

SAFEGUARDING POLICY

Clinical Psychology & Employee Wellbeing Practice

1. Policy Statement

The Origami group is committed to safeguarding and promoting the welfare, safety, and rights of **children, young people, and adults at risk**. Our therapeutic work often involves disclosures of trauma, abuse, or risk. Therefore, safeguarding is a fundamental part of our clinical governance, professional responsibility, and ethical integrity.

All staff and practitioners have a duty of care to protect clients from harm, abuse, exploitation, and neglect—both within and outside the therapy room. This policy provides a clear framework for recognising concerns, responding appropriately, and acting in line with statutory obligations and best practice.

2. Purpose of the Policy

This policy aims to:

- Ensure legal and ethical compliance with safeguarding responsibilities
- Support staff to identify and respond appropriately to safeguarding concerns
- Provide clear procedures for reporting and escalation
- Promote a psychologically safe, confidential, and trusted therapeutic environment
- Establish a safeguarding culture of openness, accountability, and learning

3. Legal and Regulatory Framework

This policy complies with the following key legislation and guidance:

- **Children Act 1989 & 2004**
- **Working Together to Safeguard Children (2018)**
- **Care Act 2014 (England) / Social Services and Well-being Act 2014 (Wales)**
- **Safeguarding Vulnerable Groups Act 2006**
- **Mental Capacity Act 2005**
- **Keeping Children Safe in Education (where relevant)**
- **General Data Protection Regulation (UK GDPR)**
- **Professional standards (e.g., BACP, UKCP, HCPC, NMC)**

4. Scope

This policy applies to:

- All employed or self-employed therapists and clinicians
- Supervisors, case managers, and clinical leads
- Administrative, support, and leadership staff
- Volunteers, students, and contractors working with the practice
- All clients (adults and children) engaging in psychotherapy or wellbeing services, including remote delivery

5. Definitions

- **Child:** Anyone under the age of 18.
- **Adult at Risk:** An adult who is unable to protect themselves from abuse or exploitation due to age, illness, disability, or life circumstances.
- **Safeguarding:** Protecting individuals from harm, abuse, neglect, and exploitation, and promoting wellbeing.

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- **Abuse:** Can be physical, emotional, sexual, financial, discriminatory, or institutional, and may include neglect, domestic violence, coercive control, or self-neglect.

6. Roles and Responsibilities

All Staff and Therapists Must:

- Complete safeguarding training (at least every 2 years)
- Be alert to signs of abuse, neglect, or risk of harm
- Know how to respond to disclosures and concerns
- Report concerns immediately following the procedure outlined in this policy
- Maintain appropriate clinical records of any safeguarding incidents

Designated Safeguarding Lead (DSL):

- Sabina Challenger, Crisis Intervention Specialist
 - Holds overall responsibility for safeguarding policy, oversight, and escalation
 - Receives and assesses all safeguarding reports
 - Liaises with external agencies, social services, and law enforcement
 - Keeps up to date with training and legislation
 - Reviews incidents for learning and policy improvement

Deputy DSL (if appointed):

- Acts in the absence of the DSL
- Supports implementation of safeguarding practices across the organisation

7. Recognising Abuse and Risk

Therapists may become aware of safeguarding concerns through:

- **Direct disclosure** by a client
- **Observation** of injuries, behaviours, or emotional distress
- **Third-party disclosures** from parents, carers, or other professionals
- **Risk assessments** indicating suicidal ideation, self-harm, domestic violence, or coercion

Signs to be aware of:

- Inconsistencies in a client's narrative
- Unexplained injuries or physical neglect
- Controlling or isolating relationships
- Dramatic changes in presentation or functioning
- Financial exploitation or dependency

8. Responding to Concerns: Immediate Steps

If a safeguarding concern arises:

1. **Listen without judgment** – do not press for details.
2. **Reassure** the client that they have done the right thing in disclosing.
3. **Do not promise confidentiality** where harm or illegal activity is involved.
4. **Record** the concern in writing as soon as possible (use the Safeguarding Concern Form).
5. **Report** the concern to the DSL within 24 hours or immediately if urgent.
6. **Take emergency action** if someone is in immediate danger – call 999.

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9. Escalation and Reporting Procedure

9.1 Internal Reporting

- Report to the DSL (or deputy DSL if unavailable).
- Complete the **Safeguarding Concern Form** with objective, factual details.
- DSL will assess the level of risk using a safeguarding triage framework.

9.2 External Reporting

Where required, the DSL will escalate to:

- **Children's Social Care / Adult Safeguarding Teams**
- **Local Authority Designated Officer (LADO)** (for concerns involving staff)
- **Police**, if a crime is suspected or immediate danger is present
- **Regulators** (e.g., BACP, UKCP, ICO) where appropriate

10. Safeguarding in Therapy Contexts

Therapeutic practice carries unique sensitivities:

- **Client confidentiality** is central but overridden where there is serious risk of harm.
- **Suicide risk** is managed through clinical judgment and risk protocols; safeguarding escalation is necessary when risk is high and imminent.
- **Historic abuse disclosures** require careful handling—clients should be informed about their rights and options; action is taken if others remain at risk.
- **Working with minors** must include clarity on parental consent, Gillick competence, and mandatory reporting responsibilities.
- **Remote therapy** requires extra diligence around verifying identity, environment safety, and detecting signs of abuse or coercion.

11. Staff Safety and Support

- Staff involved in safeguarding incidents will be offered debriefing and clinical supervision.
- Supportive action (e.g., caseload review, EAP referral) may be taken to protect wellbeing.
- Any staff member accused of misconduct will be treated fairly and subject to investigation under a separate disciplinary process.

12. Record Keeping and Confidentiality

- Safeguarding records are kept **separate** from standard clinical notes.
- Records are **confidential**, securely stored, and shared only on a need-to-know basis.
- All safeguarding records are retained for a minimum of **7 years**, or longer where required by law.

13. Training and Supervision

- All staff must undergo safeguarding training appropriate to their role (Level 2 or higher).
- Training is refreshed **every 2 years** or when legislation changes.
- Clinical supervision should routinely include space to reflect on safeguarding issues.
- The DSL and Deputy DSL must hold advanced safeguarding training and remain up to date with guidance.

14. Policy Review and Governance

This policy is reviewed **annually** or following:

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- A significant safeguarding incident
- Regulatory or legal changes
- Feedback from staff, clients, or supervisory bodies

Policy Version: 1.0

Approved by: Amy Stoddard-Ajayi

Role: CEO and Founder

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