

Children's Sensory Therapy

Safeguarding Policy and Procedures



Part 1 – Policy.....	3
1.1 Introduction.....	3
1.2 The aim of this policy.....	3
1.3 Definitions.....	4
1.4 Legal Framework and Guidance.....	5
1.5 Supporting documents.....	5
1.6 Roles and Responsibilities.....	5
1.7 The Role of the Senior Management Team.....	6
1.8 The Role of the Designated Safeguarding Lead.....	6
1.9 Key Contacts - CST.....	7
1.10 Other Contacts.....	7
1.11 Policy Review.....	8
Part 2 – Procedures.....	9
2.1 Introduction & Key Principles.....	9
2.2 Recognition of abuse.....	9
2.3 Responding to immediate harm or danger.....	9
2.4 Responding to disclosures and concerns.....	9
2.5 Reporting and Recording.....	10
2.5.1 During work at the CST clinic.....	10
2.5.2 When working with young people in an external setting.....	11
2.6 Recording.....	11
2.7 What to do if you have a concern about child-on-child abuse.....	11
2.8 Supporting Staff.....	12
2.9 NSPCC Helpline.....	12
2.10 Referral Outcomes.....	13
2.11 Escalation.....	13

Part 3 – Concerns about adults.....	13
3.1 Reporting concerns about an adult.....	14
3.2 Referral to the Disclosure and Barring Service (DBS)	14
3.3 Low-Level Concerns.....	15
Part 4 – Other Issues	16
4.1 Record Keeping	16
4.2 Sharing Information	16
4.3 Whistleblowing.....	17
4.4 Safeguarding Vulnerable Adults (Adults at Risk).....	18
4.5 Safer Recruitment.....	20
Advertising of posts	20
Pre-employment and vetting	20
Post-appointment.....	21
4.6 Training and Induction.....	22
4.7 Photography and Social Media	22
4.8 Radicalisation.....	22
Part 5 – Online Safety	23
5.1 Identifying and responding to concerns.....	23
5.2 Staff Conduct	23
Appendix 1 – Types of Harm and Abuse (NSPCC Guidance).....	25
Appendix 1b – Other forms of harm (NSPCC).....	26
Appendix 2 – Safeguarding Reporting Form.....	28
Appendix 3 – Code of Conduct.....	31
Appendix 4 – Photography Consent Form	34
Appendix 5 – Procedure Flowchart.....	36

Part 1 – Policy

1.1 Introduction

At CST we are deeply committed to safeguarding children and promoting their welfare. We expect all staff, Senior Leads and visitors to share this commitment by maintaining a vigilant and safe environment. It is the responsibility of everyone at CST to act immediately and report any concerns that might suggest a child is being abused or neglected. This commitment is underpinned by our collective responsibility to work safely and challenge inappropriate behaviours.

We are committed to equality, inclusion and anti-discriminatory practice and will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

We recognise that all children can be exposed to risk, harm or abuse but also that some have additional vulnerabilities. In our work at CST we work with children and young people who are neurodivergent; for example, those who are autistic, have ADHD, or who have experienced early life trauma, and/or have learning disabilities, special educational needs (SEN), or social, emotional and mental health (SEMH) needs.

We believe in working in partnership with families and other agencies to improve outcomes for children who are vulnerable or in need. Our approach to safeguarding is child-centred, meaning that our primary consideration is what is in the best interests of the child. This aligns with the guidance from the Department for Education (DfE) in *Keeping Children Safe in Education* (KCSIE) 2024, which states:

“Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families and carers has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.”

1.2 The aim of this policy

The aim of our work and this policy is to ensure that children and young people (CYP) are effectively safeguarded from any potential risk of harm and that their safety and well-being remain the highest priority in all aspects of our work.

Our principles are that:

- **Safeguarding and promoting the welfare of CYP is everyone’s responsibility.** Every member of the CST community has a role to play in safeguarding, ensuring that the well-being of CYP is the focal point of our actions.
- **A child-centred approach is paramount.** All professionals must always consider what is in the best interests of the pupil. This is best achieved by each individual and agency working together to meet the needs of our most vulnerable children.
- **We adopt an ‘it can happen here’ approach to safeguarding.** This ensures that we are always vigilant and proactive in safeguarding matters.

- **Everyone who comes into contact with CYP has a role to play.**
This includes identifying concerns, sharing information, and taking prompt action to protect CYP.
- **Victims of harm are supported without judgment.**
Victims should never feel that they are creating a problem by reporting abuse, sexual violence, or sexual harassment, nor should they feel ashamed for coming forward.

At CST we will seek to keep children and young people safe by:

- valuing, listening to and respecting them
- adopt child protection and safeguarding best practice through our policies, procedures and code of conduct for staff
- implementing effective online safety practices and related procedures
- providing effective support for staff at CST through line management and training so that all staff, and any student placements, know about and follow our safeguarding policies, procedures and behaviour codes confidently and competently
- selecting staff safely, ensuring all necessary checks are made
- making sure that children, young people and their families know where to go for help if they have a concern when working with CST
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment at CST, by applying health and safety measures in accordance with the law and regulatory guidance

1.3 Definitions

Safeguarding - In the context of this policy, “safeguarding and protecting the welfare of children” is defined as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing the 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
- taking action to enable all children to have the best outcomes

(Keeping Children Safe in Education, 2024)

Child Protection - This is a part of safeguarding and promoting welfare. It refers to the processes undertaken to protect children who have been identified as suffering or being at risk of suffering significant harm. Action should be taken to protect a child if they are suffering or are likely to suffer significant harm.

Staff - This term refers to all individuals working for or on behalf of the AEP, whether full-time or part-time, temporary or permanent, and whether they are in a paid or voluntary capacity.

DSL/DDSL - These abbreviations refer to the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead at the AEP.

Child/children - This term refers to anyone under the age of 18.

Young People - This term refers to adult children/ young people aged 18-19 years old.

Parents - This term encompasses birth parents and other adults who are in a parenting role, such as step-parents, foster carers, adoptive parents, and local authority corporate parents.

1.4 Legal Framework and Guidance

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. In England, child safeguarding legislation is covered by three main acts:

- Children Act 1989
- Children Act 2004
- Children and Social Work Act 2017

Together, these provide the framework for child protection and safeguarding.

In addition we follow the guidance provided by:

- [Working Together to Safeguard Children](#)
- [Keeping Children Safe in Education](#)

A summary of the key legislation and guidance is available from <https://learning.nspcc.org.uk/child-protection-system/england>

1.5 Supporting documents

This policy statement should be read alongside our organisational culture, policies, procedures, guidance and other related documents:

The CST Handbook contains information about the following:

- Safer Recruitment
- Health and Safety
- Whistleblowing
- Disciplinary
- Equality
- Staff Code of Conduct

1.6 Roles and Responsibilities

All staff at CST have a responsibility to provide a safe environment for children and work in a child-centred way, always considering the best interests of the child. By reading and understanding this policy and attending appropriate safeguarding training, all staff and volunteers are expected to be aware of the following safeguarding actions:

- How to raise a concern about a child's welfare by speaking to the DSL (or deputy).
- If there is a risk of immediate serious harm to a child and the DSL or deputy is not readily available, they should call the police on 999.
- Know how to respond if a child tells them they are being abused, exploited, neglected, or otherwise at risk of harm.
- Be aware of behaviour linked to safeguarding issues that can put children at risk of harm, e.g., drug taking and or alcohol misuse, deliberately missing education, and consensual and non-consensual sharing of nude images.
- Be aware that a child experiencing mental health issues can in some cases be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation, which should be referred to the DSL or deputy.
- That children are at risk of abuse online as well as face to face, and that technology is a significant component in many safeguarding and wellbeing issues.
- Online abuse can be child-on-child and take the form of abusive, harassing, messages and the non-consensual sharing of indecent images.

1.7 The Role of the Senior Management Team

The Senior Management Team will have overall responsibility for safeguarding at CST. This means they will:

- Draft, review and implement the safeguarding policy and procedures
- Appoint a Designated Safeguarding Officers and deputy
- Ensure that CST allocates sufficient resources, including trained staff, for effective arrangements to safeguard and protect children.
- Provide support and direction to the Designated Safeguarding Lead
- Ensure safeguarding policies and procedures are in place and being followed.
- Ensure there are ongoing monitoring and review processes in place to check safeguards are being implemented in practice and that the controls in place are effective.
- Actively promote a culture and environment whereby all staff are enabled to raise concerns and understand their safeguarding responsibilities.

1.8 The Role of the Designated Safeguarding Lead

The Designated Safeguarding Lead will:

- be available to discuss safeguarding concerns about a child or young person at risk of harm or abuse;

- receive, record and assess information where there are safeguarding concerns, and to clarify information where appropriate;
- contact the NSPCC Helpline for guidance and support
- if appropriate, raise a safeguarding concern with the local social care or the Police;
- be familiar with and able to enact the procedures for reporting concerns to social care or the Police promptly when appropriate;
- manage any immediate actions required to ensure the child is safe from abuse;
- ensure that the safeguarding policy and procedure is monitored, evaluated and updated as required;
- ensure that any lessons learnt from incidents, wider concerns or best practice are used to improve safeguarding policy, procedure and practice
- ensure that all staff at CST are aware of and comply with the safeguarding policy and procedure;
- ensure that staff are appropriately trained in safeguarding;
- make a clear and factual record of all actions taken following any allegation or concern, including details of reports to statutory agencies.
- ensure that where the allegations are against adults, the DSL's primary duty is to refer those concerns to the police and/or the LADO;

In the absence of the DSL, the Deputy DSL assumes the above responsibilities

1.9 Key Contacts - CST

Role	Name	Contact Details
Designated Safeguarding Lead	Jenny Quinn	jenny@childrensensorytherapy.co.uk 07548841170
Deputy Safeguarding Lead	Karen Hazard	karen@childrensensorytherapy.co.uk 07548841171

1.10 Other Contacts

Name		Contact Details
Nottingham City Council	Multi Agency Safeguarding Hub (City MASH)	0115 876 4800
	Local Authority Designated Officer (LADO)	Kathryn McGovern https://www.nottinghamcity.gov.uk/lado
Nottinghamshire County Council	Multi-Agency Safeguarding Hub (MASH)	0300 500 80 90 Online form

		Emergency Duty Out of Hours: 0300 456 4546
	Professional consultation line regarding children	0115 977 4247
	Local Authority Designated Officer (LADO)	LADO@nottsc.gov.uk Online Contact Form
NSPCC Professional helpline. 24-hour helpline for advice on child protection matters for professionals and adults		0808 800 5000
Childline. 24-hour helpline for children and young people aged up to 19 years		0800 1111
Child Exploitation and Online Protection Centre (CEOP). Investigates inappropriate online behaviour such as grooming online or sexual exploitation		0870 000 3344
National Domestic Abuse Helpline.		0808 2000 247

1.11 Policy Review

This policy has been drafted with the support of the NSPCC.

We are committed to reviewing our policy and practice annually.

This policy was last reviewed on 9th July 2025

Signed:



Date: 09/07/2025

Date of next Review: 09/07/2026

Part 2 – Procedures

2.1 Introduction & Key Principles

Safeguarding is everyone's responsibility and all staff working with CST must respond promptly and appropriately to any concerns.

When dealing with concerns there are 4 key principles (the 4 'Rs') to remember:

- **Recognise** concerns that a child is being harmed or might be at risk of harm;
- **Respond** appropriately to a child who is telling you what is happening to them;
- **Report** (Refer) the concerns to the Designated Safeguarding Lead
- **Record** the concerns appropriately and any subsequent action taken using the Reporting Form (Appendix 2)

2.2 Recognition of abuse

There are four types of abuse (physical abuse, neglect, emotional abuse and sexual abuse) although in reality it is rare for only one type to be present. Further details are included in Appendix 1 below.

Concerns about a child or young person may arise in the following ways:

- A child or young person may tell you about something that has upset or harmed them, or that has happened to another child/young person;
- Someone else might report that a young person has told them, or they strongly believe a child/young person has been or is being harmed in some way;
- They may show signs of injury for which there appears to be no satisfactory explanation;
- Their behaviour may indicate they have been harmed or is at risk of harm;
- The behaviour or attitude of a member of staff towards a child worries you or makes you feel uncomfortable in some way;
- You witness concerning behaviour between young people taking part in activities at CST

2.3 Responding to immediate harm or danger

In some cases a situation may require an immediate response as a child is in danger. In such cases you should contact the relevant emergency service immediately.

The Designated Safeguarding Lead will need to be informed **after** you've made immediate contact with the emergency services.

2.4 Responding to disclosures and concerns

If you're in a situation where a child discloses abuse to you:

- Stay calm
- Listen carefully to the young person. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause them to 'shut down', retract or stop talking;
- Let them know they've done the right thing. Reassurance can make a big impact to the child who may have been keeping the abuse secret;
- Tell them it's not their fault. Abuse is never the child's fault and they need to know this;
- Say you will take them seriously. A child could keep abuse secret in fear they won't be believed. They've told you because they want help and trust you'll be the person who will listen to and support them;
- Never promise to keep a 'secret'. You have a responsibility to pass on the concern to ensure the child receives the help and support they need.
- Keep questions to a minimum, and avoid asking leading questions. **It is not your responsibility to investigate an allegation or concern.**
- Don't talk to the alleged abuser. Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child;
- Explain what you'll do next. Explain to the young person that you'll need to report the concern/abuse to someone who will be able to help;
- Don't delay reporting the abuse. The sooner the abuse is reported after the child discloses the better. **Report as soon as possible to the Designated Safeguarding Lead so the details are fresh in your mind and action can be taken quickly.**
- Remember that it is not for you to decide whether or not a suspicion or claim is true; all instances must be taken seriously.

2.5 Reporting and Recording

At Children's Sensory Therapy our staff work with children and young people in three main ways:

- Therapeutic work based at the Midlands Child and Family Therapy Centre in Aslockton
- Alternative Education Provision based at Midlands Child and Family Therapy Centre in Aslockton
- Outreach work taking place in external settings such as schools and homes.
- Contracts with specific special schools or other external agencies

2.5.1 During work at the CST clinic

- If a disclosure is made during a therapy session or education activity, or there are any safeguarding concerns that arise then staff should follow the '*Responding to disclosures and concerns*' guidance above.

The staff member should pass on the safeguarding concerns to the DSL, as soon as possible. This may initially be a verbal report, but should also be recorded in writing. The DSL can be contacted via email jenny@childrensensorytherapy.co.uk or by phone: 07548841170

- The staff member should also complete a Reporting Form (Appendix 2) and ensure this is sent to the DSL as soon as possible
- The DSL will reply with an acknowledgement, but if this is not received, please resend or phone for verbal acknowledgement. If she acknowledges verbally, a written email will follow with an official acknowledgement.

2.5.2 When working with young people in an external setting

As well as work on our own site CST also undertake activities with children and young people in other settings. These settings will have their own safeguarding procedures in place, including a designated safeguarding lead. When working in another setting CST staff will always ensure they are aware of the procedures and DSL.

- If a disclosure is made during a session, or there are any safeguarding concerns that arise then staff should follow the '*Responding to disclosures and concerns*' guidance above (2.4).
- The concern should be passed to the DSL in the setting as soon as possible. This should include details of any action taken by the DSL at the setting
- The staff member should also complete a CST Reporting Form (Appendix 2) and ensure this is sent to the CST Designated Safeguarding Lead as soon as possible.
- The DSL will reply with an acknowledgement, but if this is not received, please resend or phone for verbal acknowledgement. If she acknowledges verbally, a written email will follow with an official acknowledgement.

2.6 Recording

Safeguarding information should be shared with the DSL by using the Reporting Form (Appendix 2). It is important that all relevant information is included on this form. This should include:

- The nature of the safeguarding allegation or concern;
- A detailed description of any injuries (location, size, colour or any other significant factors);
- A detailed description of the behaviour you are concerned about;
- The young person's account, if they can give one, of what has happened and how any injuries occurred;
- It is good practice to record the young person's actual words as spoken
- Any times, dates, names of witnesses or other relevant information;
- Whether the parent, carer, or other adult is aware of the concern and who the concern was reported to, and any actions taken
- Your name
- The date of the incident
- Your signature

Once complete, the form should be sent to jenny@childrensensorytherapy.co.uk

2.7 What to do if you have a concern about child-on-child abuse

Child on child abuse is behaviour by an individual or group of individuals which can be a one-off incident or repeated over time. Child on child abuse is behaviour that intentionally hurts another individual or group either physically or emotionally. It is more likely that girls will be victims than boys.

Child on child abuse can take many forms including serious bullying (including cyberbullying, prejudice-based and discriminatory bullying); physical harm; abuse within intimate partner

relationships; domestic abuse; child sexual exploitation; youth and serious youth violence; financial abuse; initiation/hazing type violence and rituals; harmful sexual behaviour (sexual violence and sexual harassment).

If staff observe or are made aware of any incidents where a young person attending CST may have harmed another child/young person then they should follow the safeguarding reporting procedures outlined above.

Staff must always remember that:

- All forms of bullying and harassment are unacceptable
- 'Banter' is not acceptable, and will always be challenged
- We are an inclusive organization and recognize that some children and young people may have additional vulnerabilities and/or face prejudice and discrimination

2.8 Supporting Staff

We recognise that responding to safeguarding concerns can be challenging and traumatic. As such we are committed to ensuring that our staff have access to support whenever they have been involved in an incident relating to safeguarding. In the first instance the DSL has a responsibility to speak with staff, and offer support and guidance.

The NSPCC Helpline can also offer support and can be contacted on 0808 800 5000

2.9 NSPCC Helpline

Where abuse is alleged it is NOT the role of the Designated Safeguarding Lead or any other person at CST to decide or investigate whether or not an individual has been abused, nor to challenge the alleged abuser. In some urgent cases, it may be appropriate to make an immediate referral to the police and/or local social care.

Additionally the NSPCC Helpline is available for guidance and support.

How to contact the NSPCC Helpline:

- **0808 800 5000**
- help@nspcc.co.uk

What happens when you contact the NSPCC Helpline?

- 1. A call handler will answer the phone and ask a few basic questions to understand your worries and put you through to a child protection specialist. If you email, we will prioritise the most urgent queries.*
- 2. A child protection specialist will listen to you and ask questions to check they have understood the information you have provided. They will assess the situation and make decisions about the next steps to take. If you email, we will write back with advice and some questions. We may ask you to call us.*

3. *When there's a serious concern and you have shared the child's identity, we make a report and share this with social services. This is known as a referral. We may also contact the police if the child is in immediate danger. If the Helpline don't need to make a referral, we will give you advice on what you can do.*
4. *No matter the outcome, we always encourage you to contact us again if you need to. We will pass on further information you share about the child you are worried about. Once you have reported your concern, unfortunately we are not able to provide updates on the case to protect the privacy of those involved.*

In every case the Designated Safeguarding Lead will also consider contacting parents, taking into account any risk posed to the young person and, where appropriate, the views of the child or young person.

2.10 Referral Outcomes

If the DSL has decided that a referral should be made to the Local Authority then they should expect a response within 24 hours to acknowledge receipt of the referral. Once relevant assessments have been undertaken the authority will advise on the outcome.

- No further action required
- Referral to Early Help
- Section 17 Enquires (Child in Need)
- Section 47 Enquiries (Child Protection)

CST recognise the importance of effective multi-agency working and will contribute to any assessments or follow up actions as required.

2.11 Escalation

If the DSL does not receive a response or disagrees with the outcome of the response the CST will consider escalating the concern. Whilst each authority has its own escalation process we will follow the following steps:

- Initial discussion with the social worker responsible for the decision
- Discussion with the social worker's manager(s)
- Contact the Local Children's Safeguarding Board
- Contact the NSPCC Helpline for further guidance

Part 3 – Concerns about adults

This section of the procedures concerns the identification and management of a safeguarding allegation against any adult working for or with CST. To manage allegations against professionals, every Local Authority appoints a Designated Officer (LADO). The LADO should be alerted to all cases in which it is alleged that a person who works with children/young people has:

- behaved in a way that has harmed a child, or may have harmed a child or might lead to a child being harmed,
- possibly committed or is planning to commit a criminal offence against a child or related to a child,
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children, and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

The allegation may concern one or more young person. The allegation can be about any child, for example a child:

- who is taking part in a therapy session at CST
- that the adult has contact with in their community/home life; or
- who is the son or daughter of the adult.

The allegation may:

- not directly have a known child victim as such. For example, where an employee is accessing abusive images of children online or using the internet to groom children with the intent to harm in the future.
- be about any type of abuse – physical, emotional, sexual or neglect.
- concern a breach of our Staff Code of Conduct

3.1 Reporting concerns about an adult

All allegations against adults will be taken seriously by CST. Our duty to safeguard and promote the welfare of children and young people includes protection from harm by a member of staff, and any other adults.

- In the first instance you must report the allegation directly to the Managing Director
- Allegations should not be discussed with anyone other than the Managing Director at this point
- If, following initial consideration, the Managing Director considers the matter constitutes a safeguarding allegation then they must contact the Local Authority's Designated Safeguarding Officer (LADO) to seek further guidance. In such an event they will not investigate the matter any further and allow local social care, and in some cases the Police, to investigate first.
- If, following initial consideration, the Managing Director does not consider the matter constitutes a safeguarding allegation then they will initiate an internal investigation or may contact the NSPCC Helpline for further guidance.
- An internal investigation may be required to determine if the behaviour/incident was related to poor practice or misconduct. The CST Disciplinary Process will then be followed.
- Any decision not to refer concerns to the LADO or police following an allegation against an adult need to be clearly documented and kept securely.

3.2 Referral to the Disclosure and Barring Service (DBS)

CST has a legal obligation to refer any staff member or volunteer to the **DBS** if they:

- Have **harmed** a child or pose a **risk of harm** to a child.

- Have **committed an offence** or there is reason to believe that they have done so.
- Have been **removed from working** in regulated activity, or have been **redeployed** to a non-regulated activity, or have been **suspended** due to concerns about their suitability.

This referral duty ensures that individuals who are no longer suitable to work with children are barred from doing so and that their activities are monitored. It is the responsibility of the Managing Director to ensure that any referral required is made to the DBS, in line with the published guidance:

<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

3.3 Low-Level Concerns

A low-level or lower-level concern is any concern, doubt, or worry that a member of staff or volunteer may have acted in a way that conflicts with the standards and values CST. It includes any behaviour which does not meet the expectations set out our code of conduct.

Concerns or allegations can relate to behaviour inside or outside of work and do not have to directly involve children.

These worries might not be considered serious enough to meet the “harm threshold” whereby concerns should be referred to the police or children’s services. However they still require a response.

Low-level concerns might include:

- inadvertent or thoughtless behaviour
- behaviour that might be considered inappropriate depending on the circumstances
- behaviour which is intended to enable abuse.

Examples of such behaviour could include:

- being over-friendly with children
- having favourites
- adults taking photographs of children on their mobile phone
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- humiliating children.

Any colleague at CST must recognise the need to pass on low-level concerns to ensure we establish a culture of openness and continued vigilance. All concerns should be reported to the Managing Director, in line with the guidance in line with Section 3.1 above.

Part 4 – Other Issues

4.1 Record Keeping

CST do not ordinarily hold safeguarding data on individual children. However, we recognise the need to keep records that include details of:

- Safeguarding concerns, incidents and disclosures
- The nature of the concern
- Actions taken and decisions taken
- Outcomes
- Staff involved

Such information will allow us to review and audit our responses, and to identify any recurring issues or concerns.

As such, the Designated Safeguarding Lead will maintain a record of all incidents and ensure that all information is stored securely. All safeguarding information will be stored electronically in a password protected folder. Only the DSL and Managing Director will have access to this folder. In order to maintain additional confidentiality files may be partially anonymised by the use of initials, or partial clinical record numbers.

Where concerns relate to children in other settings CST will maintain only the records required that relate to our involvement with the child and their family.

4.2 Sharing Information

Staff should not assume another colleague or professional will take action and share information that might be critical in keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare of children.

Neither the Data Protection Act 2018 nor UK General Data Protection Regulation (GDPR) should prevent or limit the sharing or withholding of information for the purpose of keeping children safe.

Information can be shared without consent where there is good reason to do so, and the sharing of information will enhance the safeguarding of a child. All staff and volunteers are made aware that they cannot keep secrets or absolute confidentiality with children and volunteers under the age of 18, and that if a child discloses abuse or gives information that suggests they may be at risk, this MUST be passed on to the DSL as soon as possible. The child or young person should be told who their disclosure will be shared with and what will happen next.

All information regarding young people is highly confidential and should only be shared with appropriate people on a need-to-know basis. Information will be stored in accordance with the Data Protection legislation and guidance from the Information Commissioner's Office.

When sharing information with any organisation we will consider the following aspects below as outlined by Government Guidance.

[Information sharing advice for safeguarding practitioners](#) describes key principles for deciding what to share and the seven golden rules for information sharing are:

1. **Remember that the Data Protection Act and GDPR legislation are not a barrier to sharing information** - the welfare of the child is the paramount concern. As long as the information can be justified and is in accordance with this information sharing guidance, it should be shared.
2. **Be open and honest** – where appropriate it is important to keep all parties informed of information sharing plans, processes and boundaries.
3. **Seek advice** - from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. **Share with consent where appropriate** – consent of the individual about the information concerned, should be sought before sharing. However, consent may not be appropriate if informing the individual would place a child at risk (see the 1st golden rule) or you can dispense with consent if sharing information is in the best interests of the child.
5. **Consider safety and well-being** – include considerations of support needs for all involved, including those about whom information is being shared, any risks of sharing the information and how these would be managed.
6. **Keep a record** – recording is important at every stage – including recording how and why decisions were made about information sharing. All records should be signed and dated.
7. **Necessary, proportionate, relevant, accurate, timely and secure – the key one!**
 - **Necessary** – is the information necessary to keeping the child or children safe
 - **Proportionate** – how much information needs to be shared? It may not be appropriate to share all information. Seek advice to make decisions about what information needs to be shared to ensure children are safeguarded
 - **Relevant** – only include information that is relevant to the situation and required to make decisions or to take action to keep children safe. Only share information with relevant people, confidentiality of personal and case information should be upheld
 - **Accurate** – include factual information, if any opinions are stated, these should be evidence based. Include times and dates of information and accurate information about individuals concerned
 - **Timely** – share information at the earliest opportunity – avoid delay! However, don't rush into sharing information without the appropriate decision-making processes
 - **Secure** – how is information shared, stored and for how long?

4.3 Whistleblowing

CST has a whistleblowing policy that ensures any concerns regarding the organisation can be reported appropriately. This is available on request. In addition the NSPCC has a Whistleblowing Advice line which can be contacted [online](#) or via telephone: 0800 028 0285.

4.4 Safeguarding Vulnerable Adults (Adults at Risk)

Children's Sensory Therapy (CST) recognises its responsibilities under the Care Act 2014 to safeguard adults who may be at risk of abuse or neglect. While CST is primarily a children's service, staff may have contact with adults who are vulnerable due to care and support needs, including young people aged 18 and over, parents, carers, and other adults involved in our work.

CST is committed to promoting the safety, dignity, rights, and wellbeing of adults at risk and to working in partnership with local authorities and other agencies to prevent abuse and neglect and to respond appropriately where concerns arise.

Definition of an Adult at Risk

In line with the Care Act 2014, an adult at risk is defined as a person aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting those needs), and
 - Is experiencing, or is at risk of, abuse or neglect, and
 - As a result of those care and support needs, is unable to protect themselves from the abuse or neglect or the risk of it.
- Abuse or neglect may include, but is not limited to:
- Physical abuse
 - Sexual abuse
 - Emotional or psychological abuse
 - Financial or material abuse
 - Neglect or acts of omission
 - Discriminatory abuse
 - Domestic abuse
 - Modern slavery
 - Organisational or institutional abuse
 - Self-neglect

Scope of CST's Work with Adults

CST may come into contact with adults at risk in the course of its work, including:

- Young people aged 18 and over who continue to receive therapeutic or educational support
- Parents or carers of children receiving services
- Adults with learning disabilities, neurodivergence, mental health needs, or long-term conditions
- Adults experiencing trauma, stress, or safeguarding pressures linked to caring responsibilities

All staff must remain alert to potential safeguarding concerns involving adults and take appropriate action in line with this policy.

Principles of Adult Safeguarding

CST's approach to safeguarding adults is guided by the six safeguarding principles set out in the Care Act 2014:

- Empowerment – Supporting adults to make informed choices and give informed consent wherever possible.

- Prevention – Taking action to prevent abuse and neglect before it occurs.
- Proportionality – Responding in a way that is proportionate to the level of risk.
- Protection – Supporting those in greatest need of protection.
- Partnership – Working collaboratively with local authorities, health services, and other relevant agencies.
- Accountability – Being transparent and accountable in safeguarding practice.

Consent and Mental Capacity

Where a safeguarding concern relates to an adult, CST will seek the adult's consent before sharing information or making a referral, wherever it is safe and appropriate to do so.

However, information may be shared without consent where:

- The adult lacks the mental capacity to give informed consent
- There is a risk of serious harm to the adult or others
- A crime has been committed or is likely to be committed
- There is a public interest or legal duty to share information

Any decisions regarding consent and information sharing must be clearly recorded, including the rationale for the decision.

Responding to Concerns About an Adult at Risk

If a member of staff has a concern about an adult at risk, they must:

- Respond promptly and sensitively, taking the concern seriously
- Not promise confidentiality
- Record the concern factually and accurately
- Report the concern to the Designated Safeguarding Lead or Managing Director as soon as possible

In cases of immediate danger or serious harm, emergency services should be contacted without delay.

The Designated Safeguarding Lead or Managing Director will consider whether a referral should be made to the relevant Adult Safeguarding Team, in line with Nottingham City Council or Nottinghamshire County Council safeguarding procedures.

Recording and Information Sharing

All safeguarding concerns relating to adults at risk must be recorded securely and in accordance with CST's record-keeping and data protection procedures.

Information sharing will follow the principles set out in the Care Act 2014, the Data Protection Act 2018, and safeguarding guidance, ensuring that information is:

- Necessary
- Proportionate
- Relevant
- Accurate
- Timely
- Shared securely and on a need-to-know basis

Staff Responsibilities

All staff at CST have a responsibility to:

- Remain vigilant to signs of abuse or neglect affecting adults
- Act in accordance with this policy and safeguarding training
- Seek advice from the Designated Safeguarding Lead or Managing Director if unsure how to proceed
- Contribute to a culture of openness, respect, and safeguarding accountability

Failure to follow safeguarding procedures may result in disciplinary action.

4.5 Safer Recruitment

Children's Sensory Therapy Ltd (CST) is dedicated to ensuring the safety and well-being of all children and young people within its care, particularly those with Special Educational Needs (SEN). CST adheres to safer recruitment practices to prevent unsuitable individuals from working with children in both teaching roles and therapeutic roles.

Full details are available in our Safer Recruitment Policy but the key considerations are:

Advertising of posts

All recruitment information will include a clear statement that indicates our commitment to safer recruitment practices, including detailed vetting and pre-employment checks. The following statement has been agreed:

“CST are committed to safeguarding and promoting the welfare of children. All staff are required to share this commitment and adhere to our safeguarding policy. The successful candidate will be subject to a criminal record check with the Disclosure and Barring Service.”

Pre-employment and vetting

- The Senior Leads will ensure that pre-employment checks, including DBS and suitability checks, are carried out for all staff, including internal candidates and individuals who have lived or worked outside the UK.
- These checks are also conducted for Senior Leads, volunteers, and contractors to ensure that all individuals are suitable to work with children.
- An enhanced Disclosure and Barring Service (DBS) check, including barred list information, is required for all staff engaged in regulated activity. Regulated activity includes those responsible for the care or supervision of children, and all practitioners who work directly with children will be subject to this check.

Contractors:

- CST checks the identity of all contractors working on site and requires DBS with barred list checks if appropriate, following statutory guidance.
- Contractors without the appropriate checks will not be allowed to work unsupervised while children are on-site.
- CST will seek appropriate assurances from third-party contractors that they have conducted the relevant checks will and maintain a record of these.

Staff Suitability:

- In line with guidance for any setting that provides care for pupils under the age of eight, CST ensures that all staff and volunteers are not disqualified under the Childcare (Disqualification) and Childcare (Early Years) regulations.
- This ensures that individuals working with younger children meet the necessary standards for providing safe and responsible care.

In addition to the checks required under safer recruitment practices, CST will comply with the **Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018**.

These regulations outline further disqualification criteria for individuals working with children under the age of eight.

Post-appointment

After appointment, CST ensures that the **ongoing suitability** of staff and volunteers is regularly considered. This process is designed to prevent any opportunity for harm to children and to ensure that no one working at or with CST places children at risk. Our commitment to safeguarding extends beyond initial checks, with regular reviews and vigilance regarding the conduct and suitability of all individuals in contact with pupils.

Single Central Record (SCR)

CST maintains a **Single Central Record (SCR)**, which is a critical document for recording the checks conducted on all staff and certain volunteers. The SCR includes the following:

- **Staff and Volunteers:** All staff, including those employed by agencies, third-party supply staff, and teacher trainees on salaried routes, are recorded on the SCR. Additionally, all members of the **Senior Leads** are listed.
- **CST also have an Alternative Education Provision (AEP) and staff involved in this work will be included on the SCR**

Information Recorded on the SCR:

- **Identity Check:** Verification of the individual's identity.
- **Barred List Check:** Confirmation that the individual is not barred from working with children.
- **Enhanced DBS Check:** Details of the enhanced DBS check, including the date of the check.
- **Prohibition from Teaching Check:** Ensures that no individual barred from teaching is employed in a teaching capacity.
- **Professional Qualifications:** Verification of professional qualifications, where required.
- **Right to Work in the UK:** A check confirming that the individual has the legal right to work in the UK.
- **Additional Overseas Checks:** If the individual has lived or worked outside of the UK, additional suitability checks are conducted to account for this.

Agency and Supply Staff:

- For agency and third-party supply staff, the CST records whether written confirmation has been received from the **employment business** supplying the member of staff, indicating that all necessary checks have been completed. This written confirmation covers the same checks that the AEP would conduct for directly employed staff and includes the **date of confirmation** received.

Additional Information:

- The AEP may record any other information on the SCR that it deems relevant to safeguarding, beyond the statutory requirements.
- When an individual no longer works at the AEP or at CST, their details are moved to a different section of the SCR to keep it up to date and accurate.

4.6 Training and Induction

All CST staff will receive regular and appropriate safeguarding training so that they are knowledgeable and aware of their role in the recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.

All staff who join CST will undertake an induction process that will include a session on our safeguarding procedures

All staff will have read and agreed to adhere to this Safeguarding Policy. In addition, all staff attest annually to the CST code of conduct.

4.7 Photography and Social Media

Only designated employees of CST, or those commissioned to do so, should take photographs and videos of the young people in our care. To protect these young people we will:

- seek parental consent for photographs and videos to be taken or published (for example, on our website, social media or in newspapers or publications)
- ask young people to tell us if they are worried about having photographs taken of them.
- ensure that young people are aware that they should not take photographs of each other without permission and should not post these on social media sites without permission.
- maintain privacy by ensuring photographs will not be used accompanied by names, except with explicit consent.
- ensure that CST staff do not take photographs on their own devices, or share any images on social media accounts, unless there is agreed consent

4.8 Radicalisation

PREVENT works as a part of a multi-agency support network, raising awareness of issues of extremism and supports individuals who are vulnerable to being drawn in to support for

extremism or terrorism. It is another form of safeguarding. Radicalisation is driven by a belief system which supports the use of violence.

It is not the responsibility of CST staff to investigate possible radicalisation or extremism. Our role is to highlight concerns and refer to local Children's Social Care, or the Police, for assessment. This relates to either concerns concerning members of our staff or the children in our care or if a child has disclosed information about a person they know.

You must report any suspicions or disclosures to the DSL (Appendix 2). It is not your responsibility to question or investigate or draw conclusions, only to report what you've been told or noticed.

Remember a young person will always be treated as a vulnerable person that is in need of support.

For further information: <https://www.gov.uk/government/publications/prevent-duty-guidance>

Part 5 – Online Safety

Some children and young people may access online technology as part of their work with CST or as part of our AEP provision. We recognise that this offers many positive opportunities for learning but also that there may be some safeguarding risks and as such CST will ensure that:

- students are supervised when using online technology
- appropriate filtering and monitoring software is installed on our systems
- staff have undertaken relevant training and are aware of risks and how to respond to any concerns
- Children and parents will sign an acceptable ICT use agreement
- Our work with children will include discussion of how to stay and remain safe online

5.1 Identifying and responding to concerns

As with all safeguarding incidents CST and AEP staff must:

- respond promptly to any concerns in line with the guidance above
- report safeguarding concerns relating to online safety in the same way as they would with any other concern

5.2 Staff Conduct

CST staff must not:

- Disclose non-public and confidential information about CST, its staff, or other children/young people with whom we are working.
- Upload or post any defamatory, obscene, abusive, or harmful content.
- Share personal contact details with children and young people This includes mobile phone numbers, home address, social networking accounts, personal website/blog URLs, online image storage sites, passwords etc.

- Respond to approaches or communications from young people on personal social media.
- Ask to become an online friend or contact of a young person or add or allow a young person to join personal contacts/friends list on social media.
- Use a personal digital camera or video for work – this includes integral cameras on mobile phones unless this is part of agreed work and supported by the Managing Director.

Appendix 1 – Types of Harm and Abuse (NSPCC Guidance)

There are four categories of harm although often children may suffer more than one type of harm.

A child may be subject to abuse or neglect by a person inflicting harm or failing to act to prevent harm. Children may be abused in a family, or an institutional or community setting. This could be by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children. Abuse can also take place wholly online, or technology may be used to facilitate offline abuse.

1. Physical abuse 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.

2. Emotional abuse is 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 conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include:

- Not giving the child opportunities to express their views.
- Deliberately silencing them, 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another.
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

3. Sexual abuse and exploitation involve 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:

- 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.
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

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.

Child sexual exploitation is a form of child sexual abuse. It occurs when 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 years into sexual activity;

(a) in exchange for something the victim needs or wants, and/or

(b) for 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 using technology.

4. Neglect is 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 because of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment),
- protect a child from physical harm or danger,
- ensure adequate supervision (including the use of inadequate caregivers),
- ensure access to appropriate medical care or treatment.

Neglect can also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 1b – Other forms of harm (NSPCC)

In addition to the four types of harm the NSPCC also have information on other forms of harm that children may experience. Whilst this is not an exhaustive list it gives an indication of key areas of concern.

<https://learning.nspcc.org.uk/child-abuse-and-neglect>

- Domestic Abuse
- Child Sexual Exploitation
- Harmful Sexual Behaviour
- Bullying and Cyberbullying
- Online abuse
- Female Genital Mutilation (FGM)

- Child Trafficking and modern slavery
- County lines

Appendix 2 – Safeguarding Reporting Form

Safeguarding Reporting Form

Your information	
Name	
Contact number(s)	
Email	
Your Role	

Personal information – child / young person					
Name				Date of birth	
Gender ⁱ	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>	
Is there any information about the young person that would be useful to consider?					

Contact information – parent / carer		
Name(s)		
Address		
Contact number(s)		
Email		
Have they been notified of this incident?	No <input type="checkbox"/>	Please explain why this decision has been taken
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed

Incident details*			
Date and time of incident			
Please tick one:	<input type="checkbox"/> I am reporting my own concerns.	<input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details:	
Name of person raising concern		Role within the organisation or relationship to the young person	
Contact number(s)			
Email			

Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)

* Attach a separate sheet if more space is required (e.g. multiple witnesses)

Incident details (continued)			
Young person's own account of the incident			
Please provide any witness accounts of the incident			
Name of witness (and date of birth, if a young person)		Role within the bank or relationship to the child	
Address			
Contact number(s)			
Email			
Details of any person involved in this incident or alleged to have caused the incident / injury			
Name (and date of birth, if a child)		Role within the bank or relationship to the young person	
Address			
Contact number(s)			
Email			
Please provide details of action taken to date			
Has the incident been reported to any external agencies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide further details:	
Name of organisation / agency			
Contact person			
Contact number(s)			
Email			

Agreed action or advice given

Declaration

Your signature

Print name

Today's date

Contact DSL line with our reporting procedures

jenny@childrensensorytherapy.co.uk

Date reported

Appendix 3 – Code of Conduct

1. Introduction

This Staff Code of Conduct applies to all staff working within Children's Sensory Therapy Ltd (CST), including Occupational Therapists, Qualified Teachers, AEP staff, and Business Support team members. It outlines the expected standards of professional behaviour, ethics, and responsibilities required to uphold CST's high standards of professionalism, integrity, and care.

CST strives to provide a safe, respectful, and supportive environment for all learners, staff, and families, where educational, emotional, and therapeutic needs are met in a holistic and person-centred manner.

This code is informed by:

- The Health and Care Professions Council (HCPC) standards of conduct,
- The Teachers' Standards (2012),
- CST's organisational values, and is underpinned by our trauma-informed, attachment-aware, and neurodiversity-affirming ethos.

2. Core Values and Principles

All CST staff are expected to uphold the following values:

- **Respect and Dignity:** Treat all children, families, and colleagues with respect, empathy, and fairness. Personal differences, including neurodiversity and individual needs, must be recognised and valued.
- **Integrity and Honesty:** Uphold high standards of ethical and professional behaviour, acting in the best interests of children/ young people and the organisation.
- **Confidentiality:** Handle personal and sensitive information with care and discretion, in line with GDPR and CST policy. Share information only with those who have a legitimate need to know.
- **Safety:** Prioritise the physical and emotional safety of children/ young people by adhering strictly to safeguarding, risk assessment, and health and safety procedures.
- **Equality and Inclusion:** Promote inclusive practices and equal opportunities for all, ensuring that no learner or colleague is disadvantaged based on background, ability, or need.

3. Professional Standards for All Staff at CST

3.1. Professional Competence and Development

- Engage in ongoing training and Continuous Professional Development (CPD) to maintain up-to-date knowledge and skills.
- Work within the scope of your role and professional competence. Seek advice or escalate matters when they fall outside your remit.
- Collaborate across disciplines to deliver holistic support tailored to each learner's needs.

3.2. Safeguarding and Confidentiality

- Act immediately on concerns relating to learner safety or well-being, following CST's safeguarding procedures.
- Use secure systems (e.g., WriteUpp) for storing and accessing sensitive information. Adhere to all data protection and GDPR requirements.

3.3. Communication and Relationships

- Use clear, respectful, and inclusive communication at all times.
- Maintain professional boundaries with children/ young people and families. Avoid personal contact outside of CST activities, including on social media.
- Address conflict or misunderstandings with empathy and professionalism, aligning with CST's therapeutic ethos.

3.4. Record Keeping and Documentation

- Maintain accurate and timely records of interventions, communications, or administrative actions.
- Ensure documentation meets organisational and legal standards, protecting the integrity of learner information.

3.5. Health, Well-being, and Conduct

- Support your own health and well-being through reflective practice and seeking supervision or support when needed.
- Demonstrate punctuality, reliability, and a commitment to upholding CST's values in daily practice.

4. Role-Specific Expectations

4.1. Occupational Therapists

- Comply with HCPC Standards of Proficiency and the Royal College of Occupational Therapists Code of Ethics.
- Plan and deliver therapy that supports both sensory and functional outcomes for learners, adapting approaches as needed.
- Engage with families in goal setting and regularly review progress to ensure learner-centred care.

4.2. Teachers and AEP Educational Staff

- Follow the Teachers' Standards (2012) and deliver high-quality, inclusive education tailored to each learner.
- Use trauma-informed, SEMH-aware strategies for managing behaviour and engagement.
- Monitor and support learners' educational progress and well-being holistically.

4.3. Business Support Staff

- Demonstrate a professional and helpful attitude in all administrative, reception, or support duties.
- Maintain data protection, especially when handling learner records or financial information.
- Support the smooth functioning of the CST provision through proactive communication and reliability.

5. Maintaining Professional Boundaries

- Always interact with children/ young people in a manner that maintains safety and professionalism.
- Avoid physical contact unless necessary and appropriate to the learner's needs and in line with safeguarding training.
- Do not engage with children/ young people on personal social media accounts or outside of professional roles.

Appendix 4 – Photography Consent Form

You and your child have been offered an assessment and/or some therapy sessions.

As part of this, we may use video during your child’s sessions. This helps us to see how your child moves, responds, and uses their senses. It gives us a better understanding of what your child needs and how we can support them.

Sometimes, the video may help us look back on what happened during the session. With your permission, we might share small parts of it with other professionals who are helping to support your child (like a social worker or therapist).

Very occasionally, we may ask to use short clips from the videos to help train other professionals. If you agree, we will only show these clips in private training sessions. We will not give copies to anyone, and we will never show your or your child’s name, photos, or personal details without your clear permission.

Parent/Carer Consent

Please tick the appropriate boxes to give or withhold consent for the following:

Agreement	YES	NO
I agree to our family’s participation in the assessment and/or treatment process.		
I agree to the use of Teams and/or telephone calls for meetings or feedback, if needed.		
I agree to photographs being taken and stored in my child’s therapy notes.		
I agree to video recording being used as part of therapy to support analysis and feedback.		
I agree to recordings being made during sessions to support the assessment and treatment process.		
I agree to video recordings being shared with accredited supervisors for supervision and accreditation purposes.		
I agree to photographs being shared with other professionals to support planning (e.g., in reports).		
I agree to anonymised video clips being used for training purposes.		
If recordings or demonstration videos are shared with me, I agree not to share them with others or on social media. I agree to refrain from recording or photographing the therapy sessions myself.		
I agree not to record the therapist or any part of the assessment/treatment sessions.		
I understand I can withdraw consent at any time by emailing office@childrensensorytherapy.co.uk		

I understand that once the video/photo material has been used for its purpose and the case is closed, it will be deleted—unless consent was given for training use.		
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Name of Child/Young person: (Date of Birth:)

Name of Child/Young person: (Date of Birth:)

Name of Child/Young person: (Date of Birth:)

Signature of Consenting Adult: Date:

Signature of Professional

Printed Name: Date:

Appendix 5 – Procedure Flowchart


