





### Safeguarding Policy

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<b>Policy Approved By:</b>	Sevcan SUNGUR
<b>Name:</b>	Sevcan SUNGUR
<b>Role:</b>	Director / Designated Safeguarding Lead
<b>Signed:</b>	
<b>Date:</b>	10/04/2026



**Policy Statement Approval:** This Safeguarding Policy is approved and endorsed by the Director of Sun Play Therapy

<b>Name:</b> Sevcan Sungur	<b>Role:</b> Director	<b>Signed:</b> 
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Date: 10 April 2026

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## **SUN PLAY THERAPY SAFEGUARDING POLICY**

### **1. INTRODUCTION**

This Policy demonstrates Sun Play Therapy commitment to safeguard children and vulnerable people who engage with our services from harm. The Policy provides staff and volunteers, as well as children and their families, with the overarching principles that guide our approach to safeguarding.

While the primary responsibility for the care of children rests with their parents or guardians, everyone working with children has a responsibility for their wellbeing and protection, including staff members, freelance contractors, volunteers and trustees at Sun Play Therapy. We have a collective responsibility to ensure that the children we work with are encouraged and helped in their creative work and that this should take place in a safe and protected environment.

Children should never experience abuse of any kind. We have a responsibility to promote the welfare of all children to keep them safe and function in a way that protects them. We recognise that the welfare of children is paramount in all the work we do and in all the decisions we take. All children, regardless of age, disability, gender, race, religion or belief,



sex, or sexual orientation, have an equal right to protection from all types of harm or abuse. Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

Children need to know that adults are fully committed to their welfare. They will be reassured in this if they feel:

- You are prepared to listen to them, especially when they are telling you something that is difficult for you to hear and to believe
- You value and support them as individuals
- You have taken steps to ensure the physical environment is safe
- You praise them
- You trust them This Policy contains the Sun Play Therapy policy and guidelines for child protection and promotes codes of behaviour so that everyone is aware of the standards of behaviour of both children and adults. This Policy applies to anyone working on behalf of Sun Play Therapy, including staff, freelance contractors, the board of trustees, volunteers and students

This Policy is underpinned by the following legislation and statutory guidance: *The Children Act of 1989 and 2004, Working Together to Safeguard Children (2018), Keeping Children Safe in Education (2022)*. It is also informed by the National Society for the Prevention of Cruelty to Children's (NSPCC's) Safeguarding Standards and Guidance.

This Policy should be read in conjunction with the **Sun Play Therapy Health and Safety Policy** and the following appendices, which support the delivery of safe, respectful, and inclusive services:

- Appendix 1 – Code of Behaviour
- Appendix 2 – Recognising Abuse and Responding to Disclosure or Concern
- Appendix 3 – Incident Report Form
- Appendix 4 – Photography and Observation Consent Form / Child Risk Assessment Form
- Appendix 5 – Prevent Duty Statement
- Appendix 6 – Missing Child Incident Log
- Appendix 7 – Venue Risk Assessment Form

This Policy will be reviewed a minimum of once a year and following any serious safeguarding incident



## 2. TERMS OF REFERENCE

“**Child**” refers to anyone under the age of 18 years. This policy applies to all children whether they are a visitor, participant, work experience placement student or other. “Child Protection” literally means protecting children from abuse and neglect, whereas “**safeguarding**” widens practice around their needs to encompass creating an environment where the welfare of children and young people is actively promoted. Promoting welfare is about helping children and young people achieve their potential and ensuring that they are safe and adequately cared for. “**Safeguarding**” is the term adopted by Sun Play Therapy.

“**Vulnerable adult**” means a person aged 18 or over who has a condition of the following type a) a learning or physical disability; b) a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; or c) a reduction in physical or mental capacity.

“**Disclosure of abuse**” is the statement a child, young person or vulnerable adult makes to another person that describes abuse. Further details relating to this can be found in Appendix

“**DBS Disclosure**” is the term used for a check with the Disclosure and Barring Service for any past convictions held by an individual who is seeking to work with children, young people or vulnerable adults.

“**Designated Safeguarding Lead**” is a person who has specific responsibility for ensuring effective safeguarding procedures. Their responsibilities include acting as a source of information on child protection matters, coordinating action within the organisation and liaising with health, children’s services and other agencies about suspected or actual cases of abuse.

## 3. PRINCIPLES

At Sun Play Therapy, we are committed to creating a safe, inclusive, and protective environment for all children and young people. Our safeguarding principles are as follows:

- The welfare of children is paramount.
- All children have the right to be protected from abuse, regardless of gender, ethnicity, disability, sexual orientation, language, religion, or belief.



- This policy is approved and endorsed by the Board of Trustees, ensuring organisational accountability and oversight.
- Children, parents/carers, and staff (including freelance practitioners) must be informed of the safeguarding policy, the code of behaviour, and the procedures for reporting concerns.
- All concerns, disclosures, or allegations of abuse will be taken seriously by trustees, staff, and volunteers and responded to in line with statutory guidance. This may include referral to Children's Social Care and, in cases of immediate risk, to the Police.
- Sun Play Therapy is committed to safe recruitment, selection, and vetting practices to prevent unsuitable individuals from working with children and vulnerable people.
- This Safeguarding Policy operates in conjunction with Sun Play Therapy's Health and Safety Policy, ensuring that physical, emotional, and environmental risks are managed holistically.

#### **4. DESIGNATED SAFEGUARDING LEADS**

##### **Designated Safeguarding Lead**

##### **Sevcan Sungur – Director (Designated Safeguarding Lead)**

Email: [info@sundrama.co.uk](mailto:info@sundrama.co.uk)

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##### **Clare James – HR / Designated Safeguarding Lead**

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The Designated Safeguarding Lead (DSL) reports quarterly to the Business and Programme Sub-Committee of the Board, including any incidents, concerns, or "near misses."

##### **Role of the Designated Safeguarding Lead – Sun Play Therapy**

The DSL at Sun Play Therapy holds a critical role in ensuring the safety and wellbeing of children and vulnerable individuals across all services. Key responsibilities include:



- Acting as the first point of contact for any safeguarding concerns, breaches of the Code of Behaviour, or incidents during therapeutic or educational sessions.
- Initiating and coordinating internal safeguarding inquiries related to staff or practitioners' conduct or risks posed to children or vulnerable individuals.
- Reporting all suspicions or allegations of abuse or neglect to the appropriate statutory authorities (e.g., Children's Social Care, Police) promptly and effectively.
- Liaising between therapeutic practitioners, families, and external agencies (e.g., schools, social services, healthcare providers) to ensure coordinated safeguarding responses.
- Developing partnerships with local safeguarding boards, SEND departments, health services, and professional networks relevant to the AP sector.
- Offering support and guidance to any individual involved in a safeguarding referral, including children, young people, parents/carers, or the person making or subject to the disclosure.
- Providing expert advice on individual cases, organisational practice, and legal safeguarding obligations.
- Promoting a culture of safety, openness, and transparency within the organisation.
- Leading regular safeguarding training, reflection, and supervision for all staff and practitioners, with an emphasis on trauma-informed and neurodiversity-sensitive approaches.
- Staying up to date with legislation, statutory guidance (including KCSiE), and best practices, especially in relation to children with SEN, autism, mental health, and communication needs.
- Ensuring all safeguarding records are accurate, securely maintained, and compliant with UK GDPR and confidentiality requirements.

## **Deputy DSLs and Governance Responsibilities**

At Sun Play Therapy, safeguarding is at the heart of our practice. We follow national guidance outlined in Keeping Children Safe in Education (KCSiE) September 2025 and ensure that our DSLs are fully trained and supported.

### **Training and Qualifications:**

- All DSLs and Deputy DSLs complete accredited Designated Safeguarding Lead training prior to taking on the role.
- They complete refresher training every two years to remain up to date.



- The DSL and at least one Deputy DSL complete Safer Recruitment training to ensure recruitment aligns with child protection standards.

### **Monitoring and Governance:**

- Safeguarding logs are regularly reviewed by the DSL.
- Annual audits and internal reviews are conducted.
- Updates to the safeguarding policy are reviewed and signed off by the Director and DSL.

## **5. DBS DISCLOSURE REQUIREMENTS**

Sun Play Therapy is committed to safeguarding and promoting the welfare of children and young people. All staff, contractors, and volunteers are recruited, trained, and supported in line with safer recruitment principles.

### **Employee DBS Requirements**

- All employees must obtain an Enhanced DBS Certificate prior to starting work involving children or vulnerable individuals.
- DBS certificates are checked annually via the DBS Update Service.
- Those not registered to the Update Service must renew their DBS every two years or earlier if safeguarding concerns arise.
- Employees must declare any criminal convictions or cautions prior to appointment. Failure to do so may result in termination.

### **Freelance Contractors and Volunteers**

All freelance staff and volunteers must meet the same safeguarding standards as employees.

Before engagement, they must provide:

- A valid **Enhanced DBS Certificate**.
- If registered on the **DBS Update Service**, the certificate will be checked online annually.



- If **not** on the Update Service, the DBS must be issued within **the last 12 months** and renewed **every two years**.

Third-party DBS certificates will only be accepted if:

- The original certificate is **physically verified**.
- It is matched with a **valid photo ID** (e.g., passport, driver's licence).
- All records are **securely stored** in compliance with **data protection laws**.

### **Trustee Requirements**

- Trustees must obtain a valid Enhanced DBS Certificate before assuming their role.
- Those not enrolled in the Update Service must renew their certificate every two years.
- Proof of identity and right to work in the UK must also be submitted.

All trustee DBS documentation is tracked through our safeguarding compliance register, which is maintained and audited by the DSL.

### **Record-Keeping and Confidentiality**

- All DBS-related records, references, ID checks, and correspondence are stored securely—digitally (password-protected) or physically (locked).
- Only the DSL, Safeguarding Officers, or authorised HR personnel have access.
- All record-keeping complies with UK GDPR and confidentiality standards.

### **Ongoing Review and Safeguarding Culture**

- A live safeguarding register is maintained for all staff and contractors working with children.
- The DSL conducts regular audits of this register to ensure continued compliance.



## **6. RECRUITMENT AND SAFER RECRUITMENT PROCEDURES**

### **Pre-Employment Checks**

All recruitment advertisements will clearly state the requirement for an Enhanced Disclosure and Barring Service (DBS) check. The recruitment lead will coordinate the DBS application process with the prospective staff member or therapeutic practitioner at the offer stage. Every effort will be made to ensure that DBS clearance is received prior to the commencement of work.

### **Application Form**

Applicants are required to provide a comprehensive account of their employment and voluntary experience. This includes details of all previous positions, with names and addresses of organisations, contact details, and reasons for leaving.

Applicants must sign and date the form to confirm that the information is true and accurate and to give permission for **Sun Play Therapy** to contact previous employers. Applicants must also confirm that there are no reasons personal or professional that would prevent them from working safely with children or vulnerable individuals.

While electronic submissions are accepted, signed copies must be available at the interview stage.

### **Disclosure of Criminal Convictions or Prosecutions**

Applicants must declare any and all criminal convictions or prosecutions, whether spent or unspent, as part of the application process. All disclosures will be handled with the utmost confidentiality. A criminal conviction will not automatically disqualify an applicant from being considered.

The **Designated Safeguarding Lead (DSL)** will assess whether any disclosed information is relevant to the role. Applicants may request a confidential discussion with the DSL regarding this aspect of their application.

### **Interview**

All interviews will be conducted in line with **Safer Recruitment** practices. At least one member of the interview panel will have received Safer Recruitment training. Candidates will



be asked to explain any gaps in their employment history and clarify periods of time not spent in work or volunteering. The interview will also assess the candidate's suitability to work with children and vulnerable individuals, including their understanding of safeguarding responsibilities and ethical practice in therapeutic and educational settings.

### **Additional Documentation Required**

As part of our commitment to safeguarding and legal compliance, we provide the following documentation to demonstrate our policies and procedures.

### **Professional References**

Two professional references are required for each staff member delivering services under the provision.

At least one reference must be from a recent employer or voluntary role involving direct work with children or young people.

References should include:

- The referee's full name, job title, organisation, and contact details
- Confirmation of dates of employment/volunteering
- Details of the individual's role, responsibilities, and conduct
- A specific statement confirming their suitability to work with children or vulnerable individuals

### **Proof of Identity and Right to Work in the UK**

All staff must submit valid photographic identification, such as:

- A current UK or EU passport
- A biometric residence permit (BRP) showing immigration status and work permissions
- Or, where relevant, a birth certificate accompanied by official photo ID (e.g., driver's licence)

### **Visa and Immigration Compliance**

Where applicable, staff holding a visa or BRP must also provide clear documentation of any visa conditions, including:



- Permitted work hours
- Type of work allowed
- Visa expiry date

The provider must maintain an internal system to monitor visa conditions regularly to ensure ongoing legal compliance. All immigration documents will be reviewed and securely recorded in line with UKVI guidance and GDPR standards.

### **Professional Qualifications**

All practitioners delivering educational or therapeutic services on behalf of Sun Play Therapy are required to provide evidence of relevant professional qualifications that demonstrate their suitability for the role. This includes, but is not limited to:

#### **Academic Qualifications:**

- Evidence of completed higher education or professional training relevant to the field of education, therapy, or child development. Examples include:
- Bachelor's or Master's Degree in Drama Therapy, Psychology, Education, Child Development, Social Work, or a related discipline
- PGCE (Postgraduate Certificate in Education)
- QTS (Qualified Teacher Status)
- Level 3+ Teaching Assistant Certificate
- HLTA (Higher Level Teaching Assistant) status

### **Required Training Certificates**

All practitioners working with children or young people through **Sun Play Therapy** must provide up-to-date training certificates in the following areas. These trainings ensure compliance with national safeguarding standards and promote safe, inclusive, and high-quality provision:

#### **1. Safeguarding Children (Level 2 or more )**

- A core requirement for all staff working with children or vulnerable individuals.
- Must cover types of abuse, how to recognise signs, reporting procedures, and responsibilities under Keeping Children Safe in Education (KCSiE 2024 ).



- Must be updated at least every 2 years.

## **2. Prevent Duty Training**

- Mandatory under the Counterterrorism and Security Act 2015.
- Helps practitioners identify individuals who may be vulnerable to radicalisation.
- Includes how to report concerns and an overview of the Channel referral process.
- Free courses available via the Home Office e-learning platform.

## **3. Female Genital Mutilation (FGM) Awareness (Recommend)**

- Training must include:
  - Definitions and types of FGM
  - Legal obligations (including mandatory reporting duty)
  - Signs and indicators of risk
- Can be covered within a safeguarding course or completed separately.

## **4. Equality, Diversity and Inclusion (EDI)**

- Should promote awareness of protected characteristics under the **Equality Act 2010**.
- Must cover unconscious bias, inclusive practice, and how to ensure equity in service delivery.
- Encouraged for all staff, especially those working in multicultural or neurodiverse environments.

## **5. First Aid (Paediatric or Emergency) – Recommended**

- While not mandatory for all roles, a valid First Aid Certificate is strongly recommended, especially for those delivering 1:1 or outdoor sessions.
- Preferred certifications:
  - Emergency First Aid at Work (EFAW)
  - Paediatric First Aid (for those working with under-8s)

## **6. SEND Awareness or Autism Training – Recommended**

- Especially relevant for those supporting children with special educational needs.
- Recommended courses include:



- “Introduction to Autism” (NAS or Edu Care)
- “Understanding SEND” (Open University, CPD UK, etc.)

### **Verification of Identity**

All applicants must provide original documents to verify their full name, date of birth, and signature. Additionally, candidates must provide proof of their legal right to work in the UK, in accordance with recruitment checks required by Sun Play Therapy. Photocopies of documentation will be retained securely for verification purposes.

### **References**

A minimum of two professional references will be requested for all candidates offered a position, whether paid or voluntary. Where possible, one reference must be from the applicant’s most recent employer or voluntary supervisor.

References will be taken up before the start date of any contract. Referees will be asked specific questions relating to the applicant’s suitability to work with children or vulnerable individuals, and any previous safeguarding concerns.

## **7. TRAINING, SUPPORT AND MONITORING FOR STAFF, FREELANCE CONTRACTORS AND VOLUNTEERS**

At Sun Play Therapy, we are committed to ensuring that all individuals working with children and young people are appropriately trained, supported, and supervised in line with national safeguarding standards and best practice.

### **Induction and Safeguarding Onboarding**

All new staff, freelance contractors, and long-term volunteers will:

- Receive a copy of the Sun Play Therapy Safeguarding Policy during their induction and confirm in writing that they have read and understood it
- Read and agree to the Code of Behaviour (see Appendix 1)
- Complete safeguarding training relevant to their role before beginning any work with children or vulnerable individuals



- Undergo an induction session with the Designated Safeguarding Lead (DSL) or deputy, where safeguarding procedures, reporting protocols, and role-specific expectations will be explained

## **Mandatory Training Areas**

All practitioners must provide up-to-date evidence of training in the following areas:

- Safeguarding Children (minimum Level 2)
- Prevent Duty
- Female Genital Mutilation (FGM) Awareness
- Equality, Diversity and Inclusion (EDI)
- Emergency First Aid or Paediatric First Aid (recommended)
- SEND or Autism Awareness (recommended)
- Team get Together & PD sessions (compulsory)
- Online Safety and Digital Safeguarding
- Data Protection and UK GDPR Awareness

All mandatory training must be refreshed at least every two years, or earlier if required.

## **Supervision and Ongoing Support**

Sun Play Therapy places a strong emphasis on the value of reflective supervision and professional development:

- Practitioners will receive regular supervision either in person or virtually (minimum termly)
- Supervision will include discussion of caseloads, safeguarding concerns, reflective practice, and professional wellbeing
- Additional support will be offered following complex safeguarding incidents, disclosures, or emotional distress experienced during sessions
- Informal check-ins are encouraged between staff and the DSL for continuous support and communication

## **Performance Monitoring and Development**

To ensure a high standard of safeguarding and educational delivery, the following practices will be implemented:

- Periodic quality assurance reviews including observation, student/family feedback, and review of session documentation
- Annual appraisal or performance review aligned with professional development goals



- Participation in internal CPD (continuing professional development) sessions on safeguarding, trauma-informed practice, or SEND strategies
- Access to a Safeguarding Supervision Log, which will record dates and content of formal supervision and training updates

## **Record Keeping and Compliance**

- Records of all safeguarding training, supervision, CPD attendance, and performance reviews are maintained on the Sun Play Therapy Staff Compliance Register
- This register is audited quarterly by the DSL to ensure all personnel meet the training and supervision requirements of their roles
- Safeguarding compliance is a condition of continued engagement with Sun Play Therapy

## **8. DISCLOSURES AND SUSPECTED ABUSE**

All children and young people supported by Sun Play Therapy have the right to feel safe. During their first session or an introductory meeting, children are informed of this right and are advised on who they can speak to if they ever feel unsafe or have a concern.

Posters and child-friendly materials outlining confidential support services and designated contact persons are displayed in all learning environments.

Abuse may occur through direct harm or a failure to prevent harm, and may take many forms. Examples and indicators of abuse are outlined in Appendix 2 – Recognising and Responding to Abuse.

If you have any concern regarding the treatment, behaviour, or welfare of a child or vulnerable person, you must report it immediately to the Designated Safeguarding Lead (DSL) or, in their absence, a Deputy DSL.

### **Reporting Concerns – Clear Process for All Parties**

- All staff, freelance practitioners, volunteers, parents/carers, and external partners must follow clear and consistent procedures when reporting safeguarding concerns. These steps are designed to ensure that any concern is addressed swiftly and appropriately.
- **Immediately report any concerns or disclosures to the DSL or Deputy DSL.**  
As soon as a safeguarding concern arises, it must be reported to the Designated Safeguarding Lead (DSL) or their Deputy. Delays in reporting can place the child at further risk. Concerns may include observed behaviours, physical signs of abuse, or verbal disclosures from the child or others.
- **Complete a written record using the Safeguarding Incident Report Form (see Appendix 3).**  
All concerns must be documented in writing as soon as possible, ideally immediately after the incident or disclosure. The report should include factual details such as date, time, names of those involved, what was said or observed, and any actions taken. Avoid assumptions or interpretations — use direct quotes and objective language.
- **Do not delay reporting, even if information is incomplete or unclear.**  
It is not the responsibility of staff to investigate or verify the concern. If something raises concern, it must be reported, even if the full context is not yet known. The DSL will assess the situation using appropriate thresholds and procedures.
- **Concerns are handled in accordance with statutory guidance including Keeping Children Safe in Education (KCSiE 2025) and local safeguarding protocols.**  
All safeguarding actions must align with the most recent version of *KCSiE (September 2025)* and the guidance set out by the local authority (e.g., Suffolk Safeguarding Partnership). This ensures consistency, legal compliance, and the prioritisation of child safety.
- **All staff receive training on this process at induction and through regular safeguarding refreshers.**  
Every member of staff, including freelance contractors and volunteers, is trained during their induction to recognise signs of abuse and follow reporting procedures. This training is refreshed annually or more frequently if required to maintain awareness and confidence in responding to safeguarding issues.
- **Children and families are also informed of how to raise concerns, through both verbal communication and visible resources in learning spaces.**  
Children and their families should know that they have a right to speak up if something is wrong. Age-appropriate posters, visuals, and explanations should be



available in learning environments, and staff should regularly remind children of who they can talk to if they feel unsafe or worried.

## **Responding to a Disclosure**

If a child, young person, or vulnerable adult discloses abuse or harm, all staff must follow clear and sensitive procedures to ensure the individual is listened to, protected, and supported appropriately. The steps below must be followed carefully:

- **Stay calm and listen without interrupting or questioning.**  
Your reaction matters. Remain composed, attentive, and non-judgemental. Allow the child or young person to speak at their own pace. Avoid facial expressions or comments that might suggest shock, disbelief, or disapproval. Your role is to provide a safe, reassuring presence.
  
- **Do not promise confidentiality — explain that you must share this with the safeguarding lead to keep them safe.**  
It is essential to be honest. Do not make promises like "I won't tell anyone." Instead, gently explain that you may need to share this information with the Designated Safeguarding Lead (DSL), whose job is to help keep them safe. Reassure the child that they have done the right thing by telling you.
  
- **Record the disclosure in the child's own words using the Incident Report Form (Appendix 3).**  
As soon as possible, write down exactly what the child said, using their own words and language. Do not paraphrase or interpret. Include the date, time, setting, and names of any witnesses. Note your observations of the child's behaviour, body language, or emotional state, but do not speculate or add assumptions.
  
- **Follow the steps outlined in Appendix 2, which details how to respond appropriately to different types of abuse.**



Refer to the internal safeguarding guidance provided in Appendix 2. This document outlines how to manage disclosures of physical, emotional, sexual abuse, neglect, and other safeguarding concerns. It ensures that all staff respond consistently and in line with local and national safeguarding procedures.

- **Report immediately to the DSL — do not investigate or confront the alleged perpetrator.**

Staff must not attempt to investigate the concern themselves or question the child further. Never speak to the alleged perpetrator. Instead, pass all information directly to the DSL without delay. The DSL will determine the next steps, which may include contacting Children’s Social Care, the Police, or the Local Authority Designated Officer (LADO).

- **The Designated Safeguarding Lead is responsible for managing all safeguarding disclosures and concerns, coordinating responses, and involving statutory agencies where appropriate.**

Once informed, the DSL takes over the responsibility of assessing the concern, making necessary referrals, ensuring appropriate records are kept, and coordinating communication with relevant agencies. All staff must cooperate fully with the DSL’s decisions and any resulting safeguarding procedures

### **Allegations Involving Staff, Volunteers or Contractors**

Sun Play Therapy takes all allegations made against staff members, freelance contractors, and volunteers extremely seriously. It is essential that all concerns regarding the conduct of adults working with children are reported and managed in line with national and local safeguarding guidance, particularly *Keeping Children Safe in Education (KCSiE 2024)* and the procedures set by the Local Safeguarding Partnership.



### - *Immediate Reporting of Allegations*

If any individual has a safeguarding concern about a member of staff, volunteer, or contractor, they must report it **immediately** to the Designated Safeguarding Lead (DSL). The concern should not be discussed with the person in question or with other staff members.

The DSL is responsible for assessing the nature of the allegation and deciding whether it meets the threshold for referral to the **Local Authority Designated Officer (LADO)**. The LADO provides independent oversight of the process when allegations are made against adults who work with children.

### - *Allegations Involving the DSL*

If the allegation involves the DSL themselves, the concern must be reported directly to the **Deputy DSL** or, where necessary, **to the LADO** without delay. This ensures transparency and independent oversight of the allegation.

### - *Types of Allegations to be Reported*

An allegation must be reported if it suggests that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against or related to a child
- Behaved in a way that indicates they may pose a risk of harm to children
- Behaved in a way that raises concerns about their suitability to work with children in any capacity

This applies both to incidents that occur during work-related activities and those that happen outside of work, which may still impact their professional suitability.

### - *Initial Response and Risk Management*

While an allegation is being reviewed or investigated, protective measures may be implemented. These may include:

- **Temporary suspension** from duties involving contact with children
- **Reassignment** to a role with no access to children



- **Supervision adjustments or modification of duties**

These decisions are based on the level of risk and are taken in consultation with the LADO and HR (if applicable). Suspension is a neutral act and not an indication of guilt.

- ***Record-Keeping and Confidentiality***

A full written record must be kept of:

- The nature of the concern
- The actions taken (including dates and names of those involved)
- Any contact with the LADO or other statutory agencies
- The final outcome of the investigation

All records must be stored securely and handled in line with **data protection and confidentiality standards**. Access to this information is strictly limited to those directly involved in the safeguarding process.

- ***Outcome and Learning***

Depending on the outcome of the investigation, appropriate action may be taken, including disciplinary proceedings, retraining, or referral to relevant professional bodies. Where an allegation is substantiated, Sun Play Therapy Therapy Education will consider whether the individual should be referred to the **Disclosure and Barring Service (DBS)** or any professional regulatory body.

Additionally, a review of safeguarding practices may be conducted to ensure organisational learning and prevent future incidents.

## **9. CONFIDENTIALITY**



At **Sun Play Therapy**, we recognise the importance of respecting the privacy and confidentiality of all children, young people, and vulnerable adults who access our services. However, confidentiality cannot be absolute when it relates to safeguarding concerns.

### **General Principle**

- All personal information shared with staff is treated as confidential and is handled with sensitivity and care.
- Practitioners must not promise complete confidentiality to a child or young person who makes a disclosure. Instead, they must explain that the information may need to be shared with others to help keep them safe.
- Any decisions about sharing information are made in accordance with the **UK General Data Protection Regulation (UK GDPR), Data Protection Act 2018, and statutory safeguarding guidance such as Keeping Children Safe in Education (KCSiE September 2025)**.

### **When Confidentiality Can Be Broken**

Confidentiality may be breached without consent where:

- A child or vulnerable person is at risk of significant harm
- A crime has been or is likely to be committed
- Sharing information is necessary to prevent harm to others
- A court or statutory agency requests information under legal authority

In these situations:

- Only the relevant information necessary for protecting the individual will be shared
- Information will only be shared with those who need to know, such as social workers, the police, or designated safeguarding professionals

### **Internal Record-Keeping**

- All safeguarding concerns, disclosures, and reports are recorded using the Safeguarding Incident Report Form (see Appendix 3).
- These records are stored securely in password-protected digital systems or locked physical files, accessible only to the Designated Safeguarding Lead (DSL) and authorised safeguarding personnel.
- Records are retained in accordance with the Sun Play Therapy Data Protection Policy and will be destroyed or anonymised when no longer needed.



## Consent and Communication

- Where appropriate and safe, the DSL will seek informed consent before sharing information with external agencies.
- 76014580 If consent cannot be obtained or if seeking it would increase the risk to the individual, information may still be shared legally and ethically to safeguard the person at risk.

## Staff Responsibilities

All staff, contractors, and volunteers:

- Must be aware of **confidentiality boundaries** and safeguarding exceptions
- Will receive training on information sharing as part of safeguarding induction
- Are responsible for ensuring that any verbal or written information about children or families is shared securely and professionally

## 10. BULLYING

Sun Play Therapy is committed to providing a safe, inclusive, and respectful environment for all children and young people. Bullying of any kind is not tolerated, whether it occurs face-to-face or in digital spaces. Bullying is regarded as a form of emotional abuse and may constitute a safeguarding concern.

### What is Bullying?

Bullying includes, but is not limited to:

- Name-calling, mocking, or threatening behaviour
- Physical aggression or intimidation
- Social exclusion or isolation
- Spreading rumours or harmful content
- Online harassment, including messages, posts, or the distribution of images (**cyberbullying**)



## Prevention and Response

- All staff and practitioners are trained to recognise signs of bullying and respond appropriately.
- Bullying is recorded and monitored as part of the safeguarding system, using the Safeguarding Incident Report Form (Appendix 3).
- Where bullying behaviour is identified, it is reported to the Designated Safeguarding Lead (DSL) and followed up in accordance with Section 8 of this policy.
- Incidents involving peer-on-peer abuse or persistent harassment may be referred to external agencies (e.g. Children's Social Care, CAMHS, or the Police).

We promote a culture of kindness, restorative practice, and respectful communication to **prevent bullying** and empower children and young people to speak up when something is wrong.

## Additional Reference

For detailed guidance on managing **online harassment, cyberbullying, and digital safety**, please refer to our separate **Online Safety Policy**.

## 11. PHOTOGRAPHY AND FILMING

Photography and filming can be powerful and positive tools for celebrating the participation, creativity, and progress of children and young people at Sun Play Therapy. However, their use must always be ethical, safe, and fully compliant with safeguarding legislation, data protection laws, and child protection standards.

We recognise that images of children are classified as personal data under the UK GDPR. Misuse of these images can place children at risk of exploitation, identification, or emotional harm. For this reason, Sun Play Therapy implements strict protocols for capturing, storing, and sharing any visual media involving children or young people.



## **Consent and Communication**

Sun Play Therapy will:

Clearly explain how and why photographs or videos may be taken (e.g., internal reports, newsletters, website, evaluation, promotional materials).

Obtain written and informed consent from:

- The child or young person (where age-appropriate),
- Their parent/carer,
- The host school or commissioning body (if applicable).

Ensure that consent is:

- Specific to the purpose,
- Time-limited,
- Revocable at any time upon request.

Store all signed consent forms securely and associate them with relevant images or media files.

## **Use of Images**

Sun Play Therapy is committed to using images:

In a way that is respectful, dignified, and appropriate,

That does not depict children in distress, vulnerability, or inappropriate contexts,

That does not include personally identifying details (e.g., full names, school badges, addresses),

That does not allow a child to be easily located, unless explicit, full consent has been provided.

## **Storage and Access**

All photographs and videos are stored in password-protected digital systems, accessible only to authorised personnel.

Visual media will be securely deleted when:

- Consent has expired or been withdrawn,
- The material is no longer needed for its original purpose.

The use of personal mobile phones or devices to capture images during sessions is strictly prohibited.

## **Events and External Filming**

For public-facing events such as performances, workshops, or exhibitions:

Clear signage will be displayed stating that photography or filming may occur.

Visitors and families will be advised not to share images of other children without permission.



Any external photographer or videographer engaged by Sun Play Therapy must:

- Sign a Photographer Self-Declaration Form,
- Agree in writing to our terms covering image ownership, use, and storage,
- Follow all organisational safeguarding and data protection policies.

### **Online Sharing and Digital Risks**

- Sun Play Therapy educates staff and families on the risks of sharing children's images online, including:
  - The permanent nature of digital content,
  - The potential for misuse or unintended redistribution of images,
  - The need for privacy settings, and platform choice awareness.
- To reduce risk, Sun Play Therapy avoids using open social media platforms to share identifiable images of individual children. We prioritise closed or controlled communication channels such as secure newsletters or parent portals.

### **Policy Compliance**

This Photography and Filming section operates in conjunction with:  
The Sun Play Therapy Safeguarding Policy,  
The Data Protection and Confidentiality Policy,  
The Online Safety Policy.

### **Supporting Documentation**

Further operational guidance, including templates and agreements, can be found in:  
Appendix 4 – A Photographer Agreement Form.  
Photography and Filming Policy  
This includes:  
Photography and filming procedures,  
A model Consent Form,



## 12. CONSENT

Consent is a vital component of safeguarding and child protection. At **Sun Play Therapy**, no child may participate in any programme or therapeutic session without prior **written parental consent** and a completed **individual risk assessment**.

### **Individual Risk Assessment**

Before starting any provision, each child must have a tailored **Individual Risk Assessment** completed by Sun Play Therapy in collaboration with their parent/carer and, where applicable, the referring school or professional.

The risk assessment ensures we can:

- Identify medical, behavioural, sensory, and environmental risks
- Understand the child's support needs and regulation strategies
- Put in place appropriate supervision, staffing, and safety planning
- Respond to vulnerabilities, triggers, or safeguarding concerns proactively

Consent to attend is not valid until this process is complete and signed.

The form used is the Individual Risk Assessment & Consent Form (see Appendix 5).

### **Data Handling and Confidentiality**

All data gathered through the risk assessment and consent process is:

- Treated as confidential personal data under UK GDPR
- Stored securely in password-protected systems or locked files
- Only accessed by authorised personnel directly involved in the child's provision
- Reviewed and updated regularly or when a change in need is identified

Parents and carers are informed of how their data is used and may request to review, update, or withdraw consent at any time.

### **Annual Review**

Risk assessments are reviewed **at least Termly**, or sooner if:

- The child's needs change



- A new risk is identified
- The setting or provision is adjusted significantly

Failure to provide an updated assessment may result in temporary suspension of service access until safeguarding compliance is restored.

### 13. INTERNET AND IT-BASED PROJECTS

When implementing digital or online projects that involve children and young people, Sun Play Therapy takes every precaution to ensure a safe, supportive, and informed environment.

#### Key Online Risks

- Risks associated with internet-based activities may include:
  - Bullying and online harassment
  - Exposure to harmful or inappropriate content-
  - Access to illegal or extremist materials
  - Posting of personal information that may lead to identification or physical risk
  - Data breaches and identity theft
  - Online grooming or exploitation
  - We adopt the core principle that:  
**“Children should be just as clear about what is expected of them online as offline.”**

#### Safety Measures and Safeguards

- To minimise online risks, Sun Play Therapy ensures:
  - Child-safe filters and privacy settings are in place on all devices used
  - All digital content is age-appropriate, relevant, and clearly signposted
  - Sites or platforms used include moderated chat or interaction tools where applicable
  - Any required sign-up information is minimal and personal data is securely stored
  - Children, families, and practitioners are regularly informed about online safety rules and expected conduct
  - A clear reporting process exists for inappropriate content or concerning digital behaviour
  - Online safety education is made available in child-friendly formats



- No child's image, name, or identifying information is ever published online without explicit written consent

### **External Guidance and Frameworks**

Sun Play Therapy follows guidance from leading organisations including:

**Child net International** ([www.childnet.com](http://www.childnet.com))

**Chatdanger** ([www.chatdanger.com](http://www.chatdanger.com))

**UK Safer Internet Centre** ([www.saferinternet.org.uk](http://www.saferinternet.org.uk))

These resources are used to inform our training, digital policies, and child protection procedures relating to online environments.

For more on our online practices, please see the **Online Safety Policy**.

## **14. WORKING WITH PARTNERSHIP ORGANISATIONS**

Sun Play Therapy frequently collaborates with a range of partners, including schools, alternative provision settings, community venues, and youth groups. These partnerships expand the reach of therapeutic and educational services while maintaining robust safeguarding standards.

### **Safeguarding Roles and Responsibilities**

When delivering services in settings managed by other organisations (e.g., schools or youth services):

- The partner organisation holds primary safeguarding responsibility for the children in their care during the session
- Their Designated Safeguarding Lead (DSL) is the main point of contact for any concern
- A nominated adult supervisor must be present during sessions unless otherwise agreed in writing
- Sun Play Therapy practitioners follow Sun Play Therapy's safeguarding procedures and liaise with the partner's DSL in the case of a concern or disclosure

### **Types of Venues and Delivery**

Services may be delivered:

On-site at the child's registered educational setting



In community centres or youth hubs

In specialist venues hired by Sun Play Therapy that support sensory, creative, or therapeutic work

Examples of approved venues in and around Ipswich include:

- **The Play Den** – Calm sensory-based environment for 1:1 and small group sessions (Silent Street, Ipswich)
- **Play Out Ipswich** – Sensory play spaces, suitable for early years and creative learning (Felixstowe Road)
- **Yaya's House** – Secure and inclusive sensory play venue
- **Toddler Sense Ipswich (Inspire Suffolk)** – Structured play and motor skills venue
- **SPILL Centre** – Arts-based therapy and performance activities
- **Ipswich County Library** – Literacy and visual learning activities
- **Holywells Park** – Outdoor sensory exploration
- **Stoke Bridge Kitchen / Outreach Hub** – Independent skills and mentoring sessions
- **The Art Station (Framlingham)** – Visual arts therapy in a specialist space
- **The Key – Ipswich** – Used for practitioner meetings, supervisions and planning
- **Holiday Inn Orwell & Meeting Rooms** – Professional venues for team coordination

All external venues are risk-assessed prior to use. Safeguarding oversight remains with Sun Play Therapy staff during service delivery.

### **Written Agreements**

Formal partnership arrangements are documented through written agreements or contracts. These outline:

DSL roles and safeguarding protocols

Session logistics, venue expectations and emergency procedures

Data protection responsibilities

Risk management plans and shared responsibilities

These agreements ensure clarity, continuity, and accountability across all delivery models, whether 1:1 or group based.



## 15. PREVENT DUTY

**Sun Play Therapy** fully recognises its responsibilities under the Prevent Duty, which is part of the UK Government's counter-terrorism strategy known as CONTEST. Prevent focuses on safeguarding children, young people, and vulnerable adults from being drawn into terrorism, radicalisation, or extremist ideologies of any kind, including far-right, religious, or single-issue extremism.

### **What is the Prevent Duty?**

The **Prevent Duty** requires schools, alternative provision providers, and child-focused organisations to:

- Identify children and young people who may be vulnerable to radicalisation
- Build resilience and promote British values such as democracy, rule of law, tolerance, and individual liberty
- Provide appropriate interventions and support at an early stage

Sun Play Therapy is committed to safeguarding all learners from this form of harm and incorporates Prevent into its broader safeguarding responsibilities.

### **Signs and Indicators of Concern**

Staff and practitioners must be alert to potential warning signs, which may include:

- Sudden changes in behaviour or mood
- Withdrawal from family or social circles
- Expressions of extremist views or sympathies
- Use of radical, hate-based, or violent language
- Increased isolation, secrecy, or changes in online activity
- Fixation on a particular ideology or cause

Staff should not attempt to investigate or confront individuals, but instead follow safeguarding procedures.

### **Reporting Procedures**

All Prevent-related concerns must be reported immediately to the Designated Safeguarding Lead (DSL). The DSL will:

- Assess the concern in line with safeguarding thresholds



- Determine if the case should be referred to the local Prevent lead or Channel programme (a multi-agency panel offering early intervention support)
- Document all actions taken, following GDPR and safeguarding record-keeping practices

Sun Play Therapy works in partnership with local safeguarding boards and Prevent professionals to ensure that early support is offered wherever possible.

### **Staff Training and Awareness**

All staff and freelance practitioners are required to complete Prevent Duty training as part of their induction and safeguarding development. This training includes:

- Understanding radicalisation and extremism
- Recognising signs of vulnerability
- Knowing how and when to report concerns
- Awareness of online risks and digital grooming

Prevent is also integrated into Sun Play Therapy's wider **safeguarding, equality, and online safety practices**.

### **Further Guidance**

For more information, staff should consult:

- GOV.UK Prevent Duty Guidance  
<https://www.gov.uk/government/publications/prevent-duty-guidance>
- Channel Duty Guidance – <https://www.gov.uk/government/publications/channel-guidance>
- Educate Against Hate – <https://educateagainsthate.com/>

Sun Play Therapy remains vigilant and proactive in supporting children and young people to stay safe from all forms of harm, including those associated with radicalisation and ideological manipulation.



## 16. LOST OR MISSING CHILD POLICY

Sun Play Therapy is committed to safeguarding the welfare of every child and young person it supports. Given that our services are often delivered in non-fixed venues including public libraries, parks, outreach hubs, homes, and sensory play venues robust procedures are in place to prevent and respond to any incident of a child going missing during or between sessions.

### **Definition – Child Missing from Education (CME)**

In line with national guidance, a Child Missing from Education (CME) is defined as:

“A child of compulsory school age who is not on a school roll and not receiving suitable education otherwise, and whose whereabouts are unknown.”

In accordance with statutory guidance and the legal responsibilities of education providers, if a child supported by Sun Play Therapy has not engaged in any educational sessions for a period of **10 consecutive school days**, and no valid or satisfactory explanation has been provided by the parent, carer, or referring agency, the child will be formally identified as ‘missing education’. In such cases, Sun Play Therapy will report the absence without delay to the Local Authority’s Children Missing Education (CME) Officer, in addition to informing the commissioning organisation. This process will take place unless the child’s continued access to suitable alternative education elsewhere has been confirmed in writing.

### **First Day Calling – Non-Attendance Protocol**

- If a child is scheduled to attend a session and does not arrive without prior notice or explanation:
- The practitioner must attempt to contact the parent/carer immediately using the contact details on file (call, text, or secure messaging platform).
- If no response is received within 30 minutes, the absence is escalated to the Designated Safeguarding Lead (DSL) for further investigation.
- The DSL will assess the context (e.g., previous patterns of non-attendance, child vulnerability) and take appropriate action, which may include:
  - Contacting the child’s referring agency, school, or social worker.
  - Notifying the Local Authority CME Officer, particularly if there is a history of non-engagement.
  - Contacting Children’s Social Care or the Police if immediate safety concerns are suspected.



- All actions and attempts to contact are documented in the Missing Child Incident Log (Appendix 6) and stored securely on the safeguarding system.

### **During a Session – Missing Child Procedure**

- If a child goes missing during a scheduled session (e.g., runs away, hides, or leaves the venue without permission), the practitioner must act quickly and follow the steps below:
- **Immediate Environment Scan:** The practitioner will conduct a **calm but swift check** of the surrounding area without leaving other children unattended (if applicable).
- **Call the Child by Name:** Use a reassuring tone to encourage the child to return. Avoid panic or escalation.
- **Contact Parent/Carer Immediately:** If the child is not found within **5 minutes**, the practitioner must contact the parent/carer for assistance and further information (e.g., favorite hiding places, friends).
- **Contact Emergency Services:** If the child is still missing after **10 minutes**, or the situation poses imminent risk (e.g., near traffic, water, strangers), **999 (Police)** must be called immediately.
- **Notify the DSL:** The Designated Safeguarding Lead will coordinate the wider safeguarding response, which may include:
  - Notifying referrers or schools
  - Logging the incident for formal review
  - Contacting social care if thresholds are met
- The incident must be documented in the **Missing Child Incident Log (Appendix 6)** and reviewed within 24 hours by the DSL.

### **Preventative Measures**

- To proactively prevent children from becoming lost or left behind, **Sun Play Therapy** implements the following safeguards for all sessions:



## Venue Safety & Planning

- A Venue Risk Assessment is completed and approved for every location used (see Appendix 7), covering access points, exits, supervision visibility, and nearby hazards.
- Venues are only selected if they meet safety criteria for child-friendly access, visibility, and security.

## Individual Risk Awareness

- A personalised Child Risk Assessment (Appendix 5) is completed before service begins. This includes:
  - o The child's behaviour patterns
  - o Communication style
  - o Flight risk or sensory sensitivity
  - o Previous safeguarding concerns

## Supervision Protocols

- Practitioners must maintain line-of-sight supervision of all children at all times unless therapeutic privacy is specifically agreed in writing.
- If working outdoors or in large venues, safety boundaries must be explained to the child clearly (e.g., "stay within the grass area").

## Travel and Handover

- Parents/carers are given exact details of the session time, location, and collection arrangements.
- If a child is permitted to leave alone or travel independently, **written consent** and a specific travel risk assessment are required.

## Equipment and Emergency Preparedness

- Practitioners are required to carry:
  - o A fully charged mobile phone
  - o An emergency protocol summary card
  - o The child's emergency contacts
  - o Directions to the nearest safe indoor space (e.g., library reception)

These measures are regularly reviewed during staff safeguarding training, supervision sessions, and after any incidents logged in safeguarding records.



### **Lone Working Consideration**

- Many sessions at Sun Play Therapy are delivered on a 1:1 basis in community venues, family homes, or outdoor locations. This creates unique safeguarding and safety considerations for both children and staff.
- To reduce risks associated with lone working, the following procedures must be followed:

### **Session Planning and Recording**

- All sessions must be pre-approved and clearly scheduled in the provider's internal timetable.
- Practitioners are required to log the start and end times of each session with the DSL or relevant coordinator (e.g., via secure messaging or app log).
- Session locations must be shared in advance and match the details on the child's support plan.

### **Check-In and Monitoring**

- Practitioners must check in with the office or DSL immediately after the session ends, confirming the child's wellbeing and the session completion.
- If no check-in is received within 15 minutes of the scheduled end time, the DSL will initiate a welfare check.
- For high-risk sessions (e.g. first-time visits, new referrals), mid-session check-ins may also be requested.

### **Boundaries and Conduct**

- Practitioners should never be physically isolated with a child in a closed or locked environment.
- Sessions should take place in visible and accessible spaces unless therapeutic confidentiality requires otherwise — in which case, DSL approval must be obtained.
- Lone working with a child must never continue beyond scheduled times without prior consent and proper communication.

### **Training and Policy Links**



- All staff receive Lone Worker Awareness Training during onboarding and periodic refreshers.
- These protocols are reinforced in the:
  - Health and Safety Policy
  - Safeguarding Policy
  - Risk Management Procedures

## **Reporting to Authorities**

If a child is:

- Missing for 10 consecutive school days, or
- Considered vulnerable or at risk, even before 10 days,

Then Sun Play Therapy will notify:

- The Local Authority CME Officer
- The referring school or commissioning authority
- Children's Social Care, if safeguarding thresholds are met

The Designated Safeguarding Lead (DSL) oversees all referrals and ensures documentation and follow-up actions are completed.

## **Incident Review and Follow-Up**

After any incident involving a missing or uncollected child, Sun Play Therapy will initiate a structured review process to strengthen future safeguarding measures and ensure accountability.

### ***Step 1 : Immediate DSL Review***

- The Designated Safeguarding Lead (DSL) will conduct a debrief with the practitioner involved as soon as possible (ideally within 24 hours).
- A detailed incident report will be compiled (see Appendix 6).
- The timeline of the incident, practitioner response, and communication attempts will be analysed.



### ***Step 2: Risk Assessment Update***

- The child's **Individual Risk Assessment (Appendix 5)** will be updated to reflect any new risks or required support strategies.
- If the child will continue attending sessions, additional risk mitigation (e.g. escort requirement, different venue) will be considered.

### ***Step 3: Family and Referrer Communication***

- Parents/carers will be informed of the incident outcome, and where appropriate, invited to discuss risk-reduction strategies.
- The referring agency (school, council, or social worker) will receive a brief report, including any recommended action points.


### ***Step 4: Safeguarding Response Adjustment***

- The DSL will determine if further safeguarding action is necessary, including:
  - o Multi-agency referral (e.g., to Children's Social Care or CME Team)
  - o Holding a Team Around the Child (TAC) meeting or case review
  - o Adjusting practitioner deployment (e.g., assigning a second staff member)

### ***Step 5: Organisational Learning and Logging***

- The incident and its review will be recorded in the **internal safeguarding log**.
- If systemic issues are identified (e.g., venue access risks, lone worker vulnerability), a wider review may be triggered.
- Lessons learned will be shared with relevant team members during termly safeguarding supervision or internal CPD.

**Policy Statement Approval:** This Safeguarding Policy is approved and endorsed by the Director of Sun Play Therapy Education.

<b>Name:</b> Sevcan Sungur	<b>Role:</b> Director	<b>Signed:</b> 
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Date: 10 April 2026



## **APPENDIX 1: Staff, Freelance Contractor and Volunteer Code of Behaviour**

This Code of Behaviour applies to all individuals working in a paid or voluntary capacity with Sun Play Therapy, including therapeutic practitioners, session facilitators, and support staff.



It aims to protect the children and young people we work with, as well as those working with them, by clearly outlining professional expectations and boundaries.

## 1. Conduct with Children and Young People

All staff and contractors must:

- Never be solely responsible for managing behaviour; ensure a **supervising adult** (e.g. parent, carer, or school staff) is present unless the practitioner has been specifically assigned to a 1:1 setting.
- **Respect children's rights to privacy and dignity** at all times.
- Create an atmosphere where children feel safe to speak out if they witness or experience behaviour they dislike.
- Be vigilant and take steps to **minimise risks**, particularly when working in unfamiliar environments.
- Ensure that **language, tone, and materials** used in sessions are age-appropriate, inclusive, and non-offensive.
- **Treat all children equally**, regardless of gender, race, background, disability, or learning needs.
- Be cautious in 1:1 situation. Where possible, conduct sessions in **open or visible environments**.
- Avoid **being left alone** with a child unless this is part of a structured and approved 1:1 session, with prior consent and DBS clearance in place.
- Encourage **positive reinforcement and constructive feedback** rather than criticism or pressure to perform.
- Avoid initiating physical contact. If a child initiates contact (e.g. a hug), redirect to an appropriate response such as a high-five or handshake.
- Never physically restrain a child unless it is absolutely necessary to prevent harm to the child or others—and even then, such incidents must be recorded and reported.
- Never use shouting, sarcasm, threats, or belittling as disciplinary methods.
- Refrain from favouritism or gift-giving, which can create unequal dynamics.
- Do not take on personal care tasks unless trained and agreed upon (e.g. toileting or feeding in SEND contexts).
- Never share personal contact details, including mobile numbers or social media connections, with students.
- Report all concerns or disclosures of abuse to the Designated Safeguarding Lead, in accordance with Appendix 2.
- Do not take or share photos or videos of children without written consent from parents/carers and in line with organisational policy.



- If a child contacts you after a session or programme has ended, refer this to Sun Play Therapy's leadership team before responding.

## **2. Professional Boundaries**

- Avoid getting drawn into inappropriate attention-seeking behaviour (e.g. tantrums, attachment beyond professional scope).
- If a child or young person displays inappropriate behaviour (including crushes or boundary-pushing), document and share concerns with your supervisor or DSL.
- Avoid unsupervised meetings with children in isolated areas (e.g. parked cars, behind closed doors) unless necessary and authorised.
- Be mindful of what you say and how it may be interpreted, particularly in emotionally sensitive situations.

## **3. When Working in Partnership Settings**

- Know who the lead safeguarding contact is in school or youth group settings.
- Collaborate respectfully with all on-site staff and clarify your role before sessions begin.
- Follow site-specific safeguarding protocols, including sign-in procedures and emergency exits.
- Use only staff toilets and avoid spaces designated for children or families.

## **4. Digital and Online Conduct**

- Refrain from communicating with students via **personal social media or messaging platforms**.



- Follow digital safeguarding policies when conducting online sessions, including use of secure platforms and parental presence when required.
- Maintain a **professional online presence** that upholds the values of Sun Play Therapy.

## 5. Professional and Ethical Conduct

- Uphold values of inclusion, respect, and dignity for all. This includes children, families, and other adults from all ethnicities, abilities, gender identities, sexual orientations, religious backgrounds, and cultural heritages.
- Refrain from promoting personal political, ideological, or religious views in professional settings.
- Be conscious of your digital footprint and social media presence. Ensure it reflects the professional standards of Sun Play Therapy and cannot be misinterpreted by students or families.
- Consider your environmental impact during planning and delivery (e.g., use of single-use items, transport emissions, material waste).
- All freelance practitioners must carry photographic ID and a valid Enhanced DBS certificate when attending sessions or site visits.
- Strive to design and deliver sessions that are inclusive, differentiated, and responsive to the individual needs of learners.

These expectations apply to all on-site and off-site activities conducted under the Sun Play Therapy name.

Failure to comply may lead to disciplinary action as outlined in our internal policies and could include termination of employment, contract, or voluntary arrangement.

## 6. Documentation and ID

- Freelance contractors must carry photographic ID and a copy of their Enhanced DBS certificate when attending sessions.
- Staff and freelancers must be familiar with the current safeguarding policy and refer to it during induction and annual training.



Failure to comply with this Code of Behaviour may result in disciplinary action in accordance with our complaints and grievance procedures. This may include the termination of employment, contracts, or volunteering roles.

## **7. Conduct with Other Adults**

*(Including Sun Play Therapy staff, freelance therapeutic practitioners, school personnel, and external partners)*

- Always establish who the supervising adult is when delivering sessions with children or young people. This ensures safeguarding responsibilities are clear.
- Ensure all adults involved in a session understand their roles, boundaries, and responsibilities in relation to the session and the children involved.
- Maintain a professional and respectful tone when interacting with school staff, parents, carers, therapists, and other partners.
- Any use of school/setting resources, equipment, or space must be agreed in advance with the relevant authority or partner.
- 

## **8. Buildings and Workspaces**

- Always sign in and out of any building or venue in accordance with their procedures.
- Wear identification (e.g. visitor badge, lanyard, or name tag) where requested or required by the setting.
- Familiarise yourself with emergency exits and evacuation procedures at every site.
- Report any accidents, damage, or safeguarding concerns to the lead adult or designated person in charge at the site.
- If materials or resources must remain on site, ensure their safe storage is arranged with relevant staff and that their presence is known.
- Use staff-designated toilets and break spaces only.
- Smoking, vaping, or use of substances is strictly prohibited on school, therapy, or youth provision premises.



## **APPENDIX 2 – RECOGNISING ABUSE AND RESPONDING TO DISCLOSURE OR CONCERNS**

### **Understanding Abuse**

Children and vulnerable young people may experience harm through direct actions or neglect. Abuse can occur in various settings — within families, institutions, peer groups, or online. It may be perpetrated by someone familiar or a stranger.

Recognising signs is not always straightforward. Some behaviours or physical signs may have alternative explanations. However, staff, freelancers, and volunteers must stay alert to the following forms of abuse:

### **Types of Abuse and Key Indicators**

#### **Physical Abuse**

##### **Definition:**

Physical abuse involves deliberately causing physical harm to a child. This can include a wide range of behaviours, such as hitting, slapping, punching, shaking, burning, poisoning, drowning, suffocating, or fabricating the symptoms of, or deliberately inducing, illness in a child (known as fabricated or induced illness - FII).

This form of abuse may result in serious physical injury, long-term emotional trauma, or even death. It can occur as a one-off incident or as a pattern of behaviour over time.

##### **Examples of Physical Abuse May Include:**



- Inflicting injuries by hitting, smacking, kicking, punching, slapping, or shaking
- Throwing objects at a child or using weapons (e.g. belts, sticks)
- Burning or scalding a child, including cigarette burns or immersion burns
- Biting or pinching
- Strangling or suffocating
- Deliberate poisoning
- Fabricated or Induced Illness (FII) – where a caregiver invents, exaggerates, or induces health problems in a child for attention or other gain

### **Possible Signs of Physical Abuse:**

- **Unexplained bruises** – especially in areas less prone to accidental injury, such as:
  - Back, buttocks, thighs, upper arms, behind the ears
  - Around the eyes, cheeks, or mouth
- **Patterned injuries** – such as:
  - Finger marks, handprints, or belt marks
  - Bite marks (adult-sized or unusually shaped)
  - Burns with clear outlines (e.g., from an iron, cigarette, or hot liquid)
- **Multiple injuries** at different stages of healing (suggesting ongoing abuse)
- **Frequent or repeated injuries** explained as accidents but not consistent with the child's development
- **Fear of physical contact** or flinching when approached suddenly
- Wearing clothing that covers the body even in hot weather (possibly to hide injuries)
- **Reluctance to go home**, or excessive clinginess with adults they trust
- **Aggressive, withdrawn, or fearful behaviour**, especially around adults
- **Regression in development**, e.g., bedwetting or loss of speech
- Disclosure from the child about being hurt or fear of a specific person

### **Important Note:**

These signs do not necessarily mean that a child is being physically abused. However, they should be considered in context and always taken seriously. Staff should follow safeguarding procedures and report any concerns to the Designated Safeguarding Lead (DSL) without delay.



## **Emotional Abuse**

### **Definition:**

Emotional abuse is the persistent emotional maltreatment of a child, causing severe and persistent adverse effects on their emotional development, mental health, and overall wellbeing. It can involve deliberately trying to scare, humiliate, isolate, or ignore a child, and may be present in all types of abuse.

Emotional abuse may occur on its own or alongside other forms of abuse. It often goes unnoticed because it may not leave physical marks, but its effects can be long-lasting and profoundly damaging.

### **Examples of Emotional Abuse May Include:**

- Constant criticism, rejection, belittling, or shaming
- Making a child feel worthless, unloved, or inadequate
- Excessive demands or expectations beyond the child's developmental ability
- Preventing the child from forming friendships or social relationships
- Isolating the child or deliberately silencing their voice
- Manipulation, intimidation, or threats
- Exposing a child to domestic violence, substance misuse, or mental health issues within the home
- Withholding love, affection, or approval as a form of control
- Encouraging a child to develop inappropriate behaviours or expectations (e.g., parentification, adult responsibilities)

### **Possible Signs of Emotional Abuse:**

- Low self-esteem, self-criticism, or a constant need for approval



- Withdrawal from peers or social activities; appearing lonely or isolated
- Fearfulness, clingy behaviour, or extreme dependency on certain adults
- Overreaction to mistakes, or constant fear of making errors
- Delayed development – including speech, emotional expression, or learning
- Unexplained anxiety, panic attacks, depression, or suicidal thoughts
- Sleep disturbances or nightmares
- Eating disorders (e.g., overeating, undereating, or food hoarding)
- Excessive compliance or people-pleasing behaviour
- Sudden changes in behaviour or mood – aggression, defiance, or sadness
- Lack of emotional attachment or difficulties forming relationships
- A child speaking negatively about themselves or expressing feelings of worthlessness
- Regression (e.g., bedwetting, thumb-sucking, or baby talk in older children)

### **Important Note:**

These signs do not necessarily confirm emotional abuse on their own. However, when seen in context and especially when multiple signs are present, they should be taken seriously. Staff must follow safeguarding procedures and report any concerns to the Designated Safeguarding Lead (DSL) immediately.

### **Neglect**

#### **Definition:**

Neglect is the persistent failure to meet a child's basic physical, emotional, medical, or educational needs, which is likely to result in the serious impairment of the child's health or development. It is the most common form of child abuse and can have severe and long-term effects on a child's wellbeing and life chances.



Neglect may occur during pregnancy due to maternal substance misuse, and can continue after birth into childhood and adolescence. It may be passive (e.g. not noticing a child's needs) or active (e.g. deliberately depriving the child of care or attention).

### **Examples of Neglect May Include:**

- Failure to provide adequate **food, clothing, or shelter**
- Leaving a child unsupervised for extended periods, exposing them to danger
- Not seeking **medical or dental care** when required
- Poor hygiene – e.g. not bathing the child, failing to wash clothes
- Not providing emotional support, comfort, or affection
- Failure to support or ensure access to **education**
- Abandonment or persistent lack of engagement with the child
- Inadequate protection from harm, including exposure to unsafe environments or people

### **Possible Signs of Neglect:**

- Poor hygiene – dirty skin, unwashed clothes, body odour
- Inappropriate or insufficient clothing for the weather
- Chronic hunger – constantly asking for food or stealing food
- Malnourishment – appearing underweight or lacking in energy
- Frequent illness or infections, or untreated medical issues (e.g. dental decay, skin conditions)
- Tiredness or listlessness, falling asleep in school or during activities
- Lack of supervision – frequent absence from home or being left alone at an early age
- Poor school attendance or difficulty concentrating
- Developmental delays, especially in speech or motor skills
- Apathy or lack of emotional response, signs of detachment
- Risk-taking behaviours, including substance use or running away
- Destructive relationships or inappropriate attachments to strangers

### **Important Note:**

Neglect often develops over time and may be harder to detect than other forms of abuse. However, persistent patterns of neglectful behaviour or repeated signs must be taken seriously. Staff should not attempt to investigate but should follow safeguarding procedures

### **Sexual Abuse and Exploitation**

#### **What is Sexual Abuse?**

Sexual abuse involves pressuring, manipulating, forcing or encouraging a child or young person to engage in sexual activity. This can occur with or without physical contact and whether or not the child understands what is happening.

Forms include:

- **Contact abuse:** Touching, kissing, fondling, oral, anal, or vaginal intercourse
- **Non-contact abuse:** Showing sexual materials, sexualised online messages, voyeurism, or encouraging inappropriate behaviour
- **Online abuse:** Grooming, coercing children to create or share explicit content, sexting, or exposure to inappropriate material via digital platforms

Sexual abuse can be committed by adults or peers and may involve manipulation, secrecy, threats, blackmail, or exploitation of trust.

#### **Possible Signs of Sexual Abuse**

- Pain, bruising, or bleeding around genitals or anus
- Difficulty sitting, walking, or using the toilet
- Sexually transmitted infections or pregnancy
- Nightmares, bedwetting, anxiety, or depression
- Withdrawn, fearful or unusually aggressive behaviour
- Inappropriate sexual language or knowledge
- Avoidance of certain individuals
- Sudden change in school performance or behaviour
- Running away or self-harm
- Disclosure (direct or indirect)

All signs must be treated seriously. **Do not investigate or question the child**—record what was said and report to the DSL immediately.



### **Child Sexual Exploitation (CSE)**

CSE is a form of sexual abuse where a child or young person is manipulated or coerced into sexual activity in exchange for money, gifts, affection, drugs, or status. Often the child believes they are in a genuine relationship.

#### **Indicators may include:**

- Regular contact with older individuals
- Receiving unexplained gifts or money
- Disengagement from family or school
- Frequent missing episodes
- Drug or alcohol misuse
- Sexualised behaviour or language beyond age norms

Even if a child appears to "consent", the power imbalance means it is **not truly consensual**.

### **Child Criminal Exploitation (CCE) and County Lines**

Children may also be exploited to carry out criminal activity such as drug running, theft, or gang-related violence. This is known as **Child Criminal Exploitation (CCE)**.

#### **Signs of CCE:**

- Sudden possession of expensive items
- Regular travel to unfamiliar locations
- Association with gang-involved peers
- Unexplained injuries
- Absence from school
- Carrying weapons or large amounts of money

Children exploited through county lines may also be victims of **sexual abuse**, coercion, or violence as part of their exploitation.

### **Culturally Linked Harmful Practices**

While respecting cultural diversity, Sun Play Therapy rejects **any cultural, religious, or traditional practices that cause harm** to children or violate their rights. The following practices are illegal in the UK and constitute abuse:



### **Forced or Underage Marriage**

- A marriage where one or both parties cannot give free consent
- Often involves **emotional pressure, coercion, or international travel**
- Children may be at risk during school holidays or trips abroad

### **Female Genital Mutilation (FGM)**

- The partial or total removal of external female genitalia for non-medical reasons
- Illegal under UK law
- **Mandatory reporting duty:** Any known case involving a girl under 18 **must** be reported to the **police within 24 hours** and logged with the DSL

### **Indicators:**

- Difficulty walking or sitting
- Long unexplained absence from school
- Talking about a "special ceremony" or "becoming a woman"

### **Ritual Abuse and Accusations of Possession**

- Practices involving **exorcisms, isolation, starvation, or physical punishment** believed to drive out spirits
- Often justified by religious or cultural beliefs but are forms of emotional and physical abuse

### **Sexual Harassment and Peer-on-Peer Abuse**

Sexual harassment and peer-on-peer abuse may include:

- Unwanted sexual comments or jokes
- Upskirting (taking images beneath clothing without consent)
- Sexting or pressuring others to send explicit images
- Physical assault or coercion
- Sharing explicit content without permission
- Hazing or initiation rituals

Even if both parties are minors, or the behaviour is presented as playful, it must be treated as a **serious safeguarding concern**.

"It's just a joke" is not a valid defence for harmful or sexualised behaviour between peers.



### **Serious and Organised Harm**

In some cases, abuse occurs as part of wider networks or organised activity, such as:

- **Trafficking** (children moved for exploitation)
- **Gangs or county lines** activity
- **Online grooming by adults or groups**
- **Organised abuse in institutions or family systems**

These cases may require immediate action involving:

- Police
- Children's Social Care
- **Local Safeguarding Partnerships**
- **JTAI (Joint Targeted Area Inspections)**

### **Contextual Safeguarding**

Children's behaviour, wellbeing, and vulnerability must be assessed not only in their family setting but also in their wider context. These may include:

- Peer relationships and dynamics
- Local neighbourhoods and public spaces
- Online activity and digital influence
- School culture or extracurricular settings

### **Up-skirting**

Up-skirting involves taking a photograph under a person's clothing without their knowledge and/or consent, typically with the intention of viewing their genitals or buttocks. It is a criminal offence under the Voyeurism (Offences) Act 2019. Up-skirting may occur in school settings or through peer interactions and must be treated as a form of sexual abuse. Any such concerns must be reported immediately in line with safeguarding procedures.

### **Mental Health**

Staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation. Although staff are not expected to diagnose conditions, they must be alert to signs such as sudden changes in behaviour, withdrawal, anxiety, or aggression. Peer



pressure, bullying, and online influences within a child’s wider environment may contribute to emotional distress. All concerns related to a child’s wellbeing should be logged and reported through the appropriate safeguarding channels.

**Practitioners must be aware that risk does not exist in isolation.** Abuse may happen outside the home and still require a child protection response.

**All staff are expected to report any concern or suspicion, no matter how small, to the Designated Safeguarding Lead without delay.**

## **1. RESPONDING TO DISCLOSURES OF ABUSE AND SUSPECTED HARM**

Sun Play Therapy is committed to ensuring that all staff, contractors, and volunteers understand how to respond appropriately and professionally if a child or young person discloses abuse or if there is a safeguarding concern.

This section outlines best practice in line with **Keeping Children Safe in Education (KCSiE)** September 2025 and national safeguarding guidance.

### **1. When a Child or Young Person Discloses Abuse**

If a child chooses to share concerns of abuse or harm—whether historical, ongoing, or suspected—the adult they confide in must respond in a manner that is calm, supportive, and protective.

#### ***DO:***

- **Stay calm and composed**  
Avoid showing shock or disbelief. Your steady presence is crucial.
- **Listen actively**  
Let the child speak in their own time and words. Use eye contact, nodding, and open body language to show you are listening.
- **Believe the child**  
Take everything they say seriously. Children rarely lie about abuse.
- **Use open, non-leading language**  
Say things like “Can you tell me more about that?” rather than “Did they touch you?”
- **Reassure the child**  
Affirm that what happened is not their fault and they did the right thing by telling someone.

- **Clarify next steps**  
Say: “I will need to speak to someone whose job it is to help keep you safe. You haven’t done anything wrong.”
- **Record the disclosure as soon as possible**  
Use the child’s exact words. Do not paraphrase, interpret or insert opinions.
- **Use the Incident Reporting Form (Appendix 6)**  
Complete all relevant sections and sign/date the document. Submit to the Designated Safeguarding Lead (DSL) without delay.

***DO NOT:***

- **Promise confidentiality**  
You are legally obligated to pass on the information. Say:

“I can’t keep this secret, but I’ll only tell people who need to know to help you.”

- **Ask leading or investigative questions**  
Leave this to trained child protection professionals.
- **Express anger, frustration or disbelief**  
This may cause the child to retract or feel guilt/shame.
- **Confront the alleged perpetrator**  
Doing so could compromise any formal investigation or put the child at further risk.
- **Discuss the disclosure with anyone other than the DSL or Deputy DSL**  
Information must be kept confidential and shared only on a need-to-know basis.

## **2. When a Concern Arises Without a Disclosure**

Staff may notice concerning signs, behaviours, or disclosures from others that raise suspicions of abuse or harm. In such cases:

- **Record the concern immediately**  
Include objective facts—what you saw, heard, or were told—and avoid assumptions.
- **Submit the report to the DSL or Deputy DSL the same day**  
Urgent concerns must be escalated immediately, even if the DSL is off-site.
- **Do not investigate the matter yourself**  
Your role is to observe and report, not to question or seek evidence.



### **3. After a Disclosure – What Happens Next?**

The **DSL will assess** the concern using local safeguarding thresholds.

The DSL may make a referral to:

- Children's Social Care
- The Local Authority (Council) Safeguarding Team
- Police
- Early Help service
- The child's parent/carer may be informed, unless doing so puts the child at further risk.

The incident and response will be logged in the **Safeguarding Incident Log** and monitored going forward.

The DSL will ensure **follow-up support** is available to the child, practitioner, and other affected individuals.

### **4. Emotional Support for Staff**

Disclosures of abuse can be distressing. Staff who receive a disclosure may speak in confidence to the DSL or seek emotional support from line management or external wellbeing services.

## **2. NEXT STEPS – REPORTING & SAFEGUARDING RESPONSE FLOW**

Any safeguarding concern, disclosure, or suspicion of harm involving a child or young person must be reported **immediately** in accordance with Sun Play Therapy safeguarding protocols.

All staff, freelance contractors, volunteers, and sessional tutors must follow the steps below in the event of a concern or disclosure.

### **Identifying the Setting of the Incident**

The reporting route may differ slightly depending on where the incident or disclosure occurs:



### ***a) Sun Play Therapy-led sessions***

(e.g. 1:1 therapeutic support, sensory or creative sessions, or holiday activities):

- **Report directly** to the Sun Play Therapy Designated Safeguarding Lead (DSL), *Sevcan Sungur*.
- If the DSL is not present, contact the session tutor who will escalate the concern.

### ***b) School-based sessions***

- **Follow the host school's internal safeguarding procedure.**
- Report the concern to the **school's DSL** or designated safeguarding contact.
- **Additionally**, always notify the Sun Play Therapy DSL to ensure internal records and tracking.

### ***c) Community-based sessions***

(e.g. outreach hubs, libraries, community centres):

- **Report the concern to the site's DSL or safeguarding contact.**
- Follow this with a formal report to the Sun Play Therapy DSL.

## **Mandatory Secondary Reporting**

Regardless of the setting, a safeguarding concern **must also be reported to:**

**Sevcan Sungur – Designated Safeguarding Lead (DSL), Sun Play Therapy**

**Email:** [info@sundrama.co.uk](mailto:info@sundrama.co.uk)

**Phone:** 07449 478272



## **SAFEGUARDING RESPONSE FLOW**

This outlines the formal steps to take when a safeguarding concern is raised:

### **Step 1 – Record the Concern**

- Complete the **Safeguarding Incident Reporting Form** (see **Appendix 3**).
- Include the **date, time, names involved**, and a **factual account** of what was observed or disclosed.
- **Use the child’s exact words** when quoting. Avoid assumptions or speculation.
- Clearly state your **name, role, and date of submission**.

*Responsible: Any staff member, contractor, volunteer, or intern who witnesses or receives a disclosure.*

### **Step 2 – Notify the DSL(s)**

- **Immediately notify:**
  - The relevant DSL at the setting (school or community site), **AND**
  - **Sevcan Sungur**, Sun Play Therapy DSL.
- Share the completed Incident Reporting Form (digitally or in person) as soon as possible on the same working day.

*Responsible: The person who recorded the concern.*

### **Step 3 – DSL Decision & External Referral (If Needed)**

- The DSL will assess the level of risk, considering:
  - The nature of the concern
  - History of the child
  - Risk factors (e.g., age, setting, vulnerability)
- If necessary, the DSL will:
  - **Refer the case** to Local Authority Children’s Social Care (e.g., MASH, FAST Team)
  - **Contact the Police**, if a criminal offence is suspected



- **Consult Early Help**, Prevent, or health services where appropriate

*Responsible: The DSL (Sun Play Therapy or setting-based DSL depending on where incident occurred)*

#### **Step 4 – Outcome and Action Plan**

The DSL will determine and record one of the following outcomes:

1. **No Further Action:** Low-level concern, monitored internally
2. **Further Monitoring Required:** Added to the safeguarding log and reviewed regularly
3. **Referral to Statutory Services:** Formal report submitted to external safeguarding bodies
4. **Immediate Risk – Emergency Services:** 999 call if a child is in danger

All outcomes are logged in the **Safeguarding Register**, and the case is reviewed during safeguarding audits.

*Responsible: Designated Safeguarding Lead (DSL)*

#### **Emergency Protocol**

If a child is at **immediate risk of harm**, call **999** without delay and **then notify the DSL**.



### Safeguarding Incident Report form

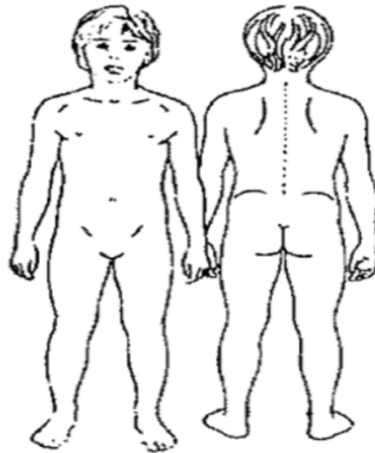
Name of person reporting	
--------------------------	--

Initials of Child(ren) involved:	
Date of Incident	
Date incident reported	
Location of Incident	

<b>Category of the Incident:</b> e.g. mental health concern, abuse concern, domestic abuse, neglect, grooming, inappropriate Behaviour,	
<b>Short narrative of what took place:</b>	
<b>Record of what the child said or did (if applicable):</b>	
<b>Any immediate action taken:</b>	
<b>Have you reported this to the school or any other professionals:</b>  If so who?:	

<b>Description of Injury (if applicable):</b>	
---	--

Please indicate any injury on the appropriate section of the diagrams below.  
**DO NOT PHOTOGRAPH THE INJURY.**



Childs account of the injury ( if applicable):	
Childs attitude of injury ( if applicable):	



Action Taken (time/date/info)	
----------------------------------	--

### Escalation Details

Was this escalated?  Yes  No

Escalated to:

- DSL
- Social Care
- Emergency Duty Team
- Police
- Early Help

Date & Time of Escalation:

Outcome of Referral:

Case Status:  Open  Monitoring  Closed

Print Name of Reporter:	
Signature:	
Date:	

Print Name of DSL:	
Signature:	
Date:	



## APPENDIX 4 PHOTOGRAPHY AND OBSERVATION CONSENT FORM

### Sun Play Therapy

#### *Purpose of this Consent*

As part of our therapeutic and educational sessions, Sun Play Therapy practitioners may occasionally take photographs during activities to:

- Record learning progress and engagement,
- Support session notes and observations,
- Share with the parent/carer or referring professional (where appropriate),
- Store securely as part of the child's individual support record.

Photos will **not** be used for promotional purposes, published online, or shared with any external party without additional explicit consent.

#### *Consent Statement*

Please confirm your understanding and consent below:

I give permission for Sun Play Therapy practitioners to take photographs of my child **during sessions** for the purpose of observation and support documentation.

I understand that these images will be:

- Stored securely in password-protected systems,
- Not shared publicly or used in any promotional materials,
- Deleted when no longer relevant to the child's support record.

I am aware I can withdraw this consent at any time by contacting Sun Play Therapy in writing.



## APPENDIX 5 – CHILD RISK ASSESSMENT FORM

This form should be completed by the Designated Safeguarding Lead (DSL) or assigned practitioner before the start of service delivery. It helps to identify potential risks and appropriate control measures for working with individual children or young people.

**Child's Full Name:** \_\_\_\_\_

**Parent/Carer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Hazard</b>	<b>Risk Involved 0-5 (5 being extremely likely)</b>	<b>Likelihood of Risk ( 0-5) (5 being extremely likely)</b>	<b>Control Measures introduced</b>	<b>Further Action Taken</b>
No Adult Present				
Aggressive Pupil				
Staff Threatened by Parents				
Violence in the Home				

(Parent/Pupil )				
Illegal Substances Visible				
Theft of Items				
Safeguarding Issues				
Self-harm				
Impulsive/dangerous behaviour				
Verbal abuse Offensive on the basis of race/gender/Religion/disability (underline as appropriate)				
Medical (allergies, mental health)				
<b>Where tuition takes place outside of the home:</b>				



Child at risk of absconding				
Getting lost (where attendance is independent)				
Staff/students getting hurt				
Altercation with members of the public				
Having anxiety meltdown				
Carrying/using weaponry				
Other (please specify)				

Signed: (practioner/ Stuff)

Signed: (Parent/Carer)

Date:



## APPENDIX 6 – MISSING CHILD INCIDENT LOG

This log must be completed in the event that a child goes missing during a Sun Play Therapy session. It should be filled in by the practitioner involved and reviewed by the Designated Safeguarding Lead (DSL).

### Basic Information

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Session Date: \_\_\_\_\_

Venue/Location: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

### Incident Details

Time child was last seen: \_\_\_\_\_

Time child was reported missing: \_\_\_\_\_

Description of what happened (include location, activities, behaviours observed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Immediate Actions Taken

Search conducted: Yes  No

Parent/Carer contacted: Yes  No  Time: \_\_\_\_\_

Police contacted: Yes  No  Time: \_\_\_\_\_

Other (e.g., venue staff, school DSL): \_\_\_\_\_

### Outcome

Time child was found: \_\_\_\_\_

Where/how was the child found:



---

Was medical attention needed? Yes  No

If yes, provide details: \_\_\_\_\_

### **APPENDIX 7 – VENUE RISK ASSESSMENT FORM**

This form must be completed prior to delivering any session at a new venue or location. It ensures that potential hazards are identified and appropriate safety measures are put in place.

#### **Venue Information**

Venue Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Assessed by: \_\_\_\_\_

#### **Venue Suitability**

Type of venue (e.g., library, park, community centre): \_\_\_\_\_

Is the venue accessible for children with disabilities? Yes  No

Toilets available on site? Yes  No

First Aid Kit available? Yes  No

Emergency exits clearly marked? Yes  No

Is the area enclosed and secure? Yes  No

#### **Hazards Identified and Control Measures**

Describe any hazards and the steps taken to reduce risk:

Hazard: \_\_\_\_\_

Control Measure: \_\_\_\_\_



Hazard: \_\_\_\_\_

Control Measure: \_\_\_\_\_

**Emergency Procedures**

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of nearest hospital or emergency services: \_\_\_\_\_

**Approval**

Approved by (DSL or Manager): \_\_\_\_\_

Date: \_\_\_\_\_