

# Breakthru Safeguarding Policy for Children and Young People Including Counselling and Therapeutic Services (Beyond Blue)

To be revised Sept 2026 Updated annually

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# **Breakthru Safeguarding Policy for Children and Young People**

*Including Counselling and Therapeutic Services (Beyond Blue)* 

# 1. Policy Statement

Breakthru is committed to safeguarding and promoting the welfare of all children and young people who access our services. This includes participation in community activities, group work, and individual therapeutic support provided through Breakthru's Beyond Blue Counselling and Therapeutic Services.

We believe that all children and young people have the right to be protected from harm, to be listened to, and to be respected. We recognise that children engaging in counselling or therapeutic interventions may be particularly vulnerable.

This policy sets out our approach to safeguarding, in line with relevant UK legislation and statutory guidance, including:

- Children Act 1989 and 2004
- Working Together to Safeguard Children (2023)
- Keeping Children Safe in Education (2024)
- The Children and Social Work Act 2017
- Data Protection Act 2018 and UK GDPR

### 2. Scope

This policy applies to all those involved in the delivery of Breakthru's services, including:

- Staff (employed and sessional)
- Counsellors and therapists
- Trustees
- Volunteers and placement students
- Contractors and partners delivering Breakthru-led sessions

It covers all programmes, activities, and services involving children and young people under 18, whether delivered in person or online.

### 3. Definitions

- **Child or Young Person**: Anyone under the age of 18.
- **Safeguarding**: Protecting children from abuse, neglect, and harm; ensuring their health, development, and wellbeing.
- Abuse: A form of maltreatment including physical, emotional, sexual abuse or neglect.
- **Therapeutic Services**: Any intervention aimed at emotional or psychological support, including counselling, psychotherapy, creative therapies, group therapy, and mental health support.

### 4. Our Commitment

### Breakthru will:

- Provide a safe, inclusive environment in all group and therapeutic settings.
- Take all safeguarding concerns seriously and act promptly.
- Ensure that all staff and volunteers are trained and confident in responding to concerns.
- Maintain clear professional boundaries in all work, especially within therapeutic contexts.
- Monitor the effectiveness of safeguarding practice through regular reviews.
- Share concerns with external agencies when necessary, in the best interests of the child.

### 5. Designated Safeguarding Lead (DSL)

The DSL is responsible for leading safeguarding practice across Breakthru. Their responsibilities include:

- Receiving and responding to safeguarding concerns
- Making referrals to external agencies (e.g. Children's Services, Police, LADO)
- Keeping accurate, confidential records
- Ensuring all staff are trained and supported in safeguarding

**DSL Name:** Claire Geddes

Contact Email: info@break-thru.co.uk

**Phone:** 07877615134

**Deputy DSL:** Victoria Breakwell

**Phone**: 07813125443

### 6. Safer Recruitment

All staff and volunteers who work with children will:

Breakthru Safeguarding Policy for Children and Young People (Including Counselling and Therapeutic Services (Beyond Blue) 17/9/25

- Undergo enhanced DBS checks
- Provide references
- · Complete an induction and safeguarding training
- Confirm understanding of the code of conduct and confidentiality policies

Counsellors and therapists must also:

- Be professionally qualified and insured
- Be registered or accredited with a recognised body (e.g. BACP, UKCP, HCPC)

### 7. Training and Clinical Supervision

All staff and volunteers receive safeguarding training appropriate to their role. Those working in therapeutic roles will:

- Attend safeguarding and trauma-informed care training
- Receive regular clinical supervision with safeguarding oversight
- Understand when and how to escalate safeguarding concerns

# 8. Safeguarding in Counselling and Therapeutic Work

Before therapy begins, clients (and parents/carers where appropriate) will be informed about:

- Confidentiality boundaries
- What information may be shared and when
- How safeguarding concerns will be handled

### Counsellors will:

- Keep accurate, secure records of sessions
- Discuss safeguarding concerns promptly with the DSL
- Ensure the therapeutic relationship supports, not obstructs, protection

### 9. Responding to Concerns

If a child makes a disclosure, or if there is concern about a child's safety:

- Listen, don't lead. Let the child speak in their own words.
- **Do not promise confidentiality.** Explain that you may need to share information.
- Report concerns to the DSL as soon as possible.
- Record accurately and factually using the Safeguarding Concern Form (Appendix C).

If there is an immediate risk of serious harm, call 999.

### 10. Online and Remote Services

For online or remote therapeutic services:

- Use only secure, pre-approved platforms
- Ensure sessions are private and child-friendly
- Maintain professional boundaries at all times
- Gain parental consent where appropriate

### 11. Allegations Against Staff or Volunteers

If an allegation is made against a member of staff or volunteer:

- The DSL will immediately inform the Local Authority Designated Officer (LADO)
- The person may be suspended during the investigation
- The incident will be recorded, and Breakthru's disciplinary procedure followed

### 12. Confidentiality and Information Sharing

We respect children's right to privacy, but will share information:

- To prevent serious harm
- When required by law
- With consent, or where not possible, in the child's best interests

All records are securely stored in line with data protection laws.

### 13. Whistleblowing

Staff and volunteers are encouraged to report concerns about safeguarding or unsafe practice. This can be done via the DSL or directly to an external agency.

Breakthru will support anyone who raises concerns in good faith.

# 14. Monitoring and Review

This policy is reviewed annually or in response to:

- A serious safeguarding incident
- Legislative or regulatory changes
- Internal audits or external inspection

Last reviewed: Sept 2025 Next review due: Sept 2026

### 15. Key Contacts

Designated Safeguarding Lead (DSL): Claire Geddes

**Deputy DSL:** Victoria Breakwell

**LADO:** 0121 569 4770 **MASH:** 0121 569 3100

Children's Services (referrals): 0121 569 3100

NSPCC Helpline: 0808 800 5000 Police (non-emergency): 101

# **Appendices**

# **Appendix A – Types of Abuse and Indicators**

Children and young people may be at risk of abuse in many forms. Some children may experience more than one type of abuse at the same time. Recognising the signs is a crucial part of safeguarding.

# 1. Physical Abuse

### **Definition:**

Physical abuse involves deliberately causing physical harm to a child. It may also result from excessive discipline or failure to prevent harm.

# **Examples:**

- Hitting, slapping, punching, kicking
- Shaking or throwing
- Burning or scalding
- Poisoning
- Fabricated or induced illness (FII)

### **Possible Indicators:**

- Unexplained bruises, burns, bite marks or fractures
- Injuries in unusual places (e.g. behind ears, back, upper thighs)
- Fear of physical contact or flinching
- Reluctance to change clothes in front of others
- Aggressive or withdrawn behaviour

### 2. Emotional Abuse

### **Definition:**

Emotional abuse is persistent emotional maltreatment which severely impacts a child's emotional development and self-esteem.

# **Examples:**

- Constant criticism, rejection or humiliation
- Threatening or intimidating behaviour
- Withholding love or affection
- Exposure to domestic abuse
- Making a child feel worthless or unloved

### **Possible Indicators:**

- Low self-esteem or excessive need for approval
- Developmental delay (speech, emotional, social)
- Self-harm or eating disorders
- Withdrawn, passive or anxious behaviour
- Excessive clinginess or lack of attachment

### 3. Sexual Abuse and Exploitation

### **Definition:**

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. It can be physical or non-contact.

# **Examples:**

- Touching, kissing, or sexual intercourse
- Encouraging a child to watch or produce sexual content

- Sexual conversations, grooming or exploitation
- Child sexual exploitation (CSE)
- Online sexual abuse

### **Possible Indicators:**

- Knowledge or language about sex inappropriate for age
- Sudden changes in behaviour or school performance
- Self-harm, depression or sexually transmitted infections
- Avoidance of specific people or places
- Running away from home

### 4. Neglect

#### **Definition:**

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

## **Examples:**

- Failing to provide adequate food, clothing or shelter
- Leaving a child alone or unsupervised
- Failing to seek medical attention when needed
- Not supporting a child's education or emotional wellbeing

### **Possible Indicators:**

- Poor hygiene, dirty or inappropriate clothing
- Constant hunger or stealing food
- Untreated medical issues
- Frequent lateness or non-attendance at school or activities
- Developmental delays or disengagement

### 5. Domestic Abuse (Including Coercive Control)

### **Definition:**

Domestic abuse is any incident of controlling, coercive, threatening, or violent behaviour between family members or partners. Children can be harmed by witnessing or experiencing it.

### **Examples:**

- Physical assaults between parents/carers
- Verbal abuse, threats, or controlling behaviour
- Emotional manipulation or intimidation
- Financial or digital abuse

### **Possible Indicators in Children:**

- Becoming aggressive, withdrawn or anxious
- Trouble sleeping or frequent nightmares
- Emotional distress or clinginess
- Displaying violent or controlling behaviour
- Frequent absences or difficulties at school

# 6. Child Criminal Exploitation (CCE) and County Lines

### **Definition:**

CCE involves children being exploited and forced to commit crimes, often linked to gangs and drug networks (known as county lines).

### **Examples:**

- Drug trafficking
- Theft, violence, or carrying weapons
- Acting as a "runner" or being coerced into illegal activity

### **Possible Indicators:**

- Going missing for periods of time
- Possession of unexplained money, phones or gifts
- Changes in peer group or association with known gang members
- Increased secrecy or aggressive behaviour
- Fear of police or refusal to engage with adults

### 7. Online Abuse

### **Definition:**

Online abuse can occur through social media, messaging, gaming or other digital platforms, and may involve grooming, exploitation, or cyberbullying.

### **Examples:**

- Sexting or sending/receiving explicit images
- Online grooming for sexual or criminal purposes
- Harassment or bullying via digital platforms
- Coercion into livestreamed abuse

### **Possible Indicators:**

- Secretive use of phones or devices
- Sudden changes in mood after using devices
- Refusal to discuss online activity

- Receiving messages or content from unknown individuals
- Becoming withdrawn or obsessed with screen time

# 8. Harmful Sexual Behaviour (HSB)

### **Definition:**

Sexual behaviour expressed by children or young people that is developmentally inappropriate, harmful, or abusive towards others.

# **Examples:**

- Using force or coercion in sexual activity
- Persistently sexualised play or language
- Inappropriate touching of others

### **Possible Indicators:**

- Sexual knowledge inappropriate for age
- Reports from other children
- Boundary violations during play
- Difficulty in managing impulses

# 9. Female Genital Mutilation (FGM)

### **Definition:**

FGM is the partial or total removal of external female genitalia for non-medical reasons. It is illegal in the UK and a form of child abuse.

# **Possible Indicators:**

- Talking about "becoming a woman" or "a special ceremony"
- Difficulty walking, sitting or using the toilet
- Prolonged absence from school
- Fear of a trip abroad

FGM is a **mandatory reporting concern** for professionals, any known case involving a girl under 18 must be reported to the police.

### 10. Radicalisation and Extremism

### **Definition:**

Radicalisation is the process by which a child or young person is drawn into extremist views or terrorist ideologies.

### **Possible Indicators:**

- Expressing extremist views or sympathy for extremist causes
- Isolation from peers, increased secrecy
- Sudden changes in appearance or behaviour
- Use of extremist language or symbols

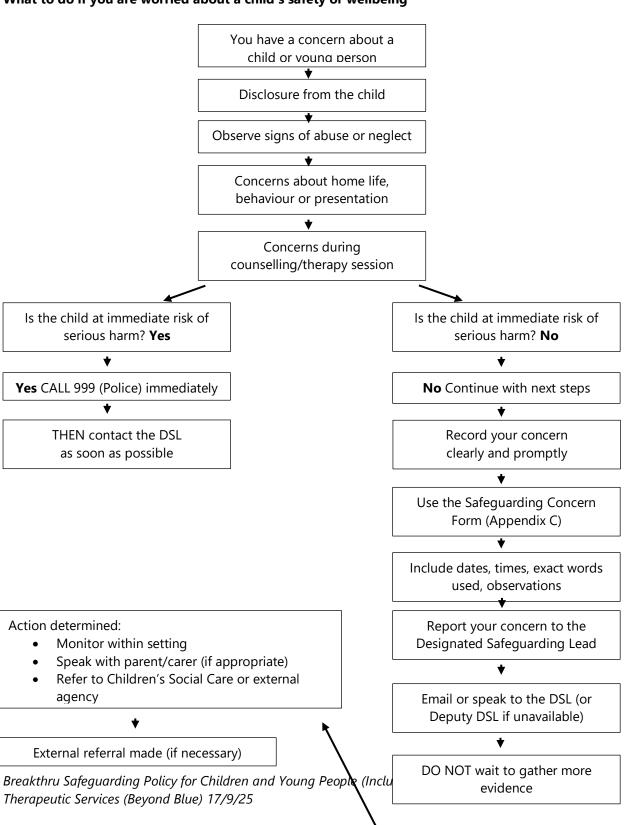
Preventing radicalisation is part of the **Prevent Duty** under the Counterterrorism and Security Act 2015.

### What to Do If You're Concerned

If you observe any of these signs, or a child tells you something that raises concern:

- **Do not dismiss it** even if you are unsure.
- **Do not investigate** or promise confidentiality.
- **Record and report** your concern to the Designated Safeguarding Lead (DSL) as soon as possible.

# Appendix B – Safeguarding Reporting Flowchart What to do if you are worried about a child's safety or wellbeing



DSL completes referral and shares information with: Children's Services **CAMHS** Police LADO (if allegation involves staff) Ongoing monitoring and support

<b>*</b>
DSL reviews the concern
<b>*</b>
Risk assessed

- DSL keeps secure records
- Continued support for child within Breakthru
- Information shared only on a need-to-know basis

# **CONFIDENTIAL – For internal safeguarding use only**

Please complete this form if you have a concern about the safety or welfare of a child or young person.

### **Section 1: Your Details**

- Your Full Name:
- **Role / Position:**
- Date of Concern:
- Time of Concern:
- Your contact details (email/phone):

# Section 2: Child/Young Person's Details

- **Full Name of Child:**
- Date of Birth / Age:
- Gender / Pronouns:
- Ethnicity (if known):
- Address (if known):
- Parent/Carer Name (if known):

### **Section 3: Details of Concern**

**Type of concern** (tick all that apply): ☐ Physical abuse ☐ Emotional abuse ☐ Sexual abuse / exploitation □ Neglect ☐ Online abuse

☐ Child Criminal Exploitation

□ Domestic abuse

☐ Harmful sexual behaviour		
	Other (please describe):	
•	Describe exactly what happened / what was said / what you observed:  (Include the child's words where possible. Be specific, factual, and avoid assumptions.)	
	(metade the chia's words where possible. Be specific, factadi, and avoid assumptions.)	
•	Any known previous concerns?	
•	Who else is aware of this concern (if anyone)?	
Sectio	n 4: Action Taken	
•	Have you spoken to the DSL?	
	□ Yes □ No	
•	Name of DSL/Deputy DSL informed:	
•	Time and date DSL were informed:	
•	What has the DSL advise / what action has been taken so far?	
Signat	ure	
•	Your signature:	
•	Date:	
Impor	tant Notes:	
•	Hand this form directly to the DSL or email securely.	
•	Do not speak to the child's parents/carers unless advised by the DSL. Keep this form confidential — do not store it on personal devices.	

### Appendix D – Code of Conduct (for Staff, Volunteers, Counsellors and Therapists)

All staff, volunteers, counsellors, and therapists working with children and young people at Breakthru must follow this Code of Conduct to maintain safe, professional, and respectful boundaries.

### You must:

- Treat all children and young people with dignity, respect, and fairness.
- Always act in the best interests of the child.
- Promote inclusion and avoid discrimination or favouritism.
- Maintain appropriate professional boundaries at all times.
- Listen actively and take children's concerns seriously.
- Report all safeguarding concerns promptly to the DSL.
- Work in pairs or within sight/hearing of others where possible when delivering group sessions or activities.
- Gain informed consent before taking photographs or recording sessions.
- Use only official communication channels never contact children via personal phones, email or social media.
- Dress appropriately and model safe, respectful behaviour.
- Attend regular safeguarding and therapeutic training.

### You must never:

- Use physical punishment, shout aggressively, or intimidate a child.
- Humiliate, ridicule, or make inappropriate jokes or comments.
- Form inappropriate emotional or physical relationships with children.
- Share personal contact details or accept social media requests from children.
- Allow allegations, disclosures or concerns to go unreported.
- Engage in any behaviour that could be perceived as grooming, favouritism, or exploitation.

Breaches of this Code of Conduct will result in disciplinary action and may be referred to safeguarding authorities.		
Appendix E – Consent Form (Counselling/Therapeutic Services)		
Breakthru – Beyond Blue Counselling & Therapeutic Services		
Consent Form for Children and Young People		
Child's Name:		
Date of Birth:		
Parent/Carer Name(s):		
Therapist/Counsellor:		
We believe that transparency is key in counselling. Please read and sign this consent form before		

We believe that transparency is key in counselling. Please read and sign this consent form before sessions begin.

# 1. Purpose of Therapy

Your child is being offered therapeutic support to explore emotional, social, or mental health challenges. This could include play, talking, creative, or trauma-informed therapy.

# 2. Confidentiality

What your child says in therapy is kept private unless:

- We believe your child is at risk of harm.
- Someone else is at risk.
- We are legally required to share information.

In these cases, the therapist will speak with the Designated Safeguarding Lead and may need to inform other professionals.

### 3. Parent/Carer Involvement

We will keep parents/carers informed of general progress unless your child is Gillick competent and requests confidentiality. Safeguarding concerns will always be shared appropriately.

### 4. Recording & Notes

Session notes are kept confidential and stored securely in line with data protection legislation. These are not shared unless legally required or with consent.

### 5. Consent and Attendance

- Your child has the right to withdraw from therapy at any time.
- Parents/carers must inform us of any changes to contact details, court orders, or safeguarding matters.
- Regular attendance is encouraged. Repeated cancellations may result in sessions ending.

**Consent Declaration:** I have read and understood the above. I give consent for my child to access therapeutic services with Breakthru.

•	Parent/Carer Signature:
•	Date:
•	Child's Signature (if appropriate):
•	Therapist Signature:

# **Appendix F – Confidentiality Agreement (For Staff & Counsellors)**

# **Breakthru Confidentiality Agreement**

(To be signed by all staff, volunteers, counsellors, therapists, and placement students)

I understand that during the course of my work with Breakthru, I may have access to sensitive personal information about children, young people, families, or colleagues.

I agree to:

- 1. Treat all information with strict confidentiality.
- 2. Only share information:
  - o With the Designated Safeguarding Lead where safeguarding concerns arise;
  - o When legally required or with the explicit consent of the child/parent;
  - o On a need-to-know basis, in the best interests of the child.
- 3. Keep all records secure and not store data on personal devices.
- 4. Never discuss a child's personal information in public or informal settings.
- 5. Respect the child's right to privacy within safeguarding boundaries.
- 6. Report any breach of confidentiality or misuse of data immediately to the DSL or line manager.

I understand that breaching confidentiality could result in disciplinary action and/or legal consequences.

# **Signed Declaration**

•	Full Name:
•	Role/Position:
•	Signature:
•	Date:

# **Appendix G – Parental Complaints and Feedback Procedure**

**Breakthru** values the voices of parents and carers and is committed to responding to concerns, complaints, and feedback in a respectful, timely, and transparent manner.

This procedure outlines how parents and carers can raise concerns or provide feedback about any aspect of Breakthru's services, including safeguarding, activities, counselling, or therapeutic support.

# 1. Guiding Principles

- We welcome both positive and constructive feedback.
- All complaints will be taken seriously and handled sensitively.
- We aim to resolve issues at the earliest possible stage.

- Complaints will not affect the level or quality of support your child receives.
- Safeguarding concerns will always be prioritised and managed according to our Safeguarding Policy.

### 2. Informal Concerns or Feedback

Many concerns can be resolved quickly by speaking with a member of staff.

### You can:

- Speak to the staff member or therapist directly (if appropriate).
- Contact the Service Lead or Project Manager overseeing the service.
- Share feedback verbally or in writing via phone, email, or a feedback form.

We will aim to acknowledge informal feedback within **3 working days** and respond fully within **10 working days**.

### 3. Formal Complaints Procedure

If you are not satisfied with the initial response or wish to make a formal complaint, please follow these steps:

# **Step 1: Submit Your Complaint**

Submit your complaint in writing via:

- **Email:** [Insert dedicated complaints email]
- **Post:** [Insert postal address]
- In person: By arranging a meeting with the Service Manager

### Please include:

- Your name and contact details
- The name of the child involved (if applicable)
- A clear description of the issue
- Any relevant dates, locations or supporting evidence
- What outcome you are seeking

### **Step 2: Acknowledgement**

You will receive an acknowledgement within 5 working days of the complaint being received.

### **Step 3: Investigation**

The complaint will be reviewed by a **Senior Manager** not previously involved in the issue. This may include:

Breakthru Safeguarding Policy for Children and Young People (Including Counselling and Therapeutic Services (Beyond Blue) 17/9/25

- Interviews with staff
- Review of session records or safeguarding logs
- Consultation with the Designated Safeguarding Lead (DSL) where relevant

We aim to complete the investigation within **15 working days**.

# Step 4: Response

You will receive a written response outlining:

- The outcome of the investigation
- Any actions taken or improvements made
- Your right to appeal if you remain dissatisfied

### 4. Appeal Process

If you are not satisfied with the outcome, you may request an appeal within **10 working days** of the response.

The appeal will be reviewed by the **Breakthru Board of Trustees** or a designated appeal panel. A final decision will be provided within **15 working days** of receiving the appeal.

# **5. Confidentiality and Data Protection**

- All complaints are handled confidentially.
- Personal data will be processed in line with the Data Protection Act 2018 and UK GDPR.
- Records of complaints will be kept securely and used to improve our services.

# 6. External Escalation (Safeguarding Only)

If your concern relates to a **safeguarding issue** and you feel it has not been handled appropriately by Breakthru, you have the right to escalate directly to:

- Children's Social Care (Local Authority)
- NSPCC Helpline: 0808 800 5000
- **Ofsted:** 0300 123 4666 (if registered provision applies)

### **Contact for Complaints and Feedback**

# **Complaints Officer / Service Manager**

Email: [Insert Contact Email]

Phone: [Insert Number]

Address: [Insert Office Address]

### Appendix H - Online Safety Agreement for Children and Families

For use with children, young people, and their parents/carers accessing Breakthru's online services, including Beyond Blue counselling and group work

### **Purpose**

Breakthru offers some services remotely, such as online therapy, mentoring, or group sessions. This agreement is designed to help keep children and young people safe when accessing these services online.

## **Children and Young People Agree To:**

- Use a **private space** for online sessions where others cannot overhear easily.
- Dress appropriately, as you would in a face-to-face session.
- Join sessions **on time** and only from your **own device**.
- Use respectful language and behaviour at all times.
- Not record, screenshot, or share any part of the session.
- Not share meeting links or passwords with others.
- Tell an adult or Breakthru staff member if you ever feel uncomfortable or unsafe online.

### **Parents/Carers Agree To:**

- Ensure your child has access to a **quiet**, **private**, **and safe space** during sessions.
- Support your child's attendance and punctuality.
- Help set up the technology where needed and provide supervision for younger children.
- Report any safeguarding concerns or technical issues to Breakthru immediately.
- Respect the child's confidentiality within the boundaries of the service.
- Do not record or observe sessions without prior agreement.

### **Breakthru Agrees To:**

- Use secure, GDPR-compliant platforms (e.g. Zoom Pro, Teams, or agreed platform).
- Keep your child's information safe and confidential, following UK law.
- Ensure sessions are run by trained, DBS-checked professionals.
- Inform families of any changes to session times or links in advance.
- Stop a session immediately if a child appears to be at risk or in an unsafe environment.

### **Acknowledgement and Consent**

We understand the above and agree to follow these expectations when participating in online services with Breakthru.

Child's Name:					
Child's Signature (if aged 11+):					
Parent/Carer Name:					
Parent/Carer Signature:					
Date:					
Appendix I – Supervision and Case Management Procedures					
Applies to all counsellors, therapists, and safeguarding staff at Breakthru					
Purpose					
Supervision and case management ensure the delivery of safe, ethical, and effective therapeutic					

services. This framework supports practitioners to reflect on their work, manage risk, and uphold

# 1. Supervision Requirements

safeguarding responsibilities.

All counsellors and therapists must:

- Engage in **regular clinical supervision** with a qualified supervisor.
- Receive a minimum of 1.5 hours per month of supervision (BACP or equivalent guidelines).
- Bring safeguarding concerns to supervision as part of reflective practice.
- Be open to feedback and development.

# **Supervisors** must:

- Hold an appropriate qualification and insurance.
- Be experienced in safeguarding, trauma-informed practice, and children's services.

# 2. Case Management Structure

Breakthru uses a **three-tiered model** for managing client cases:

# **Tier 1: Day-to-Day Practice**

- Notes are recorded securely after each session.
- Minor wellbeing concerns are recorded and monitored.
- The therapist consults with their clinical supervisor.

# **Tier 2: Safeguarding Concerns**

• Any signs of risk, abuse, or harm must be reported to the DSL using the Safeguarding Concern Form.

- The DSL will assess and determine whether external referral is needed.
- The therapist is kept informed of outcomes where appropriate.

# **Tier 3: High-Risk or Complex Cases**

- These are flagged for multi-agency input, case reviews, or joint sessions.
- Additional supervision and/or support may be provided to the practitioner.
- The Service Lead and DSL oversee high-risk case management.

# 3. Record Keeping

- Case notes must be factual, timely, and securely stored.
- Supervisors may be given anonymised summaries for discussion.
- Safeguarding records must be kept separate and in accordance with GDPR.

## 4. Confidentiality in Supervision

- Supervision is confidential, but safeguarding and legal limits apply.
- Supervisors must follow the same safeguarding reporting procedures as Breakthru staff.

### 5. Audit and Review

- Supervision arrangements will be reviewed annually.
- Spot checks of case records and safeguarding logs may be carried out by the DSL or Service Lead to ensure compliance and quality.

# **Contact for Supervision or Case Escalation**

- Designated Safeguarding Lead: Claire Geddes
- Clinical Supervisor Coordinator: Victoria Breakwell & Lynn Reid
- **Service Lead:** Lydia Cooper

# **Appendix J - Safeguarding Risk Assessment Template**

For use by staff, therapists, project leads, or safeguarding leads when planning services, events, or activities involving children and young people

This template supports safe planning and decision-making by helping you assess and reduce safeguarding risks in group activities, individual sessions, events, and online services.

# **Section 1: Activity or Service Overview**

	Field	Details
Name of Activity/Service		
Date(s) and Time(s)		
<b>Location</b> (including online platforms)		
Target Group (age, needs)		
Staff/Volunteers Involved		
Lead Person Responsible		

# **Section 2: Safeguarding Risks and Controls**

Potential Safeguarding Risk	Who might be at risk?	Existing Controls in Place	Additional Controls Needed	Risk Rating(Low/Med/High)
Inadequate supervision	Children	DBS-checked staff; 1:6 ratio	Extra volunteers; written rota	Inadequate supervision
Disclosure of abuse during activity	Individual participants	Trained staff; DSL on call	Pre-brief staff; add guidance	Disclosure of abuse during activity

Unsafe online access	All participants	Secure platform; consent forms	Waiting room enabled; time limits	Unsafe online access
Inappropriate behaviour between children	Group members	Code of conduct; adult supervision	Reinforce rules at start	Inappropriate behaviour between children
Therapeutic session distressing a child	Client/participant	Risk-informed assessment	Flexible approach; parental briefing	Therapeutic session distressing a child
Breach of confidentiality or data security	All children	Secure systems; access controls	Staff reminder on GDPR	Breach of confidentiality or data security
Allegation against staff or volunteer	Children/staff	LADO process; supervision	Observational staffing	Allegation against staff or volunteer
Transport or collection issues	Children	Signed consent; contact info	Late collection policy	Transport or collection issues
Inadequate supervision	Children	DBS-checked staff; 1:6 ratio	Extra volunteers; written rota	Inadequate supervision

(Add or remove rows as necessary.)

# **Section 3: Monitoring and Response**

Item	Details	
Designated Safeguarding Lead (DSL)	Claire Geddes	
<b>Emergency Contact Procedure</b>	07877615134	
First Aid & Medical Needs	Lydia Cooper, 07365807032 First Aid kit – BB	
First Aid & Medical Needs	kitchen by door next to electrical box	
Pohavious and Evaluation Policy	[How issues will be managed; e.g. warnings,	
Behaviour and Exclusion Policy	removal from activity]	
How will concerns be recorded?	[Safeguarding Concern Form; incident log etc.]	

# **Section 4: Declaration and Sign-Off**

Item	Details
Risk Assessment Completed By	[Name & Role]
Date Completed	[DD/MM/YYYY]
Signed Off By	[DSL or Service Manager]
Date of Review (if ongoing)	[DD/MM/YYYY]

Note: Completed risk assessments should be saved securely, and a copy made available to the DSL and relevant staff.



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