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Safeguarding & GDPR Policy

Reviewed: September 2025



Safeguarding Policy

Reviewed: September 2024

Phoenix Play Therapy is fully committed to safeguarding the welfare of all children and young people. All staff works in partnership with parents, schools and carers to support children and young people in every way possible. The Children Act 1989 places clear responsibility on us to ensure we work together with schools and other agencies to safeguard and promote the welfare of all children and young people.

It is the aim of the policy for all therapists to be aware of signs and symptoms of abuse and to fully adopt the policies and procedures embodied in 'Hertfordshire Child Protection Procedures.'

What is safeguarding?

The Government has defined the term 'safeguarding children as:

'The process involved in protecting kids from neglect and abuse, stopping their development and health being impaired. Also insuring that they grow up in a safe environment too which allows them opportunities to progress and develop to enter adulthood effectively.'

Source from www.safeguardingchildren.org.uk

What is abuse and neglect?

'Statutory safeguarding and child protection guidance across the UK defines abuse and neglect as forms of harm. This can include inflicting harm or failing to prevent it. Children and young people can be abused in a family environment or in an institution or community setting such as a school or sports club. They might be abused by someone they know or, more rarely, by a stranger. Children and young people could be abused in person or online, or through a combination of the two.' (NSPCC, 2022)

CATERGORIES OF CONCERN:-

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➤ **Neglect:** This is defined in statutory guidance as the most common form of child abuse and is the ongoing failure to meet a child's or young person's basic physical and psychological needs. Neglect occurs when parents and carers are unable or unwilling to meet a child's or young person's physical, emotional and medical needs. It can have a serious and long-lasting impact. It can cause serious harm and even death (NSPCC, 2022) For example:

- Knowledge that a child is being left home alone
- Inadequate provision of food, clothing or shelter (including abandonment, exclusion from home or constantly hungry)
- Failure to protect from physical or emotional harm
- Failure to meet child's basic emotional needs
- Failure to ensure adequate supervision
- Failure to ensure access to appropriate medical care

➤ **Physical Abuse:** Defined in statutory guidance as deliberately hurting a child and causing physical harm. For example:

- Hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating
- Or otherwise causing physical harm to a child
- Deliberate inducement of an illness

Physical abuse may also happen when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. This is known as fabricated or induced illness. (NSPCC, 2022)

➤ **Sexual Abuse:** Defined in statutory guidance as when a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and happen online or offline. Child and young people may not always understand that they are being sexually abused. Actual physical



contact, including assault by penetration or non-penetrative sexual activities or exploitation. For example:

- Use of force or enticement to take part in sexual activity penetrative, or non-penetrative
- Involvement in non-contact activities such as looking at or the production of sexual images
- Encouraging children to watch sexual activities
- Encouraging children to behave in sexually inappropriate ways
- Grooming a child in preparation for abuse (including via the internet)
- Any sexual activity with a child under the age of 16 (with or without agreement)

➤ **Emotional Abuse:** Defined in statutory guidance as emotional maltreatment of a child, which has a severe and persistent negative effect on the child's emotional development. Children can be emotionally abused by anyone. Emotional abuse can include (NSPCC,2022):

- Conveying to a child that they are worthless, unloved, inadequate or valued only insofar as they meet the needs of another person
- Not providing the child opportunities to express their views, deliberately silencing them or '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 a child's developmental capability, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another, causing a child to feel frightened or in danger by the witnessing of violence towards another person whether domestic or not.
- Excluding the child from activities.



- Serious bullying (including cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
 - Physical Abandonment.
 - Encouraging the child to take part in criminal activities or forcing them to take part in activities that are inappropriate for their stage of development.
- **What factors can make some children more vulnerable to abuse?**
- Child's age, disability, race or culture, sexuality and past experiences
 - Parents and carers may be facing challenges in their lives ie substance misuse, mental health concerns, domestic abuse, poverty and financial problems

RECOGNITION OF POSSIBLE ABUSE

It is extremely difficult to determine if abuse has occurred. Therapists should look carefully at the behaviour of the child and be alert for significant changes. Therapists should be aware that children may exhibit any of the following without abuse having occurred:

- Disclosure
- Non-accidental injury, bruising or marks
- Explanation inconsistent with injury
- Several different explanations for an injury
- A sudden change in behaviour – aggression, extroversion, depression, withdrawn
- Attention seeking
- Hyperactivity
- Poor attention
- Appear frightened of parents, carers or family members
- Abnormal attachment between parent/ carer and child
- Indiscriminate attachment



- Hyper alertness
- Reduced response
- Frozen watchfulness
- Nightmares
- Anxiety/ irritability
- Abdominal pain/ headaches
- Poor self esteem
- Poor peer relationship
- Act in an inappropriate way for age
- Over sexualised play/ talk or drawings
- Excessive or inappropriate masturbation
- Self harm/ eating disorder
- Frequent visits to the toilet (urinary infection)
- Failure to thrive
- Poor hygiene
- Recurrent/ untreated infections of skin or head lice
- Untreated health/ dental issues
- Frequent absence from school or repeated lateness
- Delay in meeting normal developmental milestones

IMPACTS OF CHILD ABUSE

It is hard to make direct links between experiences of abuse and neglect and problems in later life. The same experiences can affect children in different ways. This can be due to individual differences between children, the help they receive and their family circumstances. However, a review of the literature in 2011 (Meadows, P et al) identified 5 main routes through which abuse and neglect can impact children's lives (NSPCC, 2022):

- Physical changes in the developing brain as a consequence of stress in trauma.
- Difficulties in forming and maintaining relationships.



- Mental health related responses to stress and trauma, including depression, anxiety, post-traumatic stress disorder and behavioural disorders.
- The development of adult behaviour patterns based on those observed at home, such as domestic or sexual abuse.
- The disruption to education and social relationships caused by family disruption experienced as a consequence of maltreatment.

PROCEDURES AND RESPONSIBILITIES

The procedure route will depend upon the urgency of the situation and whether it is merely a suspicion of abuse or an actual disclosure. Phoenix Play Therapy does not interpret a child's play, drawings, sand tray etc even if it indicates abuse. Phoenix Play Therapy will only proceed if a child verbally discloses abuse.

➤ **Suspicion of Abuse**

1. Ask casual open questions about the nature of the concern e.g. (bruises, marks, change in behaviour etc) – “I’ve noticed that you have bruises on your arm, I wonder how they got there.”
2. Believe the child and reassure them that they were right to talk to you.
3. Report the suspicion to the school's (DSP) designated person responsible for Child Protection or Head Teacher. The designated person or Head Teacher will take the appropriate action.
4. Record the facts and conversation in writing immediately in the Phoenix Play Therapy Record of Concern folder.
5. Follow up with the designated person to ensure that appropriate action has been taken in accordance with the Hertfordshire Safeguarding protocol.
6. If protocol has not been followed, call Children's Services.

➤ **Disclosure**

1. Stop the child's therapy session.

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2. Allow the child to talk – ask only open questions e.g. “Can you tell me more about...” Do not press for details.
3. Stay calm and reassuring.
4. Do not make promises that cannot be kept e.g. confidentiality – tell the child that you will have to tell someone else who will be able to help.
5. Believe the child but do not apportion any blame to the perpetrator. (It may be someone they love)
6. Reassure the child that they were not to blame and they were right to talk to you.
7. Ask the child if they have told anyone else.
8. Keep an open mind.
9. Report to the school’s (DSP) Designated Person or Head Teacher who will follow the school’s Child Protection Policy.
10. Record the conversation and facts verbatim in writing immediately afterwards in the Phoenix Play Therapy Disclosure folder (writing notes during the interview may put undue pressure on the child.) Sign and date the report. (It may be required as evidence).
11. Establish details of full name, D.O.B, address and names of parents/ carers
12. Follow up with the designated person to ensure that appropriate action has been taken in accordance with the Hertfordshire Safeguarding protocol.
13. If protocol has not been followed, call Children’s Services, Children’s Social Care or Police.

CODES OF CONDUCT

Some key code of conduct principles Phoenix Play Therapy follows: (NSPCC, 2022)

- Always put children first.

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- Only provide personal or intimate care in an emergency.
- Never give children your personal details and avoid personal social networking.
- Always behave appropriately.
- Listen and respect children and respect diversity
- Remember that you are in a position of trust and should act in a professional manner.
- Always report any concern about a child or the behaviour of a colleague, adult, parent, carer, teacher, headteacher, assistant, volunteer, however small.

RADICALISATION

Using the 'Prevent Strategy' model published by the Government in 2011 and refreshed in 2018, to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. The 2018 Prevent Strategy has three specific strategic objectives:

- Tackle the causes of radicalisation and respond to the ideological challenges of terrorism;
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support;
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

“Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm” – The Prevent Strategy.

The Prevent Duty is concerned with all forms of terrorism and extremism. It also includes some forms of and non-violent extremism:

- Far right and extreme far right groups;
- Religious extremist groups;
- Environmental and animal rights extremism;
- Unclear Ideology (School Massacre, InCel).



What is the different between extremism and terrorism?

- **Extremism:** The vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.
- **Terrorism:** The use or threat of action, both in and outside of the UK, designed to influence any international government organisation or to intimidate the public. It must also be for the purpose of advancing a political, religious, racial or ideological cause.
- **Safeguarding:** From the 1st July 2015, under section 26 of the Counter-Terrorism and Security Act 2015, the Prevent Duty requires that, in the exercise of their functions, specified authorities have “due regard to the need to prevent people from being drawn into terrorism”.

This places a duty on:

- Schools;
- Registered Childcare Providers;
- Local Authorities; and
- Other specified institutions to prevent people being drawn into terrorism and extremism.

The Prevent duty sits alongside Working Together to Safeguard Children and Keeping Children Safe in Education statutory guidance.

Local authorities have a statutory duty to safeguard children, young people and adults. The Children Act 2004 places duties on a range of organisations and individuals to ensure their functions (including any that are contracted out) to have regard to the need to safeguard and promote the welfare of children.

Working Together to Safeguard Children is relevant; this sets out the legislative requirements and expectations in individual services to safeguard and promote the welfare of children. Local authorities are required to have Local Safeguarding Children

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Partnerships (HSCP) and Safeguarding Adults Boards (HSAB) in their area, which provide strategic leadership.

It is essential that Channel panel members, partners to the local panel and other professionals ensure that children, young people and adults are protected from harm. Whilst the Channel provisions are aimed at preventing terrorism, the way in which Channel is delivered may often overlap with the implementation of the wider safeguarding duty, especially where vulnerabilities have been identified that require intervention from social care, or where the individual is already known to Children's Services.

It is imperative that Channel referrals are considered by the local authority and panel members and partners alongside their work to safeguard vulnerable individuals. Key links should be established with social care and other panel partners to ensure that an individual receives the most appropriate support available.

- **Channel:** Channel is a programme which focuses on providing support at an early stage to young people and adults who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:
 - Identifying individuals at risk;
 - Assessing the nature and extent of that risk; and
 - Developing the most appropriate support plan for the individuals concerned.
- Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist related activity.



Success of the programme is very much dependent on the co-operation and co-ordinated activity of partners. It works best when the individuals and their families fully engage with the programme and are supported in a consistent manner.

Process for Young People in Hertfordshire

➤ What do I do if Phoenix Play Therapy has a Prevent concern?

Phoenix Play Therapy will follow the school's child protection procedure where appropriate. If a person, child or adult is at immediate risk, Phoenix Play Therapy will report this to the Police by dialling 999

Phoenix Play Therapy will:

- NOTICE
 - Is a child at risk of extremist behaviour or radicalisation?
 - Observe concern, listen to disclosure;
 - Record concern on organisations safeguarding recording form;
 - Talk with Prevent Designated Safeguarding Person in line with localised process.
- CHECK
 - Speak with the child / young person to get a better understanding of what they are saying.
 - Are there any reasons for the change in behaviour? If appropriate check with parent unless it could put the child / young person at further risk of harm:
 - Talk with Prevent Designated Safeguarding Person in school;



- Seek advice from your HCC Prevent Programme Manager at sophie.lawrence@hertfordshire.gov.uk or phone 07773094897.
- SHARE - If Practitioner still has concerns, make referral:
- Complete Prevent Referral and send to Hertfordshire Prevent at prevent@herts.pnn.police.uk;
 - Remember: consent is NOT needed when making Prevent referrals;
 - Consent will be sort if concern is adopted by the Channel Panel;
 - Update your organization's recording systems.

Phoenix Play Therapy will use the following weblinks if a referral is required:

- **[Prevent National Referral Form](#)**;
- **[Prevent Safeguarding Children and Young People from Radicalisation](#)**.

Consent Prior to Information Sharing: The default for panel partners when determining what information can be shared should be to consider seeking the consent of the individual (or their parent/guardian). In some circumstances, consent from the individual will not be sought at this early stage. This will be dependent on the circumstances of the case but may relate to issues such as the health of the individual, law enforcement or protection of the public. Where consent cannot be sought, information sharing may take place if any of the exemptions to the various legislative provisions restricting information sharing applies, and it will be made explicit in the record of the case by a panel partner which exemption or gateway is being relied upon.

Prevent Training: Phoenix Play Therapy will ensure that all employees and contractors receive Prevent Strategy Training.

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FEMALE GENITAL MUTILATION (FGM) (NSPCC, 2022)

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It can also be known as Female circumcision, cutting, sunna, gudniin, halalays, tahir, megrez or khitan.

FGM Terms

- **Cutter** – A cutter is somebody who carries out FGM. They might use things like knives, scalpels, scissors, glass or razor blades to carry out the procedure.
- **Cutting Season** – This refers to the summer months – often July, August and September – when many girls are on their break from school. This is often the period when girls have time to undergo FGM. Girls might be flown abroad during this time, so it's important to be aware of this risk.

FGM

FGM is a form of child abuse. It's dangerous and a criminal offence in the UK. We know:

- There are no medical reasons to carry out FGM
- It's often performed by someone with no medical training, using instruments such as knives, razor blades, scissors, scalpels or glass.
- Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.
- It's used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including:

- When a baby is new-born
- During childhood or as a teenager
- Just before marriage
- During pregnancy

WHY FGM MIGHT HAPPEN

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FGM is carried out for a number of cultural, religious and social reasons. Some families and communities believe that FGM will benefit the girl in some way, such as preparing them for marriage or childbirth.

But FGM is a harmful practice that isn't required by any religion and there are no health benefits of FGM.

SIGNS OF FGM

A child at risk of FGM might ask you for help. But some children might not know what's going to happen to them. So it's important to be aware of the signs.

Might happen

- A relative or someone known as a 'cutter' visiting from abroad
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'
- A female relative, like a mother, sister or aunt has undergone FGM
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays
- A girl has an unexpected or long absence from school
- A girl struggles to keep up in school
- A girl runs away or plans to run away from home

Might have taken place

- Having difficulty walking, standing or sitting
- Spending longer in the bathroom or toilet
- Appearing quiet, anxious or depressed
- Acting differently after an absence from school or college
- Reluctance to go to the doctors or have routine medical examinations
- Asking for help, though they might not be explicit about the problem because they are scared or embarrassed



EFFECTS OF FGM (NSPCC, 2022)

There are no health benefits to FGM. It can cause serious harm including:

- Severe and/ or constant pain
- Infections, such as tetanus, HIV and Hepatitis B and C
- Pain or difficulty having sex
- Infertility
- Bleeding, cysts and abscesses
- Difficulties urinating or incontinence
- Organ damage
- Problems during pregnancy and childbirth, which can be life-threatening for the mother and the baby
- Mental health problems such as depression, flashbacks and self-harm
- Death from blood loss or infections

WHO'S AT RISK

Girls living in communities that practise FGM are most at risk. It can happen in the UK or abroad.

In the UK, the Home Office has identified girls and women from certain communities as being more at risk:

- Somali
- Kenyan
- Ethiopian
- Sierra Leonean
- Sudanese
- Egyptian
- Nigerian
- Eritrean
- Yemeni
- Kurdish
- Indonesian.

Children are also at a higher risk of FGM if it's already happened to their mother, sister or another member of their family

REPORTING FGM

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A child who has faced, or is worried about FGM, might not realise what's happening is wrong. And they might even blame themselves. If a child talks to you about FGM it's important to:

- listen carefully to what they're saying
- let them know they've done the right thing by telling you
- tell them it's not their fault
- say you'll take them seriously
- don't confront the alleged abuser
- explain what you'll do next
- report what the child has told you as soon as possible.

Phoenix Play Therapy takes its responsibility towards safeguarding children very seriously and the therapist is subject to enhanced DBS checks, reference checks, and right to work checks. Details of DBS checks are available to each school via the Government DBS update service website (<https://www.gov.uk/dbs-update-service>). The therapist will attend an advanced level 2 Safe Guarding Course every three years. The therapist will also carry a photo ID card with a copy of their DBS check.

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Play Therapy

Play is essential for the development of your child physically, emotionally and mentally and it is their natural medium of self-expression. Used therapeutically, play provides children the opportunity to build confidence and concentration, make friends and learn about their ever-expanding world. The therapist is time non-judgemental, non-directive and non-interpretive and develops a trusting relationship with the child, interacts with them and holds their feelings in order to enable them to 'play out' their feelings and problems. Play therapy offers a safe, free and confidential space at a regular.

During Play Therapy children may need to leave the sessions earlier than their allotted time and must be empowered to control the sessions in this way, as their needs dictate, whilst remaining within the boundaries

Theraplay

Theraplay is a child and family treatment for enhancing attachment, self-esteem, trust in others, and joyful engagement. Theraplay sessions create an active and affective connection between the child and parents, resulting in a changed view of the self as worthy and loveable and of relationships as positive and rewarding. Theraplay interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture and Challenge.

Touch

Various kinds of touch are essential to Theraplay and Play Therapy treatment. The goal is at all times to maintain the safety and meet the developmental needs of the child, to touch carefully and respectfully, to touch only to meet the needs of the child, and with a full recognition of the effect that touch has on a child.

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Explanation of how the therapist uses touch:

➤ **Structuring Touch**

The therapist often gives physical assistance or guidance to help the activity turn out successfully ie: wheelbarrow walking, holding hands, close face to face positions, feeling touch with a cotton ball

➤ **Engaging Touch**

Activities that naturally require touch are used to make a connection with the child ie: hand clapping, hand stacking

➤ **Nurturing Touch**

Activities which helps the child to develop the capacity eventually to soothe and calm him/herself. Nurturing touch includes noticing the child's scratches/ bruises and taking care of them with lotion, feeding and singing to the child, putting an arm around the child's shoulder, cuddling or rocking or comforting a child who is anxious.

➤ **Calming/ Containing Touch**

To protect the child from harming him/herself or others and have not responded to other efforts to calm them, the therapist and adult (parent/carer/ or other adult) will stay in the room and contain the child. This may involve cradling the child on the lap of an adult, an arm around the child's shoulder or close, soothing physical contact.

If a child is traumatized or shows signs of dysregulated behaviour a second adult (parent/carer/ or other adult) will be required to attend all sessions.



Parents/ carers are active participants in Theraplay treatment. When parents/ carers cannot attend all sessions an adult from the school setting will be used for the child to form an attachment with.

Video Recording

All Theraplay and parental/ carer Assessment sessions may be recorded. Video recording allows a second look and thus supports careful analysis; makes it possible to show portions of the recording to parents/ carers during the feedback and come to an understanding about the events of the interaction.

Parents/ carers permission will be obtained before any recording takes place.

The length of the programme each child needs is dependent on their level of emotional distress and their ability/ willingness to address those feelings.

All records and video recordings are the property of Phoenix Play Therapy.

Once the therapy sessions have ended all recordings will be destroyed.

Covid-19 and other Pandemics

Phoenix Play Therapy has followed the guidance set out by PTUK (Play Therapy UK) and it has been noted that the revised school guidance supports schools and to prepare them for all year groups to return to full-time education from the beginning of the Autumn term.

The new guidance states the following which enables Phoenix Play Therapy to return to work

- Temporary staff can move between schools. They should ensure they minimise contact and maintain as much distance as possible from other staff. Specialists,



therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual.

Phoenix Play Therapy has read the Government Guidance's mentioned above, considered how they will implement the guidance's and written a risk assessment (Appendix 2) in accordance with every school they visit.

Phoenix Play Therapy have contacted their insurance company to review your Public Liability and Indemnity Insurance cover regarding Covid-19.

Phoenix Play Therapy follows the school's policy and risk assessment and ensure that their contact details are given every time they enter the school for track and trace procedures.

Phoenix Play Therapy must gain new parental permission verbally and in writing (Appendix 3) prior to recommencing therapeutic work.



GDPR Policy

Reviewed: September 2022

Record Keeping

In the event of a disclosure clear accurate records ensure that there is a documented account of Phoenix Play Therapy's response. This is important for agencies responding to the incident.

In the event of a disclosure an incident form will be completed (Phoenix Play Therapy) Incident form (Appendix 2)

This must be completed in addition to any other documentation required as part of the school's safeguarding procedure.

Data Protection

1. How parental/ child details are used

a. Personal contact details (your name, address, phone number and email address) will only be used to contact you or for reporting the progress and results of the therapy for quality assurance purposes. Phoenix Play Therapy will only share these details outside of our organisation for medical or legal purposes.

b. Child's age, sex, ethnic background and why they have been referred for play therapy will be used in reports circulated within Play Therapy UK. It is used to assess how effective and efficient the service is for different types of children. If the details contain parent or child's name, it will be marked as 'confidential' and stored securely. If this information is sent outside the Play Therapy UK, it will be marked as anonymous so that neither you nor your child can be traced.

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c. Measures based on the results of the Strength and Difficulties Questionnaires will be used to assess how severe any emotional well-being, behaviour or mental-health issues are so that the correct number of sessions are allocated. The questionnaires provide a pre and post therapy score to see what changes have happened.

d. The activities during the sessions are used to review a child's progress. This information is also sent to Play Therapy UK so that they can analyse which activities help improve children's emotional well-being and mental health which in turn improve the quality of the therapists' practice, including their training.

2 Supervision and quality assurance

All practitioners on the Register of Play and Creative Arts Therapists, managed by Play Therapy UK and accredited by the Professional Standards Authority, must have a set number of hours of clinical supervision. The therapist makes a verbal report on each child to a clinical supervisor who is very experienced in working in therapy with children. The child's progress, including their problems, what they do in the sessions, any significant themes in their play and anything else that is relevant, is discussed. The clinical supervisor assesses and reviews a therapist by providing support and advice, identifying any problem areas and, if necessary, suggesting action to be taken.

Notes may be taken during the discussions between the therapist and supervisor. If these notes contain the parent(s) or child's name, we will mark them as confidential and store them securely. If we send any part of these notes to anyone else or another organisation, we will make your or your child's personal details anonymous so that you can't be traced.

3 Play Therapy UK

Phoenix Play Therapy is affiliated with Play Therapy UK. As an organisation it uses information about the child the therapist sees and their play therapy activities to check

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the quality of therapists' service, and to update the clinical evidence base (see below) and other research projects which are aimed at improving the quality of therapists' practice for the benefit of the children they work with.

The clinical evidence base is kept in a secure computer database managed by us. It is used to compare the results of therapy with a child's characteristics (such as their age, sex, ethnic background and the condition they have been referred with), the number and type of sessions and the therapy activities that have taken place. Doing this helps Play Therapy UK to set guidelines of good practice, and to identify any areas of risk or where further investigation (through research) is needed. Play Therapy UK makes all the information anonymous so that a child cannot be identified in any reports that are produced. When information is analysed and reported on, it is based on groups of a minimum number of 200 cases and does not identify any child.

Play Therapy UK therapists have to re-register each year. They do this by providing the following information.

- Your child's age, sex, ethnic background and the condition they were referred to us with
- Measures they have taken based on information from questionnaires
- The therapy activities carried out by the child during the sessions

Your name and contact details and those of your child are not passed on to Play Therapy UK.

- Caerus 2017
- Fortuna 2019

Caerus 2017 and Fortuna 2019 are systems that Play Therapy UK recommends that therapists use. Within Caerus and Fortuna, information is encrypted as well as password-

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protected. Only encrypted information is passed to Play Therapy UK. When therapists submit information, a series of randomly allocated client-identity numbers are used. This allows Play Therapy UK to link the items of information for analysis without revealing your child's identity. This information is kept in a secure database system which is not connected to the internet. In the unlikely event of security being at risk it is almost impossible to identify you or your child.

Parent(s)/ Schools' rights

The school or parent(s) have a right to see any information that Phoenix Play Therapy hold about the child in therapy. A small fee will be charged for this service.

For details of information held by your service provider, therapist or clinical supervisor, please contact:

For details of information held by Play Therapy UK, please contact:

Monika Jephcott
CEO
Play Therapy UK
The Coach House
Belmont Road
Uckfield TN25 1BP.

Phone: 01825 761143

Maintenance of Annual membership with PTUK, Phoenix Play Therapy ensures that the following is adhered to for the safety of all children a play/ creative arts therapist or therapeutic play practitioner:

- Have an up-to-date, clear DBS (Disclosure and Barring Services) check

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- Be a currently certified or accredited member of PTUK
- Be receiving clinical supervision of their play therapy practice – the therapist's work is reviewed regularly by someone who has considerable experience
- Conduct the sessions in a safe environment
- Maintaining CPD (Continuous Professional Development) hours
- Work within PTUK's ethical framework (<https://playtherapy.org.uk/Standards/EthicalFramework/EthicalFramework>) or an equivalent
- Have adequate professional indemnity and public liability insurance
- Be using clinical governance (quality control) procedures including

Retention of Records

Phoenix Play Therapy have a responsibility to maintain their records and record-keeping systems. When doing this, Phoenix Play Therapy will take account of the following factors:

- The most efficient and effective way of storing records and information;
- The confidential nature of the records and information stored;
- The security of the record systems used;
- Privacy and disclosure; and•

Their accessibility.

This policy reflects PTUK's and Phoenix Play Therapy's requirements of current legislation and best practice and guidance.

Data Protection

This policy sets out how long clinical data will be held by Phoenix Play Therapy and when that information will be confidentially destroyed in compliance with the terms of the General Data Protection Regulation (GDPR) and the Freedom of Information Act 2000.

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Phoenix Play Therapy's Data Protection Policies outline their duties and obligations under the GDPR. The GDPR defines 'personal data' as any information relating to an identified or identifiable natural person (a 'data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier, or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person. The GDPR also addresses 'special category' personal data (also known as 'sensitive' personal data). Such data includes, but is not necessarily limited to, data concerning the data subject's race, ethnicity, politics, religions, trade union membership, genetics, biometrics (if used for ID purposes), health, sex life, or sexual orientation.

Under the GDPR, personal data shall be kept in a form which permits the identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed.

In addition, the GDPR includes the right to erasure or 'the right to be forgotten'. Data subjects have the right to have their personal data erased (and to prevent the processing of that personal data) in the following circumstances:

- Where the personal data is no longer required for the purpose for which it was originally collected or processed such as, decided therapy is no longer required;
- When the data subject withdraws their consent;
- When the data subject objects to the processing of their personal data and the Phoenix Play Therapy has no overriding legitimate interest;
- When the personal data is processed unlawfully (i.e., in breach of the GDPR);
- When the personal data has to be erased to comply with a legal obligation.

Retention Schedule (Appendix 4) Information (hard copy and/or electronic) will be retained for the period specified in the attached retention schedule. When managing



records, Phoenix Play Therapy will adhere to the standard retention times listed within Data Retention Schedule (Appendix 4).

The schedule lists the many types of records used by PTUK Phoenix Play Therapy and the applicable retention periods for each record type. The retention periods are based on legal requirements. Data types and associated retention periods may be added or updated at intervals between reviews as appropriate. Archiving and transferring information to other media where records have been identified as being worthy of preservation over the longer term including closed client files (Parental consent form, Parent/Carer Interview form, SDQ, Session records, Supervision records).

Phoenix Play Therapy may wish to consider converting paper records to other media such as digital media or virtual storage centres (such as cloud storage). The lifespan of the media and the ability to migrate data where necessary has been considered by Phoenix Play Therapy. Responsibility and Monitoring Phoenix Play Therapy have primary and day-to-day responsibility for implementing this policy. The Data Protection Officer (DPO) is Karen Durkin and she is responsible for monitoring its use and effectiveness and dealing with any queries on its interpretation. The DPO will consider the suitability and adequacy of this policy and review accordingly.

Therapeutic Executor

Phoenix Play Therapy have a professional and ethical obligation to prepare for the unexpected. Phoenix Play Therapy has appointed a therapeutic executor and has the right plans in place. Destruction of records where records have been identified for destruction within the Data Retention Schedule will be disposed of in an appropriate way. All information will be reviewed before destruction to determine whether there are special factors that mean destruction should be delayed, such as potential litigation, complaints or grievances.

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All paper records containing personal information, or sensitive policy information will be securely shredded before disposal. All electronic information will be deleted. Phoenix Play Therapy will maintain a database of records which have been destroyed, recording the following:

- File reference (or other unique identifier);
- File title/description;
- Number of files.



APPENDICES

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Appendix 2

Risk Assessment – Individual Play Therapy

Organisation/ Place of Work: Primary School Setting

Risk Description	Risk Controls/Actions
Equipment and toys from play therapy kit are unsafe to use and could cause possible harm or injury to a client or other.	Play Therapist will take responsibility for assessing equipment as it is placed out for clients to engage in, checking over equipment and noticing any possible damages or risk hazards which could cause an injury or harm to another. Such equipment found to be unsafe or broken to be removed by therapist and replaced if necessary.
Play Therapy equipment is not cleaned regularly and could harbour virus or lead to illness of a client including Corona Virus.	Equipment is deep cleaned on a termly basis with a suitable cleaner to kill off possible virus and table surfaces and is cleaned and tidied between clients ensuring that equipment is clean and suitable for use by clients.
There are hazards or dangers within the playroom provided by the school which could cause harm or injury to a client or other.	The school to provide a safe space in which the therapist can work safely within the school which adheres to the settings own risk assessments. The school to ensure that equipment belonging to the school is kept in a safe condition including toys and other play equipment. The therapist to check the room over upon arrival to ensure the room is safe to work in on that day.
The regular play room provided by the school is not available and another area is identified by the school to utilise on a particular day which could be unsafe to use or is unsuitable leading to injury of a client or therapist.	The school to ensure that the new play area meets the requirements as set out by the school's risk assessments and is suitable for use by an external visitor and student/client. Any possible hazards are explained to the therapist. The therapist to look over the room and ensure there are no obvious visible hazards which could cause harm or injury to a client or other. Any hazards identified are brought to the attention of the school to be dealt with. If this is not possible then the sessions will not be able to go ahead for that time in this space until alternative provisions are made by the school.
Child plays in an unsafe way within the room leading to client's injury or harm or possible damage to the room or equipment.	It is the responsibility of the play therapist to ensure that there are clear boundaries explained to the client which are all based around safety. The clients are informed that in order for the session to be held, the client must play safely both in their interactions with others, with the equipment and toys and the furniture within the room. The therapist is responsible for assessing within the child's play what is safe and communicating this to the child with clear instructions to stop any unsafe play which may occur. If the child persists in behaving in an unsafe way then the session to be stopped and the client removed from the play room and returned to their class.
Client behaves in an unsafe way on their	It is the responsibility of the play therapist to ensure that there are

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<p>journey to and from the play room accompanied by the play therapist and there is a risk of injury or harm to the client or other.</p>	<p>clear boundaries explained to the client which are all based around being safe within the school premises when moving between and within the school premises. School to adhere to their individual risk assessment in relation to the school premises. Therapist to assess whether a client is in a safe disposition to accompany them to play room prior to their appointed session. If a client is felt to be unsafe to attend at that time then the session is not to go ahead at that time until the client is assessed to be safe to move.</p>
<p>A client has an accident during their sessions and is hurt or injured.</p>	<p>The therapist to administer first aid in the first instance if appropriate. The therapist to identify first aid contact within the school and to inform them of the accident and to seek first aid from the designated person. All paperwork to be completed as per the school's accident/incident policy Two-day paediatric first aid course is completed and regularly updated by the therapist to ensure that the therapist can respond appropriately in the case of an incident or accident. Therapist to make a log of any incident/accident that occurs during a session for their own records. Parents to be informed of any accident or incident that occurs during a session.</p>
<p>A fire or lockdown alarms sounds within the school premises during a sessions with a client indicating a possible incident in progress and there is risk of possible injury/life of therapist and client.</p>	<p>Therapist to communicate with the school and to locate the exit plan from the designated room and the meeting point for students and staff in case of an alarm sounding prior to starting sessions with a client. School to notify therapist if there is a planned fire alarm testing to take place during the course of the therapist's stay at the school. In case of an alarm being activated, therapist to lead client and themselves calmly and safely from the school building using the appropriate route. Therapist to return child to their class teacher at the designated meeting point and to make their presence known to lead member of staff and to await further instruction from the incident lead.</p>
<p>A potential client is identified as vulnerable and therefore more at risk from harm, illness or injury during a play therapy session.</p>	<p>It is the School's responsibility to inform therapist of any potential client's specific medical needs, medical conditions, possible allergies, SEN etc. When such a potential client is identified then an individual risk assessment to be put in place by therapist, working together with school and parents, to ensure the safety of the client in order for play therapy sessions to go ahead.</p>

A full individual playroom assessment will be made by the therapist before sessions are carried out.

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Risk Assessment Report - Pandemic

Therapist Name: Karen Durkin			Organisation (Place of Work): Primary School Setting			
Assessment Carried out by: Karen Durkin						
Assessment Date: 3 rd September 2023			Date of Next Review: September 2024			
What are the hazards?	Who might be harmed?	What are you already doing to control the risk?	What further action needs to be taken to control the risks?	Who needs to carry out the action?	When is the action needed by?	Date completed
Contracting Covid-19 during therapy sessions	Therapist, client, school members, family members	None	Provision of play room with ventilation	School	Prior to parent meetings and therapy sessions	When required
Contracting Covid-19 during therapy sessions	Therapist, client, school members, family members	Providing individual boxes per client containing: Sand, Small figurines, Pens, paper, card, scissors, glue, decorative stuff, paint, paint brushes, play doh, clay, x2 puppets	Ensure all art materials and small figurines are cleaned and replaced in the individual client's box	Therapist to check these resources are collected and put away after each session	At the end of the session	Every session indicated on the contractual dates list
Contracting Covid-19 pre & post therapy sessions	Therapist, client, school members, family members	Cleaning and maintenance of the play room	Cleaning of the play room by wiping down all surfaces, door handles, emptying the bin, changing hand washing water	Therapist	Therapist to maintain the cleaning prior to the beginning of each therapy session	Every session indicated on the contractual dates list
Contracting Covid-19 pre & post therapy sessions	Therapist, client, school members, family members	Cleaning and maintenance of the tool kit	Cleaning of the tool kit by wiping down or washing all toys	Therapist	Therapist to maintain the cleaning prior to the beginning of	Every session indicated on the contractual dates list

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					each therapy session	
Contracting Covid-19 during therapy sessions	Therapist, client, school members, family members	Maintaining 2-meter distance between client and therapist	Therapy sessions to occur at a table that can provide the 2-meter distance	School needs to ensure a table is in the play room	At the beginning of the therapy day	Every therapy day indicated on the contractual dates list
Contracting Covid-19 pre and post therapy sessions	Therapist, client, school members, family members	Waiting in the therapy room	An adult escorting the child to and from the session	School	At the beginning & end of every client's sessions	Every therapy day indicated on the contractual dates list
Contracting Covid-19 pre and post therapy sessions	Therapist, client, school members, family members	Hand hygiene maintenance	Hand washing & sanitizer prior to entering the therapy space, during the session, between activities and post sessions	School needs to provide hand sanitizer in the room Therapist will change hand washing water prior to each therapy session and ensure the client washes hands prior & post sessions	Prior to the beginning of each therapy session	Every therapy day indicated on the contractual dates list
Contracting Covid-19 pre and post therapy sessions	Therapist, client, school members, family members	Hygiene maintenance	Sneezing - 'catch it, bin it, kill it'. Avoidance of touching faces especially eyes and nose	Therapist will ensure all tissues are placed in the bin and emptied. Try to avoid touching of the face	Prior/ post and during the session	Every therapy day indicated on the contractual dates list
Contracting Covid-19 pre and post therapy sessions	Therapist, client, school members, family members	Hygiene maintenance of Therapist clothing	Therapist clothing will be clean on that day	Therapist will ensure that all clothing worn in therapy is clean on and has been	Prior to therapy session day	Every therapy day indicated on the contractual dates list



				thoroughly washed through a 30c washing machine cycle		
Contracting Covid-19 when a child is hurt	Therapist, client, school members, family members	Wear a mask if a 2-meter distance cannot be maintained	Use the phone provided in the room and	Therapist	As soon as the child is hurt	On occurrence
Contracting Covid-19 if symptoms arise	Therapist, client, school members, family members	If symptoms arise, contact is made immediately	Contact from and to school office immediately, 14-day self-isolation	Therapist and school	Immediately	On occurrence



Appendix 3

Parental Consent Form

Child's Name:

I understand that any information or personal details you collect about me, my child or family during play therapy are confidential, and that neither my name, address, nor any other information that identifies me or my child will be released or published outside your organisation/agency/school. (During the course of therapy, we will be recording information about your son or daughter, but we will not reveal your child's name and address in any information we share with anyone else, **unless it is for medical*** or legal reasons. We use all information in line with the latest data protection legislation including the GDPR. Please ask us if you would like details of the information that we collect and how we use it).

I agree that my child can attend therapeutic play or play therapy sessions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree that my child's therapists have informed me of the details of the risk assessment in place for therapy sessions and understand they will update me of any changes to this risk assessment in-line with government advice at the beginning of every new term during or after a break in therapy during the Covid-19 pandemic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree where social distancing measures cannot be implemented during the therapy sessions my child (over 11 years old) can use a face covering	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree if my child (over 11 years old) does not want to use face covering because they have a **legitimate reason for not wearing a face covering I agree the sessions can go ahead	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to the therapist using face covering when working with my child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The therapist has discussed with me her process for sharing information in relation to Track and Trace* I agree in the event the therapists or a close family member contracts Covid-19, confidentiality will not be able to be fully maintained and my child's details, due to Track and Trace measures the Government have put in place, will be shared with the appropriate agencies. (The therapist has a duty to inform you immediately if this occurs)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree that the information you collect will be used for monitoring and review purposes, as part of the therapist's supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree that clinical information that does not identify my child may be used for research purposes and for case studies. I understand that any information used will remain confidential, and that no information that identifies me or my child will be published. If I do not agree to you using information as above, this will not affect any care my child receives.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent's signature:	Date:	
Please print your full name:		

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** This includes (but is not limited to) children under 11, physical or mental illness or impairment or disability or if putting on, wearing or removing a face covering will cause your child severe distress. If you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate.

Registrant's/Organisation's name and UK Data Protection Register number **ZA**
Play Therapy UK Data Protection Register number: **ZA107748**

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Appendix 4

File Description	Retention Period
Health & Safety Records	
Health & Safety Risk Assessments	3 years from life of the risk assessment
Any reportable accident, death or injury in connection with clinical work	For at least 12 years from the date the report was made
Accident reporting	Adults – 6 years from the date of the incident Children - when the child attains 25 years of age
Clinical Records	
Client details, including: <ul style="list-style-type: none"> • Location records • Contact details • Client records • Parental consent • Episode records • SDQ scores • Session records • Confidential reports 	For the lifetime of the therapist
Supervision Records	
Supervisor details	For the lifetime of the therapist
Supervision logs	For the lifetime of the therapist
Continuous Professional Development Records	
Training records, including CPD plans and CPD logs	For the lifetime of the therapist
Emails	
Day to day operational emails mentioning clients or parents/ carers	Significant emails will be attached to client records and deleted from email boxes within one year
Email correspondence from parents/ carers	Significant emails will be attached to client records and deleted from email boxes within one year