ROSEWOOD THERAPY AND WELLBEING

SAFEGUARDING AND CHILD PROTECTION POLICY

Policy owner: Natasha Rose
Role: Therapist and Designated Safeguarding Lead
Location: Cambridgeshire, England
Services: Creative therapy, Interpersonal Psychotherapy for Adolescents (IPT-A) and talking therapy
Client group: Primarily children and young people, with adults also accepted
Policy date: October 2026
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1. Introduction

Rosewood Therapy and Wellbeing provides therapeutic support to children, young people and adults through creative therapy, Interpersonal Psychotherapy for Adolescents (IPT-A) and talking therapy.

I, Natasha Rose, recognise that every child has the right to feel safe, valued and protected from abuse, neglect, exploitation and all other forms of harm. Adults who access my services also have the right to be treated with dignity and to receive support in a safe therapeutic environment.

As a sole practitioner, I am responsible for implementing this policy, responding to safeguarding concerns and making appropriate referrals to external safeguarding agencies. I will seek advice from relevant safeguarding services and professional supervisors when necessary.

This policy applies to all therapeutic work undertaken through Rosewood Therapy and Wellbeing, including appointments held in rented therapy rooms or clinic premises.

It covers safeguarding concerns arising during therapy and concerns disclosed or identified through my professional work, even where the child or adult concerned is not receiving therapy from me.

2. Safeguarding principles

Rosewood Therapy and Wellbeing recognises that:

- The welfare of the child is paramount.
- Every child has the right to protection from abuse, neglect and exploitation.
- Adults have the right to live free from abuse, neglect and avoidable harm.
- All clients must be treated fairly and with dignity, respect and sensitivity.
- Some children and adults may be particularly vulnerable because of disability, communication needs, previous experiences, mental health difficulties or dependence on others.
- Children and adults should be listened to and taken seriously when they express concerns.
- Safeguarding is everyone's responsibility.
- Confidentiality is important but is not absolute when information needs to be shared to protect someone from harm or meet a legal obligation.
- Safeguarding concerns must be acted upon promptly and proportionately.
- A referral does not require proof that abuse has occurred.

3. Legal and professional framework

This policy is informed by relevant legislation and guidance, including:

- Children Act 1989 and Children Act 2004.
- Children and Social Work Act 2017.
- Human Rights Act 1998.
- Equality Act 2010.
- Sexual Offences Act 2003.
- Safeguarding Vulnerable Groups Act 2006.
- Protection of Freedoms Act 2012.
- Counter-Terrorism and Security Act 2015, including the Prevent duty where applicable.
- Domestic Abuse Act 2021.
- Care Act 2014, where relevant to adult safeguarding.
- Data Protection Act 2018 and UK GDPR.
- Working Together to Safeguard Children 2026.
- Applicable BACP ethical and professional guidance.
- Local safeguarding procedures for Cambridgeshire and Peterborough.

I will keep my safeguarding practice under review and follow the applicable BACP Ethical Framework, including the 2026 framework from its mandatory implementation date of 3 November 2026.

4. Purpose of this policy

This policy aims to:

- Protect children, young people and adults accessing Rosewood Therapy and Wellbeing.

- Explain my safeguarding responsibilities as a sole practitioner.
- Identify potential indicators of abuse, neglect and exploitation.
- Establish procedures for responding to disclosures, allegations and concerns.
- Explain how safeguarding referrals will be made.
- Maintain safe professional boundaries and lone-working arrangements.
- Establish appropriate recording, confidentiality and information-sharing practices.
- Promote safe therapeutic practice through training, supervision and professional development.

5. My safeguarding responsibilities

As the owner and sole practitioner, I am responsible for:

- Acting as the Designated Safeguarding Lead (DSL).
- Responding to concerns and making appropriate referrals.
- Maintaining appropriate DBS clearance for my role and activities.
- Maintaining relevant safeguarding training and professional development.
- Accessing appropriate professional supervision and safeguarding advice.
- Following local referral procedures.
- Keeping accurate and secure safeguarding records.
- Explaining consent, confidentiality and safeguarding limits to clients and parents or carers.
- Maintaining safe professional boundaries and lone-working procedures.
- Reviewing this policy annually and following significant changes or incidents.

Where I need assistance, I will contact the appropriate safeguarding service or professional supervisor. I will not delay urgent protective action while seeking advice.

6. Recognising abuse and neglect

Abuse may be committed by adults or other children. It may occur within families, schools, relationships, communities or online environments.

6.1 Physical abuse

Physical abuse involves deliberately causing physical injury or harm, including hitting, shaking, burning, biting, poisoning, suffocating or using excessive physical punishment.

Possible indicators include unexplained injuries, repeated injuries, inconsistent explanations, fear of a particular person or reluctance to return home.

6.2 Sexual abuse

Sexual abuse involves forcing, coercing, manipulating or enticing a person into sexual activities.

It may include sexual assault, grooming, sexual exploitation, exposure to sexual material, involvement in pornography, online sexual abuse or coercion.

A child may not understand that what is happening to them is abuse.

6.3 Emotional abuse

Emotional abuse involves persistent or severe emotional maltreatment that causes, or is likely to cause, harm to emotional development or wellbeing.

Examples include repeated humiliation, rejection, threats, intimidation, coercive control, deliberate isolation, exposure to domestic abuse and persistent messages that a child is worthless or unwanted.

6.4 Neglect

Neglect involves the persistent failure to meet a child's basic physical or psychological needs, likely to result in serious impairment of health or development.

Examples include inadequate food, clothing or shelter, failure to obtain necessary medical care, inadequate supervision, failure to protect from danger and persistent failure to respond to emotional needs.

6.5 Other safeguarding concerns

Other concerns may include domestic abuse, bullying, cyberbullying, child sexual or criminal exploitation, trafficking, female genital mutilation, forced marriage, radicalisation, harmful sexual behaviour between children, online grooming, self-harm and serious risks to safety.

I will take concerns seriously and seek appropriate advice or make a referral where necessary. No single indicator necessarily proves that abuse has occurred.

7. Safeguarding adults

Although my practice primarily supports children and young people, I also work with adults.

Where I have concerns about abuse, neglect, exploitation, domestic abuse or another risk to an adult, I will:

- Listen and take the person's concerns seriously.
- Consider their wishes, immediate safety and relevant support needs.

- Contact emergency services if there is immediate danger.
- Seek advice from or refer to the appropriate adult safeguarding service where necessary.
- Respect the person's autonomy and confidentiality, subject to applicable safeguarding and legal obligations.
- Record concerns, decisions and actions taken.

Adult safeguarding concerns will be managed in accordance with the Care Act 2014, relevant local procedures and applicable professional guidance.

8. Responding to a disclosure

If a child, young person or adult discloses abuse or harm, I will:

1. Listen calmly and allow them to speak at their own pace.
2. Reassure them that they have done the right thing by telling me.
3. Avoid blame, criticism, disbelief or promises of secrecy.
4. Avoid leading questions or attempting to investigate the allegation.
5. Ask only necessary, open questions to establish immediate safety.
6. Explain that information may need to be shared with people who can help protect them.
7. Assess whether they or another person are in immediate danger.
8. Contact the appropriate safeguarding service where necessary.
9. Record the person's words as accurately as possible.
10. Follow advice received and document subsequent actions.

A disclosure does not automatically require a therapy session to end immediately. I will consider immediate safety, the person's emotional state and the appropriate next steps.

Where a child needs a handover to a safe adult, I will arrange this appropriately. If a parent or carer may be responsible for the harm, or contacting them could increase risk, I will seek advice from children's social care or the police before notifying them.

9. Reporting safeguarding concerns

I will act promptly where I have reasonable concerns that a child or adult may be at risk of harm.

For children, I will contact the appropriate children's social care service and follow the relevant local referral process.

For adults, I will contact the appropriate adult safeguarding service where necessary.

I will provide the information available to me, distinguish observations from reported information, record the agency contacted and follow any advice or agreed actions.

If I remain concerned following a referral, I will seek further advice or escalate the concern appropriately. I will not assume that making one referral removes my responsibility to respond to new information.

10. Immediate danger or medical emergency

If a person is in immediate danger or requires urgent medical assistance, I will call 999.

Where safe and appropriate, I will remain with the person until help arrives and take reasonable steps to protect them from further harm.

I will follow emergency services' advice and make any necessary safeguarding referral. The incident and actions taken will be recorded as soon as practicable.

11. Preventing radicalisation

Where applicable to my work, I will have due regard to the Prevent duty under the Counter-Terrorism and Security Act 2015.

If I have concerns that a child or young person may be at risk of radicalisation, I will seek advice through the appropriate safeguarding or Prevent pathway and make a referral where necessary.

I will approach concerns proportionately and without discrimination.

12. Consent, confidentiality and information sharing

Before therapy begins, I will explain the service, consent arrangements and limits of confidentiality.

I will consider the child's age, understanding, wishes and circumstances, alongside appropriate parental consent and parental responsibility.

Information may be shared without consent where there is an appropriate lawful basis and sharing is necessary to protect a person from harm or meet another legal obligation.

Where possible and appropriate, I will explain why information needs to be shared. I will not delay necessary safeguarding action to obtain consent where doing so could place someone at further risk.

I will share information only with appropriate recipients and record significant information-sharing decisions.

13. Safe therapeutic practice

I will:

- Work within my professional competence and scope of practice.
- Maintain appropriate professional boundaries.
- Use agreed professional communication channels.
- Avoid inappropriate personal contact with child clients outside therapy arrangements.
- Not use personal social media accounts to communicate privately with child clients.
- Ensure any physical contact is appropriate to the client's needs and consistent with professional guidance.
- Maintain appropriate clinical and safeguarding records.
- Explain confidentiality and consent arrangements.
- Ensure rented therapy rooms or clinic premises are suitable for safe therapeutic work.
- Access appropriate professional supervision.

Where sessions take place in an organisation's premises, I will clarify relevant safeguarding arrangements and responsibilities.

14. Lone-working policy

Rosewood Therapy and Wellbeing is operated by Natasha Rose as a sole practitioner. I recognise that working alone requires practical safeguards to protect both clients and myself.

14.1 Before appointments

I will:

- Confirm appointment arrangements and the location of sessions.
- Maintain appropriate client and emergency contact information.
- Establish who is responsible for bringing and collecting child clients.
- Record appointment times in my work diary.
- Consider relevant safeguarding information and known risks.
- Ensure the clinic or therapy room is suitable for safe practice.

14.2 Check-in arrangements

I will nominate a trusted adult as my check-in contact where appropriate to my working arrangements.

I will agree when I am expected to check in, how the contact can reach me, and what action should be taken if I fail to check in or cannot be contacted.

Where I work late, travel between locations or undertake home visits, I will consider additional check-in arrangements based on the risks involved.

14.3 Rented premises safety

Before using a therapy room or clinic, I will familiarise myself with:

- Emergency exits and fire procedures.
- First aid arrangements.
- Building access and security.
- How to summon assistance.
- The location's procedures for incidents or emergencies.
- Any relevant rules about children attending and leaving the premises.

I will keep my phone accessible where appropriate and will not continue a session if I believe it is unsafe to do so.

14.4 Child arrival and collection

Before a child begins therapy, I will agree arrangements with the parent or carer concerning arrival, collection, authorised adults and emergency contacts.

I will clarify whether the parent or carer remains on the premises and whether the child may leave independently, where appropriate.

I will not release a child to an unauthorised person where doing so could place them at risk.

14.5 If I cannot safely manage a situation alone

If a situation becomes threatening or cannot be managed safely, I will seek assistance, contact emergency services where necessary and consider whether the session or service can continue safely.

I will record significant incidents and discuss relevant professional concerns in supervision.

15. DBS checks, training and supervision

I am a member of the British Association for Counselling and Psychotherapy (BACP).

I currently hold an enhanced DBS check with a children's barred-list

I will maintain appropriate clearance and relevant safeguarding training in accordance with legal and professional requirements.

I will also maintain appropriate supervision, professional development and awareness of changes to safeguarding guidance.

If I engage another practitioner or worker in future, I will review this policy and establish appropriate recruitment, vetting, training and supervision arrangements.

16. Allegations about my conduct

Any allegation or concern about my conduct involving a child or adult will be taken seriously.

I will seek advice from the appropriate external safeguarding authority, including the Local Authority Designated Officer (LADO) where applicable to an allegation involving someone working with children.

I will not investigate an allegation against myself or take action that could compromise an investigation.

I will cooperate with appropriate investigations and meet relevant legal and professional reporting requirements.

17. Record keeping

I will maintain accurate, factual and timely records of safeguarding concerns, disclosures, referrals and actions taken.

Records will distinguish between direct observations, the person's own account, information received from another person and professional opinion.

Records will be stored digitally using appropriate security measures, with access restricted to authorised individuals. Retention and disposal will follow my documented record-retention schedule and applicable legal and professional requirements.

18. Complaints

Clients, parents and carers may raise concerns through my complaints procedure.

Where a complaint raises a safeguarding concern, I will take appropriate protective action and make any required referral without waiting for the complaints process to conclude.

19. Review

This policy will be reviewed annually and sooner if required following changes to legislation, professional guidance, local procedures, services or significant safeguarding incidents.

Policy owner: Natasha Rose
Designated Safeguarding Lead: Natasha Rose

Date: 09 October 2026