Forced disproportionately affects females, but people of all genders can be victims. In England and Wales in 2022, 78% of cases that came to the awareness of the Forced Marriage Unit involved female victims, 14% involved children aged 15 and under, and 16% aged 16 or 17. These procedures are aimed at dealing with forced marriage for a child / young person under 18 years of age.

- M. **Grooming** - Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them. Children and young people who are groomed can be sexually abused, exploited or trafficked. Anybody can be a groomer, regardless of age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.
- N. **Online Safety** - The breadth of issues classified within online safety is considerable but can be categorised into four areas of risk:
- a. **Content:** being exposed to illegal, inappropriate or harmful content, for example, pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism
 - b. **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.
 - c. **Conduct:** personal 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.
 - d. **Commerce** -risks such as online gambling, inappropriate advertising, phishing and or financial scams. If Mable therapy staff and Associates feel clients are at risk, they can report it to the [Anti-Phishing Working Group](#)
- O. **Child-on-child Abuse** - child-on-child abuse is most likely to include, but may not be limited to:
- a. **Bullying** (including cyberbullying, prejudice-based and discriminatory bullying).
 - b. **Abuse in intimate personal relationships** between children; 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).

- c. **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).
- d. **Sexual harassment**, such as sexual comments, remarks, jokes and online sexual harassment, may be standalone 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.
- e. **Consensual and non-consensual sharing of nude and semi-nude images** and or videos (also known as sexting or youth-produced sexual imagery).
- f. **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.
[Government Document on Upskirting and the Law](#)
- g. **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).

P. **Modern slavery** - Modern Slavery is the exploitation of people who have been forced, deceived, or coerced into a life of labour and servitude. It is a crime hidden from society where victims are subjected to abuse and inhumane and degrading treatment. Examples of enslavement include a person who is:

- i. forced to work or serve – through fear and threats of violence
- ii. is owned or controlled by an 'employer' who uses mental or physical abuse to exercise control
- iii. dehumanised, treated as a commodity or bought and sold as 'property' iv. being kept in substandard working/living conditions
- iv. physically constrained or has restrictions placed on his/her freedom of movement
- v. Further details can be found at [Modern Slavery](#)

Q. **Mental health** issues may lead to safeguarding and child protection issues, for example, if a child's mental health begins to put them or other people at risk of harm.

R. **Self-harm** - Self-harm is any behaviour where the intent is to deliberately cause self-harm this could include; cutting, swallowing hazardous material or substances, burning, over/under using medications, eg insulin. Hitting/punching/head banging, skin picking/scratching/hair pulling, taking an overdose of tablets, alcohol/drug misuse, over/under eating. Self strangulation/attempted hanging.

- a. Some CYP/VA who self-harm do have a desire to kill themselves. However, there are

other factors motivating self-harm, including a desire to escape an unbearable situation or emotional pain, to reduce stress or tension, to express hostility, to take control, or to punish themselves or others.

- b. Self-harm can be a secretive behaviour that can go on for a long time before being uncovered or disclosed. Children, young people/adults may struggle to express their feelings in other ways and use the act of self-harm to release their emotions.

- S. **Suicide / Suicide Ideation** - The term 'suicide' means an act that is intended to end one's life. Suicidal ideations, often called suicidal thoughts or ideas, are a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide (PubMed, 2021). These issues can be caused by many factors, including depression and mental illness, stress, financial problems, relationship breakdown, bereavement and abuse. Associates can find a copy of the safety plan on the Mable Therapy canvas.
- T. **So-called 'Honour'-Based Abuse** - The term 'honour' crime or 'honour'-based abuse refers to an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the 'honour' of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour. It is estimated that around 76% of victims of 'honour' based abuse are female, but people of all genders are at risk.
- U. **SEND** - Adults who work with CYP/VA with SEND should be aware of the additional needs they may have which could mean they are more vulnerable to abuse and/or less able to speak out if something isn't right. Some children may be vulnerable because they:
 - a. have an additional communication need
 - b. they do not understand that what is happening to them is abuse
 - iii. need intimate care or are isolated from others
 - c. are dependent on adults for care.
- V. **Young Carers** – A young carer is defined as a young person under the age of 18 who helps to look after a relative with a disability, illness, mental health condition, or drug or alcohol problem. This may involve young people doing extra jobs around the house, such as cooking, cleaning or helping someone get dressed and move around. It may also involve a young person providing a lot of physical help to a parent, brother or sister who is disabled or ill. Without appropriate support, young carers are at risk of having lower self-esteem and heightened anxiety, feeling isolated, being bullied, and being stressed by responsibility.
- W. **Children, young people & vulnerable adults need to be made aware that it may not be possible to offer complete confidentiality. Should the client present as at serious risk of harming themselves or others, it would not be appropriate to maintain complete confidentiality. This should be explained at the beginning of support and**

recapped throughout the duration of therapy.

12. Best Practice in handling a Safeguarding concern Private client:

When responding to safeguarding disclosures made by children, young people, or young adults, Mable Therapy staff and Associates should ensure they adhere to the following do's and don'ts.

Do:

- A. Consider the risk and make an assessment using your professional judgment. Stay calm.
- B. Act, following your professional judgement.
- C. Let the individual know that you must share what they have told you and refer back to the contract.
- D. Stay with what the individual is saying or doing and only intervene if the individual is putting themselves or others at risk.
- E. Report your concerns in a manner appropriate for the risk presented. For example, if you suspect that the child, young person, or adult is in immediate danger, dialling 999 is the recommended response.
- F. Professionally conclude the risk does not require emergency services; you may consider providing the client with the contact details for Childline 0800 1111, The Samaritans 116 123 or The Mix 0808 808 4994 and discussing consent to share with Mable Therapy Head Office team, Parents/carers, GP, school/college or another suitable agency.
- G. Using professional judgment, associates and staff should consider revisiting the contracting conversation with the client regarding breaking confidentiality.
- H. **Associate Therapists are responsible for formally informing the Safeguarding team at Mable Head Office.** [How to Record a Safeguarding Concern](#)
- I. If a safeguarding concern is reported to a non-clinical member of the Head Office team, they must immediately consult with the Designated Safeguarding Lead (DSL) or an available deputy. The concern must be clearly documented and logged in line with safeguarding procedures, ensuring all recommended follow-up actions are completed.
- J. **It is important that even low-level safeguarding concerns are reported**
 - a. Complete the Mable Therapy Safeguarding form located in the Safeguarding Tab within the client's Clinical details area.

- b. Continue to update the Mable Therapy safeguarding team and the Safeguarding tab on any further progress, information or changes.
- c. It is imperative to be an ally for individuals who have experienced or who are at risk of abuse/significant harm. Supporting and representing these individuals in the appropriate manner can help to protect them from further harm/risk.

K. Anyone working for or on behalf of Mable Therapy has a duty to make sure that:

- a. Safeguarding concerns are dealt with promptly, appropriately and reported in a secure and responsible way to all relevant agencies.
- b. Steps are taken to escalate or alert those able to protect Children, young people/adults at risk of harm and minimise the risk of abuse and/or harm.
- c. Accurate notes are recorded around the concern, your decision and actions around them.

L. Contact with Children's Social Work Services (CSWS)

- a. Mable Therapy Associates and employees will use their professional judgement to decide if a referral into or discussion with the client's local CSWS is required, it is good practice to be transparent about concerns and to seek to work cooperatively with parents or carers. We should inform parents/carers (& CYP/VA, depending on their age/level of understanding) that you are going to make a referral.
- b. In some exceptional cases referrals can be made without first informing parents/carers where to do so would place a child at risk.**

Do not:

- A. Promise confidentiality.
- B. Ask any leading questions, however, it is appropriate to ask open/clarifying questions or ask the child, YP/A if there is anything else they would like to share.
- C. Accept any retraction or backtracking from an individual. If it has been said, it needs to be reported
- D. Do nothing and fail to report concerns. This is unacceptable and could lead to a CYP/A being at risk of significant harm or worse**
- E. Help a client/family member in immediate danger:**
 - a. Mable therapy staff and representatives must contact the Police on 999 if there is an immediate risk of harm/danger or 101 if danger/risk is there; but not immediate.
 - b. Should emergency medical attention be needed, Associates must call an ambulance 999 and whilst awaiting its arrival do their best to help and support the client.

- c. A separate Mable Therapy Safeguarding Form must be completed for each disclosure or concern about a child. Complete the Mable Therapy Safeguarding form located in the Safeguarding Tab within the client's Clinical details area. [How to Record a Safeguarding Concern](#).
- d. Continue to update the Mable Therapy safeguarding team and the Safeguarding tab on any further progress, information or changes.
- e. **In the UK, further information and directions to local safeguarding authorities can be found by following this link [UK Safeguarding Authorities](#)**, a full list of Local CSWS, Early Help Practitioners and CAMHS across the UK can also be found [here](#)
- f. **Should Associates become aware a client will be accessing Mable Therapy outside of the UK, they must make the Safeguarding HQ Team aware ahead of the first session.**

14. Best Practice in handling a Safeguarding concern School's client:

When responding to safeguarding disclosures made by children, young people, or young adults, Mable Therapy staff and associates should ensure they adhere to the following do's and don'ts. **Do:**

- A. Consider the risk and make an assessment using your professional judgment.
- B. Stay calm.
- C. Act, following your professional judgement
- D. Let the individual know that you will need to share what they have told you and refer back to the contract.
- E. Stay with what the individual is saying or doing and only intervene if the individual is putting themselves or others at risk.

If a safeguarding concern is reported to a non-clinical member of the Head Office team, they must immediately consult with the Designated Safeguarding Lead (DSL) or an available deputy. The concern must be clearly documented and logged in line with safeguarding procedures, ensuring all recommended follow-up actions are completed.

Do not:

- A. Promise confidentiality.
- B. Ask any leading questions, however, it is appropriate to ask open/clarifying questions or ask the CYP/A if there is anything else they would like to share.
- C. Accept any retraction or backtracking from an individual. If it has been said, it needs to be reported.
- D. Associates and Staff, using Professional judgement should consider re-visiting the contracting conversation with the client regarding breaking confidentiality.
- E. **Doing nothing and failing to report concerns is unacceptable and could put a CYP/A at risk of significant harm or worse.**
- F. If associates or employees have a safeguarding concern, **they will call the school's Designated Safeguarding Lead (DSL) as soon as possible.** The named DSL is recorded on the CYP/VA referral form. Following the telephone call, Associates/Employees will follow up with an email, Schools will confirm receipt of this and follow their own Safeguarding policy and procedures.
- G. **If you are delivering speech therapy, there may be a member of the school support staff present in the session, they may also have heard/observed the same concern, do not rely on them sharing the concern with the DSL, please still follow the procedure above**
- H. **Associates have a responsibility to formally inform the Safeguarding team at Mable Head Office.**
- I. **It is important that even low-level safeguarding concerns are reported.**
- J. Complete the Mable Therapy Safeguarding form located in the Safeguarding Tab within the client's Clinical details area. [How to Record a Safeguarding Concern.](#)
- K. Associates and employees hold a responsibility to update the Head Office Team on any further progress, updates and information via the initial SG form.
- L. In the UK, further information and directions to local safeguarding authorities can be found by following this link [UK Safeguarding Authorities](#) a full list of Local CSWS, Early Help Practitioners and CAMHS across the UK can also be found [here](#)
- M. **Should Associates become aware a client will be accessing Mable Therapy outside of the UK, they must make the Safeguarding HQ Team aware ahead of the first session.**

15. Keeping yourself safe when dealing with a safeguarding concern:

- A. Dealing with a safeguarding concern may bring back past memories and experiences that

you may have suffered as a Child, Young person/adult. Some useful contacts are listed below, should you require support:

- B. The National Association for People Abused in Childhood (NAPAC) [NAPAC](#) 0808 801 0331
- C. The National Society for the Prevention of Cruelty to Children (NSPCC) [NSPCC](#) 0808 800 500
- D. The Samaritans [Samaritans](#) 116 123 or text **SHOUT** to 85258
- E. The Survivors Trust [Survivors Trust](#) 0808 801 0818

16. Safeguarding Database

- A. All Safeguarding concerns will be recorded on the Mable Safeguarding platform and read during office working hours by the Mable Therapy Safeguarding Team, should the team have further suggestions, these will be shared with the Associate as soon as possible. All relevant information will be added to the client Safeguarding Tab which the allocated therapist will be alerted to.
- B. Once discussed, the SG concern will be classified as one or more: Monitoring, Escalated to emergency services, Escalated to CSWS, NFA or client left.
- C. Safeguarding information held on the Mable Therapy platform will only be available to Safeguarding staff and the allocated therapist who raised the concern.

17. Record Keeping and Information Sharing

- A. The need to share information about child protection is paramount and overrides the confidential nature of the work. However, safeguarding concerns and information about vulnerable children must be handled carefully:
 - a. Documents and emails containing Safeguarding information will be sent password-protected.
 - b. Safeguarding forms are stored electronically; steps are taken to ensure that this is kept secure, e.g. using computer passwords and password locks when leaving computers unattended and restricted access.
 - c. Safeguarding Forms must always be completed on the same day the disclosure is made or the concerns arise using the Safeguarding Tab for the specific CYP.
 - d. Only Mable Therapy's email system is used for the electronic transmission of documentation. Personal email accounts must never be used for this purpose.
 - e. Wherever documents are posted, the envelope must be marked "Strictly Private and Confidential".
 - f. Information about children, young people/adults must be shared on a "need to know"

basis with the appropriate staff within the school setting and the Mable Therapy Head Office Team, however, consideration of the [Updated 1st May 2024 Information sharing advice for safeguarding practitioners](#) should be included.

- g. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare of children.
- h. Mable Therapy reserves the right to refer to statutory agencies if this is considered in the child's best interests, such as GP/Local Children's Services/Local Early Help Hubs. [What is Early Help?](#) , [What is Children's Services?](#)
- i. Under government guidance, local areas now have multi-agency escalation/dispute resolution protocols. Mable Therapy representatives are required to use these protocols in consultation with their line manager

Taking matters of abuse/significant harm forward after they have been reported:

- A. Where the Mable Head Office team have been made aware of either a Safeguarding concern or a disclosure of abuse, they must ensure the Associates have:
 - a. complied with the guidance set out within the policy
 - b. contacted the relevant agencies/parents/carers to ensure the CYP/ VA is kept safe with minimum disruption to the wellbeing of any person concerned.

What happens next?

- A. Should a referral be made to CSWS, under the Children Act 1989 they will be responsible for deciding what cause of action to take next, which could include:
 - a. **Section 17** - A CYP in need is defined under section 17(10) of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health or development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.
 - b. **Section 47** - If the local authority has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm they must make enquiries under section 47 to enable them to decide whether they should take any action to safeguard and promote the CYP's welfare. This duty also applies if a CYP is subject to an emergency protection order (under section 44 of the Children Act 1989) or in police protective custody under section 46 of the Children Act 1989.
 - c. **It is not the role or responsibility of Mable Therapy or any of its staff or Associates to investigate allegations of harm or risk of harm.**
 - d. All Safeguarding forms submitted to Mable Therapy will be read by the Mable Therapy

team, within office working hours. A member of the Safeguarding team will contact the Associate to acknowledge the concern raised. Support and suggestions around the concern will be offered should this be deemed appropriate or if the Associate request it.

- e. Mable Therapy Safeguarding team will be available for any Associate seeking support or case discussion during office working hours.

The Role of the Mable Therapy Safeguarding Team:

- A. To act as a support network to Associates and schools where concerns can be discussed to formulate next steps when a concern has been recorded. ii. Take part in strategy discussions and interagency meetings should the need arise.
- B. Support Associates in finding other agencies (within office working hours) to refer to.
- C. If requested, Support Associates and schools should a referral to Local Children's Services or Mental Health Services be deemed appropriate.
- D. Ensure any changes in legislation or findings from case reviews are disseminated to staff and associates promptly.
- E. Ensure all Associates undertake Safeguarding training to a minimum of Level 2 and that refresher training is updated every two years.
- F. Ensure that a Mable Therapy Safer recruitment procedure is followed when appointing any new associate or staff member.
- G. Mable Therapy DSLs will undertake Safeguarding and Child protection training at least every two years. In addition, they will update their knowledge and skills at regular intervals through e-bulletins, networking with other DSLs, keeping updated on Government legislation and upskilling in areas of concern identified via Mable Safeguarding forms.

The Role of Keys Group

- A. Keys Group have a duty of care to Mable Therapy, which includes;
 - a. Ensuring all reasonable steps are taken to safeguard CYP/A from abuse, managing risk and protecting the reputation of Mable Therapy.
 - b. Delegating the day-to-day operational Safeguarding to the Associates, Safeguarding Manager and wider Team.
 - c. Approving the Safeguarding Policy and overseeing its implementation and effectiveness, ensuring this is reviewed on an annual basis.
 - d. Appointing a Designated Safeguarding Lead, a Deputy and a Team of Safeguarding Officers.

- e. Must ensure that a suitably trained designated practitioner for safeguarding is available at all times during office working hours. Keys Group are ultimately responsible for safeguarding the provision.

Role of the Managing Director

- A. Ensure that all members of the team understand their safeguarding duties.
- B. To take reasonable steps to ensure that anyone who comes into contact with Mable Therapy is not exposed to any abuse or harm. It's important to remember that Keys Group are responsible for safeguarding even if they delegate tasks to others.
- C. Ensure all staff are aware of their safeguarding responsibilities. Safeguarding training is obligatory for individuals who work directly with children and young people and vulnerable adults.
- D. Make sure the DSL delivers a clear and robust safeguarding policy for the Company, which is tailored to activity and level of risk.
- E. If there are allegations of a violation of the safeguarding policy, make sure you take it seriously, report concerns to the appropriate regulatory body and or the Police and investigate following their guidance.
- F. Ensure the DSL reviews the Safeguarding/CP policy for preventing and dealing with safeguarding issues to ensure that it is effective and aligns with statutory guidance.
- G. Never cover up allegations or attempt to 'sweep them under the carpet'.
- H. The managing director is responsible for doing everything possible to ensure safeguarding standards at Mable Therapy are high.

18. Allegations of abuse made against staff

- A. Mable Therapy has to ensure that where an allegation against a member of staff or Associate has been substantiated, steps are taken to investigate the allegation and prevent other children from being harmed. Mable Therapy equally has a wider duty to ensure that the necessary authorities are informed of concerns about situations where a member of staff or volunteer has harmed a child, placed a child at risk of harm, or is unsuitable to work with children. Mable Therapy, therefore, takes responsibility for making the required referrals, to external regulatory bodies such as but not limited to the Disclosure and Barring Service (DBS) and PVG (Scotland).
- B. This section of this policy applies to all cases in which it is alleged that a current member of staff has:
 - a. Behaved in a way that has harmed a child, or may have harmed a child, or possibly

- committed a criminal offence against or related to a child, or
 - b. Behaved towards a child or children in a way that indicates they may pose a risk of harm to children, or
 - c. Behaved or may have behaved in a way that indicates they may not be suitable to work with children
- c. We will deal with any allegation of abuse against an Associate or member of staff very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation. Our procedures for dealing with allegations will be applied with common sense and judgement.

Definitions for outcomes of allegation investigations

- **Substantiated:** there is sufficient evidence to prove the allegation.
- **Malicious:** there is sufficient evidence to disprove the allegation, and there has been a deliberate act to deceive
- **False:** there is sufficient evidence to disprove the allegation
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation
- **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made

Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the DSL will take the following steps:

- A. Decide whether further enquiries are necessary to enable a decision on how to proceed and whether it is necessary to involve the police and/or children's social care services.
- B. Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the police or children's social care services
- C. Where the police and/or children's social care services are involved, the DSL will only share such information with the individual as has been agreed with those agencies.
- D. Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at Mable Therapy is justified or whether alternative arrangements can be put in place
- E. If an immediate suspension is considered necessary, agree and record the rationale for this with the managing director. Written confirmation of the suspension will be provided to the individual facing the allegation or concern.
- F. If it is decided that no further action is to be taken regarding the subject of the allegation or concern, record this decision and the justification for it and agree with the managing director on what information should be put in writing to the individual and by whom, as well as what

action should follow both in respect of the individual and those who made the initial allegation.

- G. If it is decided that further action is needed, take steps as agreed with the managing director to initiate the appropriate action.
- H. Inform the parents or carers of the child involved about the allegation as soon as possible if they do not already know (following an agreement with children's social care services and/or the police, if applicable). The DSL will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against the individual(s) (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of an individual will be advised to seek legal advice
- I. Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence)
- J. Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child.

Conclusion of a case where the allegation is substantiated

- A. If the allegation is substantiated, the individual will be dismissed from Mable Therapy. Mable Therapy will immediately cease to use all services.
- B. If the individual concerned is a member of the clinical team, the DSL will discuss with the managing director whether to refer the matter to the HCPC to consider prohibiting the individual from practising.

Individuals returning to work after suspension.

- A. If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the DSL will consider how best to facilitate this.
- B. The DSL will also consider how best to manage the individual's contact with the child or children who made the allegation if they are still a client of Mable Therapy.

Confidentiality

- A. Mable Therapy will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.
- B. The DSL will take advice from **Keys Group, managing director**, police and children's social care services, as appropriate, to agree:
 - a. Who needs to know about the allegation and what information can be shared
 - b. How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations concerning confidentiality
 - c. What, if any, information can be reasonably given to the wider community to reduce speculation.
 - d. How to manage press interest if, and when, it arises

Record-keeping

- A. The DSL will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:
 - a. A clear and comprehensive summary of the allegations
 - b. Details of how the allegation was followed up and resolve
 - c. Notes of any action taken and decisions reached (and justification for these, as stated above)
 - d. If an allegation or concern is not found to have been malicious, Mable Therapy will retain the records of the case on the individual's confidential personnel file, and provide a copy to the individual.
 - e. Where records contain information about allegations of sexual abuse, we will preserve these for the Independent Inquiry into Child Sexual Abuse (IICSA), for the term of the inquiry. We will retain all other records at least until the individual has reached normal pension age, or for ten years from the date of the allegation if that is longer.
 - f. The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

References

- A. When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.
- B. We are committed to regularly reviewing our policy. This policy is reviewed by the Mable Therapy on an annual basis or sooner if there is a change in legislation or there is applicable

learning from a critical incident or serious case review