



---

**PTUK membership no:** 2022005696  
**Email:** susiebetleypt@gmail.com  
**Web:** susiebetleycreativetherapies.com

---

## **Safeguarding & Child Protection policy**

Reviewed annually – next review Dec 2026

### **Aims**

Safeguarding and child protection is everyone's responsibility. The aim of this policy is to ensure that all the children I work with are protected through a thorough and effective culture of safeguarding within my practice and that, should a child disclose anything that makes me believe they may not be safe, the correct child protection procedures are followed to enable the best possible outcomes for that child. This means keeping the child and their wellbeing at the centre of my work.

This policy is based on government guidance (Keeping Children Safe in Education 2024, Working Together to Safeguard Children 2023, Information Advice for Safeguarding Practitioners 2015, The Children's Act 1989 - 2004 amendment, the Female Genital Mutilation Act 2003, and statutory guidance on the Prevent Duty), the UN Rights of the Child, as well as safeguarding guidance from PTUK.

### **Definitions**

*"Child Protection* is the protection of children from violence, exploitation, abuse and neglect."  
Article 19, UN Convention on the Rights of the Child

*Safeguarding* is defined in the statutory framework '*Working Together to Safeguard Children*' (Dec 2023) as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether this is inside or outside the home, including online
- preventing impairment of children's mental and physical health or development

- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

*Child Protection* is what we do when we believe a child is at risk of harm. *Safeguarding* is the measures we put in place for all children to remove or reduce the risk of harm.

## Early Help

Play Therapy is one way to offer early help to a child who is experiencing difficulties. However, the wider needs of the family must be considered when deciding the most appropriate support.

## My safeguarding procedures

Please see my risk assessment for further details of my safeguarding procedures. I provide this risk assessment for each organisation that I work with and can provide individual risk assessments for clients who would benefit from this. I work within the *PTUK's Ethical Framework for Play Therapy and Filial Play* (2013). When working within an organisation I will follow their Safeguarding and Child Protection procedures.

*Honouring the trust based in me as a practitioner (fidelity). I will:*

- ✓ *maintain confidentiality whilst remaining transparent in my practice*
- ✓ *always gain parental consent from those with parental responsibility whenever possible as well as consent from the client*
- ✓ *accept the client as they are*
- ✓ *act with integrity and present as warm and friendly*
- ✓ *provide clear consistent boundaries, resources, and keep the environment clean, tidy and safe, protecting the sanctity of the therapy room*
- ✓ *demonstrate respect and reliability*
- ✓ *prioritise safeguarding.*

*Respect for client's right to self-govern (autonomy). I will ensure my practice is:*

- ✓ *child-led*
- ✓ *diversity aware and I am mindful of the importance of representation in my range of kit*
- ✓ *permissive but safe, where the client can choose to play or not play*
- ✓ *non-judgmental, and I do not assume or interpret*
- ✓ *neutral but reflective.*

Commitment to healing (beneficence). I will:

- ✓ respect and use Axline's principles and boundaries (appendix A of this policy)
- ✓ hold space in a neutral yet warm manner
- ✓ provide consistency at every opportunity (room, time, response, feel, resources)
- ✓ demonstrate respect and reliability
- ✓ be diversity aware and I am mindful of the importance of representation in my range of kit
- ✓ ensure that I am ICO registered, password protect documents and am appropriately insured and supervised.

Commitment to avoiding harm (non-maleficence). I will:

- ✓ provide Health and Safety risk assessments for the environment, and individuals as needed
- ✓ use appropriate and safe language
- ✓ represent different groups in my kit for inclusivity
- ✓ ensure that I am aware of safeguarding issues and setting protocols and policies
- ✓ respect and use Axline's principles and boundaries, holding space in a supportive and protective way (verbal and non-verbal boundaries)
- ✓ not working outside of my confidence/qualification/ability level
- ✓ demonstrate my commitment to knowledge, professional development, and self-care through additional training and regular clinical supervision.

Fair treatment and access (justice). I will:

- ✓ provide consistency of boundaries
- ✓ be child-led
- ✓ hold space for all
- ✓ start every session with a boundary statement
- ✓ demonstrate my commitment to diversity, equality and inclusion through a diverse kit, respect for all and a commitment to accessibility.

Commitment to self-care and knowledge (self-respect). I will:

- ✓ honour processing time
- ✓ be aware of my limits and triggers
- ✓ know what belongs to me and what is the client's
- ✓ stay within limits of my training and experience
- ✓ attend regular supervision and support networks
- ✓ engage in personal therapy when required
- ✓ maintain appropriate boundaries
- ✓ always seek consent
- ✓ keep personal process diaries to share with my clinical supervisor.

I am clinically supervised by an experienced PTUK accredited clinical supervisor to ensure that I am working ethically and safely with all clients and as part of my continuing professional development. I attend the PTUK annual conferences to keep abreast of changes and research in

the field of creative therapies, as well as other training opportunities specific to play therapy. I update my safeguarding as required. I am trained in the government's Prevent Duty and FGM and will refer any concerns I have around radicalisation, extremism, or exploitation of children and young people to the organisation's designated safeguarding leads (see safeguarding checklist below).

I have a CV illustrating my career, training, and explaining any gaps in employment.

I have enhanced DBS checks every three years to certify that I am not barred from working with children and young people, and that I have no criminal convictions or cautions that would make me unsuitable to work with children and young people. I am on the automatic update service to ensure that this is kept up to date.

*DBS certificate number: 001946835034*

I have ICO registration to ensure GDPR compliance and data protection which I renew annually.

*ICO registration reference: ZB478067*

I password protect all electronic documents and use PTUK's secure data management system, Fortuna.

I have public liability and personal indemnity insurance through Holistic Insurance, which is renewed annually.

I have a therapeutic will which identifies who should be contacted if I am unable to continue working with clients due to serious illness/accident or death. The executor of this therapeutic will is my clinical supervisor, and this will also be shared with any placement that I work with. This ensures that measures are put in place quickly to inform clients and their families, provide support, and continue therapy with an appropriately trained therapist in my absence if required.

I share a boundary statement at the start of every session, reminding the children how long they may play, that it is their choice to play or not play, and that I will only stop them if I think they are unsafe and/or are hurting themselves, me, or things in the room. I prepare children for the end of a session by giving them a ten-minute and two-minute warning and a ten second count down. I then remind them of the next time I will see them and that everything in the room will be there for them the next time they come. Should a child need additional support with transitions to and from the therapy room, an individual risk assessment will be drawn up prior to starting sessions in consultation with all stakeholders.

When starting play therapy with an organisation an appropriate room will be agreed on, which will remain consistent wherever possible throughout the episode of therapy. I will put 'do not

disturb' signs on each external door to maintain the confidentiality of each client's sessions. Client process boxes will be kept in a locked cupboard at the organisation between sessions.

## Health & Safety

I will check the therapy room every time I use it to ensure that there are no obvious hazards.

## Safeguarding Checklist

<b>Policy &amp; procedure</b>	
Read and understood Working Together to Safeguard Children 2023 & KCSiE including updates	✓
Safeguarding policy reviewed and updated annually and made accessible on my website	✓
Complaints policy reviewed and updated annually and made accessible on my website	✓
ICO registration up to date to ensure GDPR compliance – PTUK GDPR policy used	✓
Enhanced DBS checks in place and automatically updated	✓
Public liability & personal indemnity insurance	✓
Risk Assessments completed for each placement	✓
Therapeutic will/executor identified	✓
<b>Training</b>	
PREVENT & FGM training completed annually	✓
Safeguarding training completed annually	✓
Annual CPD 30 hours minimum	✓
<b>Supervision</b>	
Clinical supervisor seen regularly	✓
Clinical supervisor is approved by PTUK	✓
<b>Recording &amp; auditing</b>	
Records of all client sessions and clinical supervision are kept on Fortuna	✓
Any paper records identifying CYP are locked in a fire-proof filing cabinet	✓
All electronic documents are password protected	✓
<b>Child protection procedures [private practice]</b>	
DSL training completed – due Sept 2027	✓

## Child Protection procedures

### What is child abuse?

I acknowledge that child abuse can happen anywhere, in any setting or in any family. Child abuse is defined as an action by another person, adult or child, that causes significant harm to a child. There are many different types of abuse (physical, sexual, emotional, domestic abuse, exploitation and trafficking, grooming, and neglect) and often children who are being abused experience more than one type of abuse. The absence of warm, loving and safe relationships and the failure to meet the basic needs of any child constitutes abuse under the term 'neglect'. Child

abuse often happens over time, rather than being a one-off event and increasingly happens online.

NSPCC link for further details on each type of abuse:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

### **How I manage a disclosure**

At the beginning of each session, I share my boundary statement and remind the child/ren what confidentiality is (appendix B of this policy). Should a child disclose something which makes me believe that they are at risk of harm I will stop the session and refer the child back to the image of the stick people in the room and remind them that I need to tell a DSL as I am worried about their safety. I will record factually and using the child's own words what they said to me on the disclosure form (appendix C of this policy). I will tell the child that I am taking notes so that I remember what they are telling me correctly.

I will remain calm, non-judgemental, and listen without interruption. I will only ask questions to clarify what I have heard if I need to e.g. "You said... is that right?" I will use the phrases "Tell me more...", "Explain that to me...", "Describe that..." I will make no value judgements about what has happened or about the alleged perpetrator.

I will then acknowledge to the child that they have done the right thing by telling me, that this is their story to tell and ask if they want to speak to the DSL together, or for me to speak to the DSL first. Depending on their answer, I will either go immediately to the DSL with the child or tell the child that I will use my notes to tell their story. I will pass my notes to the school and keep a photo of them for my own records. These will be saved and password protected on my laptop, then deleted from my phone. I will then contact my clinical supervisor for a debrief.

### **Record keeping**

All client records will be kept securely for up to 25 years in case they are required by a court of law. My records will not disclose information on the child's therapeutic processes, but only the kit they engage with, key themes, therapeutic objectives and SDQ and SEPACTO (System for Evaluating Play and Creative Arts Therapy Outcomes) scores. Records are kept securely on Fortuna, PTUK's data management system.

### **SEND**

I am mindful that children and young people with special educational needs and disabilities are more vulnerable to abuse. I am an inclusive play therapist and welcome *all* children and young people if their needs match my level of training and expertise. I will discuss with parents/carers and the child or young person about any reasonable adjustments that I can make to support their engagement. I am currently learning British Sign Language level 1.

## **Working with groups**

I only work with groups in a school setting. My risk assessment covers working with groups. I am qualified to work with up to 6 clients in a group with SDQ scores between 11-16. Their therapeutic needs must be similar, and with no more than a year in age between them. Consent is gained in the usual way. We draw up a group contract in the first session to explain and agree confidentiality and respect. If a child discloses during a group session, I will stop the session and return the other children to a safe adult. I then follow my procedures for managing a disclosure (see above). I would then request the school DSL inform the parents of the other children that a disclosure has been made whilst maintaining confidentiality about any details beyond what was said in the group therapy session.

## **Children Looked After (CLA) & children with a social worker**

This will always be discussed with my clinical supervisor before agreeing to work with a child or young person to ensure I have the appropriate skills and experience. I have completed Trauma Informed Schools training for Trauma Informed Practice, as well as the Beacon House Trauma Training for Professionals. I am also trained in Protective Behaviours Level 2.

## **Key contacts and links**

I will work within the organisation's child protection procedures when working in schools. However, useful contacts and links to list in this policy include:

HCC Children's Services – 0300 123 4043

NSPCC Helpline – 0808 800 5000

<https://playtherapy.org.uk/wp-content/uploads/2024/11/PTUK-Prevent-Duty.pdf>

<https://playtherapy.org.uk/wp-content/uploads/2021/06/PTUK-safeguarding-policy.pdf>

<https://playtherapy.org.uk/wp-content/uploads/2023/10/PTUK-Whistleblowing-policy.pdf>

### Virginia Axline's Eight Principles

1. The therapeutic relationship must be engaging and inviting, providing warmth and rapport at the earliest possible moment.
2. The child must be unconditionally accepted by the therapist.
3. The therapeutic environment must be non-judgmental in order for the child to feel uninhibited in the expression of emotions, feelings, and behaviours.
4. The therapist must be attentive and cognisant of the child's behaviours in order to provide reflective behaviours back to the child so that he or she may develop self-awareness.
5. The therapist relies on the child's ability to find solutions, when available, to his or her own problems and understands that the child is solely responsible for the transformational choices he or she makes or does not make.
6. The therapist acts as the shadow, allowing the child to lead the therapeutic journey through dialogue and actions.
7. The therapist recognises that the procedure is one that is steady and should progress at its own pace, not a pace set by the therapist.
8. The only limitations and boundaries that are set are ones that ensure the therapeutic process stay genuine and that the child remains in the realm of reality, aware of his or her purpose and role in the therapy.

## Welcome to play therapy

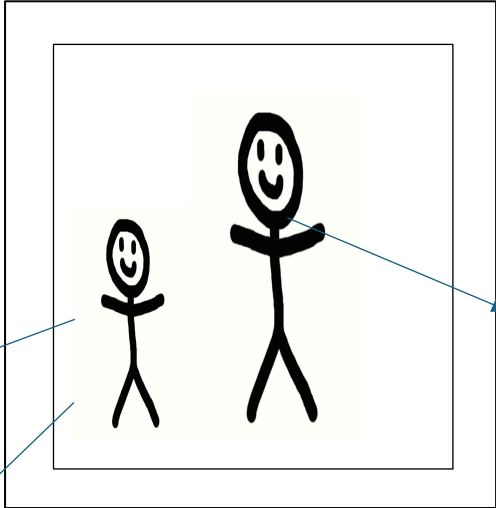
Shared at the start of every session

My name is Susie.

These are the boundaries:

- You have 40 minutes.
- You can play or not play.
- I won't stop you unless you hurt yourself, me, or the things around us or I think you are not safe.

Confidentiality:



You can choose to tell anyone you trust about the sessions, or you may chose to not tell. It is up to you...

I will not tell anyone about the sessions unless you say something that makes me think you are not safe, and then I will tell X and X (DSLs).

Disclosure form

Child's name:	Today's date and time:	Location:
Year group & DoB:	Therapist: Susie Betley	PTUK no: 2022005696
Date of incident if known:		
Incident/concern:		
Other relevant information:		
Action taken:		
Signature & date of report:		

