Psychology Associates

ADOPTION SUPPORT SERVICE

Statement of Purpose
2023/2024

Contents

1. Introduction

This statement of purpose is intended to provide a clear written summary of the aims and objectives of Psychology Associates' adoption support service. Psychology Associates has been in existence since 2000 and works across a broad range of specialisms. Our work with children and families covers a range of work undertaken by both Clinical, Counselling and Educational Psychologists and other clinicians, including Speech and Language Therapists (SALT), Occupational Therapist's (OTs), Counsellors and Psychotherapists in this area. We have particular expertise in working with children who are looked after by the local authority in fostering and residential care, as well as adoptive families. Our provision of adoption support work continues to grow and, as such, we hope this statement of purpose will clarify our goals in this area and the services we offer. As a practice we aim to support our clients to make the meaningful differences they seek in their own lives. We take pride in our work and the strong ethical foundations of our practice.

This statement of purpose is available online via our website and is also available in print format for those who request it (please contact us via phone or email). Those who may wish to read the document might include adoptive parents; birth parents and relatives; local authorities; Ofsted; and members of the public. A children's guide, intended to outline our services in an age-appropriate way for children and young people, is also available electronically and in print.

2. Values and principles

Psychology Associates has a strong foundation of principled, ethical practice. Our overarching aim to make a meaningful difference to users of the practice, many of whom are vulnerable. We also focus on our own staff wellbeing, aiming for our employees to feel nurtured, valued and respected. We strive to be a trauma informed and recovery organisation, making sure all our staff understand these principles and work towards maintaining them in all their areas of work. Where possible we use evidence-based approaches and a desire to achieve good outcomes and improve accessibility, whilst offering good value for money. Our principles of practice are laid out as follows:

2.1. In relation to our adoption support work more specifically, we share the values and principles that underline the National Minimum Standards for Adoption (2014). We ensure that our adoption service also adheres to the Adoption Support Services Regulations (2014), the Adoption and Children's Act (2006) and the Care Standards Act (2000).

2.2 We recognise that adoption is a process with lifelong implications for all those involved and that therefore adoption support must be offered in appropriate ways across the whole life-span. We always assess each case individually and offer a range of services which can be tailored to individual needs.

2.3 We believe it is best, where possible, for children and young people to be raised by their own birth families, but where this is not possible we believe they are entitled to grow up in a loving family who can meet their needs during childhood and beyond.

2.4 We believe that adoptive parents undertake a very important and at times very difficult job in providing this kind of loving home to children who cannot live with their birth families. We believe these parents should be valued, respected, and provided with the support they need to enable and develop the work they do with their adoptive children.

2.5 We believe that delays in providing adoption support when it is needed can have a detrimental impact on the well-being of children, young people and their parents. We will therefore strive to provide a timely and responsive service when it is requested.

2.6 We believe that all those using our service are deserving of our respect and we strive to be non-judgemental and fair in all our dealings with our clients. We value differences of culture, ethnic origin, religion and language and invite our clients to share these differences with us so they might add to the richness of our work together.

2.7 Similarly, we will recognise and take account of any disability our clients may have. We will strive to make our services accessible and also to ensure that the impact of disability is taken into account across all our work with children, young people and families.

3. Purpose and aims of the service

As a group of Psychologists and other Therapists we are well placed to provide a range of services to support adoptive placements. These services include support to children and young people; adoptive parents; birth families and relatives; and also professionals, and fall largely in line with the support services outlined in the Adoption and Children Act (2006). In addition to this we will also offer training and consultation to professionals, with a view to supporting their development and empowering them in their work to support adoptive parents and children.

3.1. Support to children, young people and their adoptive parents

Our services are available to children and young people aged 0 – 21 years and their adoptive parents. We have adoption guides for children which explains the service we offer to them and their families. The services we offer will aim to support and strengthen adoptive placements and there are a number of ways in which we propose that we can be helpful to local authorities and other agencies in doing this:

3.2. Support to the planning process

We offer services to support adoption planning so as to ensure as stable a placement as possible from the start. This work can include:

- Contributing to the recruitment and assessment of adoptive parents through formal assessments such as the Adult Attachment Interview or Parent Development Interview, as well as by bringing a psychological formulation to the understanding of a parents' own history and how this may impact on their relationship with an adopted child.
- Meeting with adoptive parents during matching, or in the early stages of a pre-adoptive placement, to help them develop a psychologically informed understanding of the child's likely presentation given their history.
- We are also able to offer sensory assessment, and integration work from very early stages of adoption. We are working towards the development of a sensory group for new adoptive parents following requests from the local RAAs.
- We can also offer Speech and Language support as an early intervention in recognition that this can be crucial for the long term development of the adopted child.

3.3. Assessment

Another way we can contribute to the planning of an adoptive placement – with a view to supporting its stability in the longer term - is through specialist psychological assessment. We will undertake an assessment in order to plan an adoption support intervention and this will be outlined in more detail later, however sometimes undertaking an assessment *is* the intervention we are asked to provide. A

psychological assessment differs from other kinds of assessment as it draws on a wide range of psychological theories, including Developmental, Attachment, Educational, Systemic and Neurological theory, to inform an assessment of the child or young person in context. We have a well established MDT for fuller assessments, recognising that adoptive children can have complex needs. This team includes access to SALT, OT, Clinical Psychologists, Paediatricians and a range of specially trained therapists. Such an assessment can provide a wide range of recommendations regarding placement and therapy, as well as practical strategies to support and engage with the child or young person in as effectively as possible; given their history and the impact of this on their emotional and neurological development. Such assessments can be undertaken at any stage of an adoption, usually where the family or professionals involved have questions about a child's presentation that they are finding difficult to answer. Our specialist Assessment service receives excellent feedback and has been oversubscribed for the last few years in spite of consistent recruitment and service development. This part of the service was formally evaluated by a Clinical Psychologist in training in 2020, with families who had accessed the service between 2018 and 2020 being invited to participate. The service has subsequently been further developed and adapted in response to parent feedback, and in line with what is possible within the fair access limit (FAL), and as with all of our services we welcome any feedback.

As a service, we are able to offer a number of standardised approaches to the assessment of children and young people, including:

- Full cognitive assessment
- Assessment of attachment styles and family relationships – including The Story Stem Assessment Protocol, The Family Relations Test, and The Child Attachment Interview
- Assessment of mental health difficulties, coping styles and resilience
- Assessment of a child's capacity to understand their emotional world
- Play assessment of younger children
- Assessment of Sibling Relationships
- Assessment of Sensory Needs
- Assessment of Speech and Language
- Assessment of Educational Needs
- ADOS
- Dynamic learning Assessments
- Assessment of Speech and Language difficulties
- Assessments of elements of Neurodiversity

3.4. Formulation

As Clinicians, when we make an assessment of an individual child, a family or even a staff group, we develop what we call a formulation. This is an understanding of the difficulties or situation we have been

asked to assess that is based on all the information we have been given. We draw on various theories and aim to put the difficulties in context and to make sense of them in a way that is helpful to a child, young person, family or staff group. Even the most puzzling behaviour can make sense when viewed in the context of a good formulation.Helping children and their parents to understand the reasons for struggles is often the first step in helping to resolve or improve their experience. We always aim to share our formulation with those we are working with, in an accessible way, where this is helpful. This a detailed understanding, underpinned by theory and research, developed collaboratively with our clients will always be used to help to inform effective intervention..

3.5. Therapeutic work

We are able to provide a range of therapeutic services for children, young people, families and adults. Our psychologists have a broad range of expertise in these areas. We are also able to call on associates with specialist skills in the fields of learning disability and forensic work where this may be relevant.

In relation to work with children and families specifically, we are able to offer a number of therapeutic approaches considered to be useful and effective with children who have experienced trauma and been removed from their families of origin. These include:

- Dyadic Developmental Psychotherapy (DDP)
- Theraplay
- Narrative Therapy
- Eye Movement Desensitisation Re-processing (EMDR)
- Solution Focused Therapy
- Cognitive Behaviour Therapy (CBT) (including Trauma-Focused)
- Family Systemic Therapy
- Sensory Attachment Intervention
- Video Interaction Guidance (VIG)
- Therapeutic Play
- Therapeutic and Digital Life-Story Work
- Sensory Integration Therapy
- Compassion Focussed Therapy
- Dialectical Behaviour Skills (DBT skills)
- Mindfulness Training
- Solution-Focussed Therapy
- Reducing Anxiety Management Planning (RAMP)

In relation to working with adults who were adopted as children and may be experiencing difficulties in their emotional well-being, adjustment, or relationships, we are able to offer evidence-based approaches

for adults, including:

- Narrative Therapy
- Eye Movement Desensitisation Re-processing (EMDR)
- Solution Focused Therapy
- Cognitive Behaviour Therapy (CBT)
- Dialectical Behaviour Skills (DBT skills)
- Compassion Focussed Therapy
- Family Systems Therapy
- Cognitive Analytic Psychotherapy (CAT)

3.6. Building relationships

We will, where possible and helpful, work to increase understanding and empathy in adoptive families through offering joint therapeutic work for parents and adopted children and young people together. Some of the therapeutic approaches outlined above – including DDP, Theraplay and VIG - prioritise joint working as a way to deepen and strengthen relationships. We consider this fits well with our belief that adoptive parents should be supported and valued and that we should strive to strengthen adoptive placements through our work.

3.7. Support for parenting

Using our formulation as a foundation we will offer support to adoptive parents in developing their parenting skills in relation to the specific experiences and needs of the child or young person in their care. This can sometimes be done as part of a therapeutic package, such as DDP, which usually includes individual consultation with the parent. However, it can also be provided in isolation where adoptive parents need space to reflect on their parenting approach and time to consider how this might be understood and experienced by their child. This can be offered in a one-off consultation or in on-going sessions. The work is also often usefully offered jointly to parents and social workers together as a way of strengthening the network around a child and enabling the social worker to offer continued support after the consultation. We provide Therapeutic Parenting groups such as Nurturing Attachments and Foundations of Attachment.

3.8. Services to birth parents and relatives

We recognise that adoption has lifelong implications not just for those in the adoptive home, but also for members of the birth family, including birth parents, siblings and other family members. As such, we will offer assessment and support services to birth families, at any stage in their lives, where issues related to the adoption of a member of their family impacts on their well-being. The kinds of therapeutic approaches available are as outlined above and would usually be requested by the local authority.

3.9. Services to professionals

We believe that supporting the professionals who support adoptive families is key to maintaining healthy, strong networks around a child. Professionals benefit from time and space to reflect on the challenges of their work, both in terms of their own continued professional development, and also to ensure the best possible practise in relation to specific cases. We are able to offer this kind of support in a number of ways including supervision, training, and consultation. We currently are contracted with a number of charities to provide regular input to the adoptive families they support. This includes training, therapy, consultation, supervision and staff support. We are also involved in disseminating our knowledge more broadly, for example the manager is on an expert advisory panel as an external consultant to the NSPCC in relation to service development? We also work with the NSPCC on their sexual abuse services, providing training to complement their programme. We are often commissioned by Health Services, schools and Local Authorities, as well as independent agencies. Such work can include support to residential care homes, who often have children in their care who were previously adopted. Provision of free training to professionals within the Local Authority throughout the South West about different therapeutic approaches (and what works for whom), has helped make referrals more informed and targeted.

3.10. Consultation

As outlined above, we offer consultations regarding particular cases and specific challenges to social workers, usually jointly with adoptive parents. These can be one-off meetings, or can be offered on an ongoing basis. Such sessions can allow time and space to reflect, but can also provide an opportunity to develop a formulation around the difficulties and to develop new ideas and strategies based on this. When undertaken jointly with adoptive parents, the social worker should feel empowered to support the parent in implementing these new ideas following the session.

We are also able to offer team consultation sessions where teams feel they would benefit from psychological input to their case discussions as a learning tool.

3.11. Supervision

We are able to offer psychological supervision to social workers and other professionals. This could be case specific or could involve the supervision of an entire case-load where specialist supervision is required. Such supervision can be provided to individuals or to groups.

3.12. Training

As a practice we offer a great deal of training across a range of specialisms. Within the field of adoption support specifically we offer a number of open access training opportunities throughout the year, for

example in 2022 we offered a one-day conference with Karen Treisman on developing trauma informed organisations, including a multidisciplinary workshop with one of our specialist Occupational Therapists. In 2021 we hosted a conference on trauma and dissociation, with Betsy De Tierry as Keynote speaker. We have been running training sessions for parents and professionals on using 'PACE' in parenting adopted children with great success since 2013. In addition to these training sessions, we have also offered bespoke training to organisations and are able to provide sessions to address specific training needs in the field of adoption. Schools are increasingly requesting such training. There has been much demand for this training which has been well received and we are offering an ongoing programme. Our training programme responds to user feedback and provides relevant and current information to the attendees. We are also approved by the DDP institute as providers of DDP training and offer Level 1 and Level 2 training in DDP, facilitated by DDP Consultant and certified trainer Dr Emma Greatbatch, on an annual basis. We work with large national charities such as NSPCC, Barnardo's, Action for Children, often offering extensive training programmes. We have also previously delivered an education conference, including keynote speakers Professor Sue Roffey and Sheila Burton as well as talks and workshops delivered by employed clinicians within the company. This considered up to date information upon supporting a whole school approach to improve emotional wellbeing of students, with a focus of those with a background of attachment difficulties and experiences of trauma. Our training ensures the dissemination of the knowledge we hold within the practice more widely. We deliver free training on therapeutic models each year to support social workers and education professionals in understanding a wide range of available treatment options.

In addition to the training sessions we offer, we also function as a training centre for Psychologists. We offer work placements of up to 12 months for Trainee Clinical Psychologists, research students, placement students and those looking to gain experience in the field of psychology. Those trainees with suitable experience and qualifications may be given the opportunity to undertake work in the field of adoption support under supervision. A suitably qualified psychologist will always closely supervise and take responsibility for the work. Where trainees are not able to take on work directly, they are offered opportunities to observe; permission for this is always sought from clients.

4. Ensuring effective management of the service

As a practice, we always strive to provide efficient, effective and ethical work based on up to date research and literature. We aim to meet the needs of our clients, be they professionals, parents or children in a timely, respectful way. Our Clinical Lead for Fostering and Adoption is our Ofsted registered manager has considerable knowledge, expertise, and experience of working with adopted and looked after children and young people. In order to enhance this role she has recently completed the Level 5 Diploma in Children's Health and Social Care Management. Our Ofsted responsible person has a wealth of knowledge and experience and has led the service for many years, and meets regularly with our lead for fostering and adoption who provides supervision and consultation to both employed and associate

clinicians. Our entire team of clinicians are HCPC registered.

4.1 Financial Viability and Business Continuity

In order to maintain Psychology Associates as a financially sound adoption support service we have our own qualified accountant, who is also our Managing Director. We also have an external Management Consultant as our Non-Executive Director who attends all board meetings. He attends our board meetings monthly, and liaises with our external accountant on a regular basis. We also have a strategic update which is reviewed every few board meetings. All Directors attend these board meetings, and the Lead for Adoption and Fostering attends every third month. This enables Psychology Associates to maintain and develop its adoption services. If there were ever to be a situation in which the service could not be maintained we have a contingency plan for our Adoption Support Services. It is important that these situations are considered, so that they could be dealt with in an ethical and professional manner should they ever arise.

4.2 Contingency planning

Should Psychology Associates find itself in a position where it was unable to continue to provide an Adoption Support Service, we would ensure that each client be managed ethically and in line with professional standards of practice. Cases would be closed only where ethical to do so (for example where sufficient change had been achieved and case closure was already planned). Cases requiring a continuing service would be signposted to alternative services able to meet their needs and appropriate referral and handover information would be provided to those services where necessary.

4.3 Referral process

We have a clear process for dealing with new enquiries regarding work across the practice as a whole. This process will be applied also to requests for adoption support work. Requests for work will be received by our Referral Team who, in consultation with the Lead for Adoption and Fostering, will identify a practitioner appropriate to undertake the work; this could be one of our employed Psychologists, Therapists or one of our self-employed associate clinicians. Where the current needs are not clear a specialist therapeutic assessment will be recommended first. If necessary, a psychologist will speak directly to the enquirer to clarify the request over the telephone and develop a plan of proposed work.

A proposal for the work, be it therapy, assessment, consultation, training or another intervention, will be provided to the enquirer in written format. Where appropriate, this will be accompanied by the CV of the psychologist who is suggested for the work. The enquirer will then usually need to seek funding for the work. Requests for adoption support work usually come from either the placing authority or from a private adoption agency, with funding usually sourced from the Adoption Support Fund or local authority. Occasionally, an adoptive family may choose to fund support work themselves.

4.4 Assessment

Although the professional commissioning the work may have suggested what type of therapy or intervention is required, the clinicians undertaking the work will always make their own assessment of a child and / or family's needs when they first meet them. There are numerous ways in which this might be done depending on the presenting issues. It may include formal assessment, or may be based on clinical interview with the child, family or with a professional. The clinician will always make a written record of their assessment, formulation, hypotheses and plan of work in their own typed notes and these will be stored according to legislation. Assessments and psychological formulations are shared with clients in an accessible way, including child friendly letters where appropriate.

4.5 Record keeping

As a practice, Psychology Associates abides by legislation relating to data protection and record keeping. As psychologists, we work to recommendations for practice set by the British Psychological Society (http://www.bps.org.uk/content/generic-professional-practice-guidelines) and the Health Care Professions Council (http://www.hpc-uk.org/publications/standards - select 'standards of proficiency – Practitioner Psychologists). We have a record keeping policy, which is included in appendix 2 of this document.

4.6 Monitoring and evaluation

Ensuring the quality of the work we do and the services we provide is at the heart of our work at Psychology Associates. We have clear procedures for monitoring the adoption support services. These include financial, incidents, compliments, quality, and complaints procedures. These are detailed throughout this document. These polices ensure that all staff are clear about their role and responsibilities, and that the quality of our service meets the National Minimum Standards for adoption. The quality of our service is monitored and evaluated using outcome measures and feedback forms. This is detailed in the outcomes section below (4.4.7)

4.6.1. Checks and registrations

All of our staff have up to date enhanced disclosure certificates from the Disclosure and Barring Service and these are updated every three years in line with legislation. Upon recruitment, copies of all relevant qualifications are obtained, along with Identity checks, confirmation of the right to work in the UK, two references, and where necessary a statement of opinion from the previous employer in regards to working with children. In addition, all of our Psychologists are registered with the Health Care Professions Council (HCPC) and copies of registration documents are kept centrally by us. These registrations are updated

every two years and we ensure that all registrations are up to date. Psychologists are also encouraged to maintain membership of the British Psychological Society (BPS). Senior staff involved in recruitment are safer recruitment trained.

Psychology Associates is regulated by Ofsted as an adoption support agency. Ofsted can be contacted on 0300 123 1231 or at Piccadilly Gate, Store Street, Manchester, M1 2WD.

4.6.2. Codes of conduct and practice

Registration with the HCPC places clinicians under certain obligations intended to ensure the quality of their practice. The BPS also has codes of conduct and practice which psychologists must adhere to, whether members of the society or not. These standards include levels of supervision and ongoing training, as well as guidelines for ethical practice; record keeping; and child protection, amongst others.

http://www.bps.org.uk/content/generic-professional-practice-guidelines
http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards
http://www.bps.org.uk/content/child-protection-position-paper

Expectations around levels of supervision and continuing professional development for clinicians are over and above that enshrined in legislation for adoption support services.

4.6.3. Supervision

As a practice, we aim to foster an environment in which all our clinicians and other staff, both employed and sessional, feel supported in their work. We ensure this through regular supervision and opportunities for training and development.

All employed psychologists receive regular individual supervision regarding their case-work and can access specialist consultation from other Psychologists within the practice. In addition, those Psychologists who have training in DDP are offered monthly group supervision with a certified DDP practitioner and trainer. Similarly, those trained in VIG have specialised external supervision. We require all associate clinicians to source their own regular supervision and to provide us with evidence of these arrangements. We also provide case specific supervision to associates where necessary.

The British Psychological Society suggests that all Psychologists engaged in therapeutic work should access a minimum of 1.5 hours of clinical supervision per month. As a practice, we ensure that our employed psychologists receive over and above this requirement. Supervision acts to *"…maintain the quality of a psychologist's performance and to extend the individual practitioner's range of skills, mostly by means of reflection, learning and psychological support. These aims include maintenance of good*

practice in relation to clients, to other professionals and service delivery, to professional and personal development, and in relation to meeting any relevant organisational objectives". (BPS, Generic Professional Practice Guidelines, http://www.bps.org.uk/content/generic-professional-practice-guidelines).

4.6.4. Continuing Professional Development

As a practice, we value and encourage continuing professional development (CPD) for all our employees and associates. We offer in-house, monthly CPD sessions covering areas of practice relevant to our psychologists across a broad range of topics. As previously mentioned we also offer larger training events and our associates are encouraged to attend these and offered a discounted rate. We support the development of our employed psychologists by funding attendance at appropriate training events and conferences and see this as an investment in our development as a practice. We showcase our work through larger national conferences and employed clinicians are supported to attend these. We are a member of CASA (Consortium of Adoption Support Agencies to share and learn about developments relevant to our ASA.

4.6.5. Specialist expertise

Due to the breadth of expertise within our practice as a whole we have access to specialist consultation with other psychologists in areas such as forensic work and risk assessment; learning disability and autistic spectrum conditions; adult therapies; and neuropsychology. This breadth of knowledge and expertise within the practice is an important factor in helping us to maintain our high standards and our own ongoing learning and development.

4.6.6. Compliments and complaints

As a practice we seek user feedback whenever possible and both compliments and complaints are valued as a source of information on how well we are achieving our goals and where we can make improvements. Our procedure for dealing with compliments and complaints is included with this document in appendix 4.

4.6.7. Outcomes

Formal collection of outcomes data is undertaken both before and after therapeutic work, in addition to the mid point for longer-term cases. We have taken part in the ASF outcomes pilot over the last year and have been routinely submitting outcome date for at least one of the specified measures to social workers before treatment, at mid-point and following treatment. We have a psychometrics team, consisting of Assistant Psychologists who meet each month with the clinical Leads for Fostering and Adoption and for Therapy Services in order to ensure smooth processes around the collection and use of outcome data to optimise clinical effectiveness.

We have developed a therapy manual which is embedded in the practice. This recommends specific pre- and post-measures to measure change. These are both in relation to adult wellbeing (such as the HADS and GHQ) but also in relation to children and young people. Measurement of emotional well-being includes measures specifically developed in relation to children who are not living with their birth family (e.g. the Assessment Checklist for Children; Tarryn-Sweeny). Additional measures also provide clinicians with a more comprehensive understanding of the child/family and choice of these depend upon clinical judgement for each particular case. The effectiveness of this evaluation to show meaningful change is reviewed on an annual basis.

4.6.8. Service-User Involvement

We continue to develop ways to include service users in our development of services and to clearly analyse and document outcomes from therapeutic involvement. We ensure that children and families have a clear role in shaping the service they receive, throughout the support. At the end of the work we ask clients to complete an evaluation form which is fed into future planning. We always evaluate our training, and develop future sessions on user feedback.

We have also developed a Service-User Involvement (SUI) group which is developing and implementing ideas to support SUI throughout the practice. In particular, we are creating a panel of adoptive families, both young people, parents and adopted adults, who are happy to be contacted with regards to supporting the development of services (e.g. creating leaflets, training, recruitment) as well as providing a peer support network for each other. We have a monthly group for adopted young people between 16-24 called Link Up adoption who we consult with on a regular basis. We are mindful of only contacting those who have given their consent and work within GDPR.

5. Staffing profile and organisational structure

5.1. The responsible individual

Overall managerial responsibility for the running of Psychology Associates is held by Dr Sue Candy, founder and Clinical Director. Sue is a Consultant Clinical Psychologist with 30 years' experience. She has worked both in the NHS and in private practice. Sue set up Psychology Associates in 2000 and has run it as a successful and growing business since that time. Sue continues to undertake clinical work, mainly offering therapeutic interventions to adults and children. She is also involved in the supervision and training of Clinical Psychologists throughout their career span.

5.2. Registered Manager

Dr Cara Redmond is Clinical Lead for Fostering and Adoption and is the Ofsted registered manager. Cara is a specialist Clinical Psychologist and has specialised in working with children and families who have experienced developmental trauma for many years. Since qualifying, Cara has worked in the NHS for ten years, prior to joining Psychology Associates in 2019. She has worked primarily in child and adolescent mental health services, specialized in working with children in care, children at risk of care, and children who have been adopted. She has experience of providing consultation to the complex professional systems surrounding children who have experienced abuse and trauma, and supervision to other professionals. Cara was previously clinical lead for the Child in Care team across Devon. Throughout her career she has championed the needs of children in care and adopted children within CAMHS, with a number of specialist roles working at the interface between health, education and social care. Cara is trained in various therapeutic approaches commonly used with children who are adopted, including Dyadic Developmental Practice, Systemic Family Therapy, DBT, Theraplay, CBT and compassion focussed therapy. Cara receives clinical supervision from Dr Sue Candy, Clinical Director, line management from Dr Emma Corrigan and specialist DDP supervision from DDP consultant Dr Emily Barnbrook. Cara has completed the Level 5 diploma in Health and Social Care Leadership as part of her commitment to supporting Psychology Associates in this role as effectively as possible.

5.3. Organisational structure

Psychology Associates has a number of employed psychologists and clinicians working alongside a large number of sessional, associate clinicians. We always ensure that all those undertaking work for Psychology Associates have the necessary knowledge, experience and qualifications in line with legislation.

A chart showing the organisational structure of the employed staff within Psychology Associates as a whole is presented in Appendix 1. In terms of our adoption support work the structure remains the same.

Due to the large number of Associate Psychologists and clinicians we work with they are not shown on this chart, however whilst undertaking work for Psychology Associates they receive support from either the Clinical Directors; Dr Karen Kershaw, Dr Emma Corrigan, or from one of the other employed clinicians, as appropriate.

5.4. Employed Clinicians

Psychology Associates employs Clinical Psychologists, Educational Psychologists, Occupational Therapists, Counsellors, Wellbeing Practitioners, Counselling Psychologists, and Assistant Psychologists all of whom undertake adoption support work.

5.4.1. Dr Katy Rees

Katy is HCPC registered Clinical Psychologist specialising in work with adults and older adolescents who are experiencing acute and chronic distress. Katy has been working with Psychology Associates since 2006, providing Court reports and offering therapeutic expertise. She has also worked for a number of years in the NHS providing therapy, assessment and research in specialist adult services. Katy has been involved in trauma aid work abroad. Katy continues to pursue her interest in developing therapeutic services for individuals experiencing complex mental health difficulties and the psychological consequences of abuse and trauma. She uses an integrative approach that includes Cognitive Behaviour Therapy, Acceptance and Commitment Therapy, Eye Movement Desensitisation Reprocessing, Mindfulness-based treatments, Psychodynamic and Attachment Psychotherapy and Schema Focused Therapy.

5.4.2 Dr Rhianne Hanbury

Dr Rhianne Hanbury is a HCPC Registered Clinical Psychologist who specialises in working with children, young people and adolescents. Rhianne has over 10 years of experience supporting children and young people with complex emotional difficulties in a range of settings including Social Care, Youth Offending Team, CAMHS and early intervention within primary schools. Before working at Psychology Associates, Rhianne worked in CAMHS for a number of years providing support to young people experiencing depression, anxiety, trauma and attachment difficulties. Rhianne is also experienced in supporting children in care and their families.

5.4.3 Dr Nneamaka (Eny) Ekebuisi

Dr Eny Ekebuisi is a HCPC Registered Clinical Psychologist. During her time working within the NHS, her main responsibilities were conducting psychological assessments, therapeutic interventions, research, training and consultation. Eny has a special interest in attachment, offending behaviours, substance misuse, post-trauma work, family work and providing support to children's homes. Prior to qualifying as a Clinical Psychologist, Eny has extensive experience of working within mental health, forensic and children's services such as within residential drug rehabilitation units and managing a children's residential home. In addition to this, she has experience of providing assessments and interventions with high risk clients, particularly within the fields of domestic abuse and substance misuse. Eny is experienced in delivering psycho-educational and therapeutic groups, and training programmes.

5.4.4 Dr Karen Kershaw

Dr Karen Kershaw is an HCPC Registered Clinical Psychologist who is Psychology Associates' Clinical Director and Lead for Multi-Disciplinary and Specialist Assessment Services. She specialises in providing psychological, cognitive and psychometric assessment to both children and adults who have experienced trauma, or who are experiencing mental health difficulties such as anxiety and depression. Karen also specialises in offering psychological services to children in care, children who have been adopted and their families. Karen has a wealth of experience in the areas of attachment, early childhood trauma and attachment, family dynamics, mental health and developmental disorders such as Autism. Karen is able to provide cognitive and capacity assessments and personal injury assessments of adults and children. Karen has previously worked in Child and Adolescent Mental Health services (CAMHS), where she offered therapeutic invention to families and children with complex and challenging needs and supervised fellow team members. Karen also specialises in providing training, consultation and supervision to professionals working across a broad range of areas including those working with adoptive and fostering families.

5.4.5 Pennie Lamkin

Pennie Lamkin is a HCPC Registered Occupational Therapist who specialises in working with children and young people with complex mental health and social care needs. Pennie offers comprehensive occupation related support, including assessment and intervention. This focusses on a person's mental health needs, anxiety management, building routines, and improving or rehabilitating skills relating to activities of daily living, leisure activities and emotional management. Pennie can also carry out assessments of daily skills for living, sensory and motor skills and can contribute to dyspraxia diagnoses. In 2018, Pennie was recognised as Plymouth University and Livewell Southwest's Occupational Therapy Practice Educator of the year.

5.4.6 Karen Allin

Karen is an experienced Counsellor who has worked extensively with children and young people within an educational setting. Since qualifying in 2008, she has worked for the Children's Society with children and young people between 11-21 years old and with Plymouth Excellence Cluster, counselling both primary and secondary aged children. She has also worked with adults and families within a multi-agency support team ensuring best outcomes for children and young people. As an Integrative Practitioner, Karen draws on different theories and models to suit the client including EMDR, CBT and Transactional Analysis but she can also work creatively using such interventions as sand, art and visualisation. Karen has gained a lot of experience working with trauma, attachment and abuse. She is passionate about empowering adults, children and young people and helping them find a voice.

5.4.8 Suzanne Bryant

Suzanne is a trainee Counselling Psychologist, whose role involves supporting young people, families and adults who are experiencing psychological distress. She has a BSc in Psychology and Counselling, which is BPS accredited and has experience of working therapeutically with families and children, completing a Post Graduate Diploma in Mental Health within Educational setting whilst working for the NHS as an Educational Mental Health Practitioner (EMHP). This role was based in a Mental Health Support Team supporting schools and involved supporting families and young people using Cognitive Behavioural Therapy (CBT) approaches, as well as providing training and supervision to school staff; including helping schools to audit their whole school approach to mental health and complete an action plan for this. Suzanne worked for many years as a secondary and Further Education (FE) teacher prior to retraining, and has a comprehensive understanding of how the school system works, and what support is useful for schools to enable them to support the mental health of their students.

More recently, Suzanne has completed a Health Psychology Postgraduate Certificate and has carried out a research project on women's experience of Menopause. She is currently completing a Professional Doctorate in Counselling Psychology and is gaining experience in working in a relational psychodynamic and systemic modality.

5.4.9 Amy Oliver

Amy Oliver joined Psychology Associates in 2021 and is a HCPC Registered Occupational Therapist who specialises in working with children and young people with special educational needs.

Previously, Amy has worked within specialist education and care services. She has worked with children with autistic spectrum disorder, speech language and communication needs and trauma and attachment related conditions that may include social, emotional and mental health (SEMH) needs. Amy offers person-centred support for children's sensory processing, fine and gross motor difficulties. Amy is currently studying a MSc in Sensory Integration (SI) to become an Advanced SI practitioner.

5.4.10 Trudy Richards

Trudy Richards is a HCPC registered Occupational Therapist and Lead to Psychology Associates Occupational Therapy Team. Trudy has worked as a children's Occupational Therapist for the last 15 years. Trudy provides assessments and interventions to help people achieve functional independence and quality of life and specialises in children's sensory processing and fine motor difficulties. She has completed her Sensory Integration II training and is a qualified Bobath therapist. Trudy works with children with varied and complex difficulties including autism, cerebral palsy, dyspraxia, ADHD, chronic fatigue syndrome and learning disabilities. Trudy also has experience of working with children in care and children that have been adopted. Trudy has previously worked in the NHS within the Child Development Centre in Plymouth, working autonomously across a variety of settings. Trudy is family and child centred and has a holisitic and positive approach to her work. She has delivered training to managers, peers and students and has previously acted as a moderator for student's coursework at the University of Plymouth.

5.4.11 Dr Emma Corrigan

Emma is a HCPC Registered Educational Psychologist and Clinical Director, with extensive experience of working with families, schools and education providers to support children and young people in their educational progress, wellbeing and achievement. Emma has experience of working within a multi-agency support team and undertaking statutory assessments of Special Educational Needs and Disability. Emma has special interests in supporting developmental trauma and providing therapeutic intervention and consultation in schools. Emma is a Psychology Associates'Clinical Director and leads on ….Emma provides assessment, coaching, training and supervision across educational settings and facilitates person-centred approaches to strengthen young people's participation and inclusion. Emma has published research in the area of person centred approaches and supporting young people who have experienced school exclusion and also has experience of providing expert psychological evidence to the Court. Emma has developed specialisms in supporting families and young people who are adopted or fostered and supporting educational settings to meet a range of complex developmental needs.

5.4.12 Dr Adam Lewis-Cole

Adam is a HCPC Registered Educational Psychologist and Joint Lead for our Services to Education. Adam joined Psychology Associates in 2019, and is experienced in working with children, young people, staff and families. Adam previously worked as a teacher and programme leader in Secondary and Further Education. He is experienced in providing assessment, consultation, supervision, intervention and training to support children and families with a wide range of Special Educational Needs. Adam has particular interests in supporting schools and systems to understand and support the impacts of developmental trauma and social-emotional needs. He has completed research around

the educational needs of children who have previously been looked after and enjoys completing therapeutic work with adopted children and families

5.4.13 Dr Danielle Ford

Danielle is a HCPC Registered Educational Psychologist and Joint Lead for our Services to Education. Danielle joined Psychology Associates in 2022 as a HCPC registered Educational Psychologist, and is experienced in working with children, young people and families. Danielle previously worked as a primary school teacher, and has experience in working with individuals with profound and multiple learning difficulties. Danielle provides support to children and young people with a wide range of additional needs through observation and assessment work, consultation with school staff and parents, and other interventions. Danielle has specialist interests in parental mental health needs and their impact on children, and working with children in the Early Years.

5.5. Associate Psychologists/Other Staff

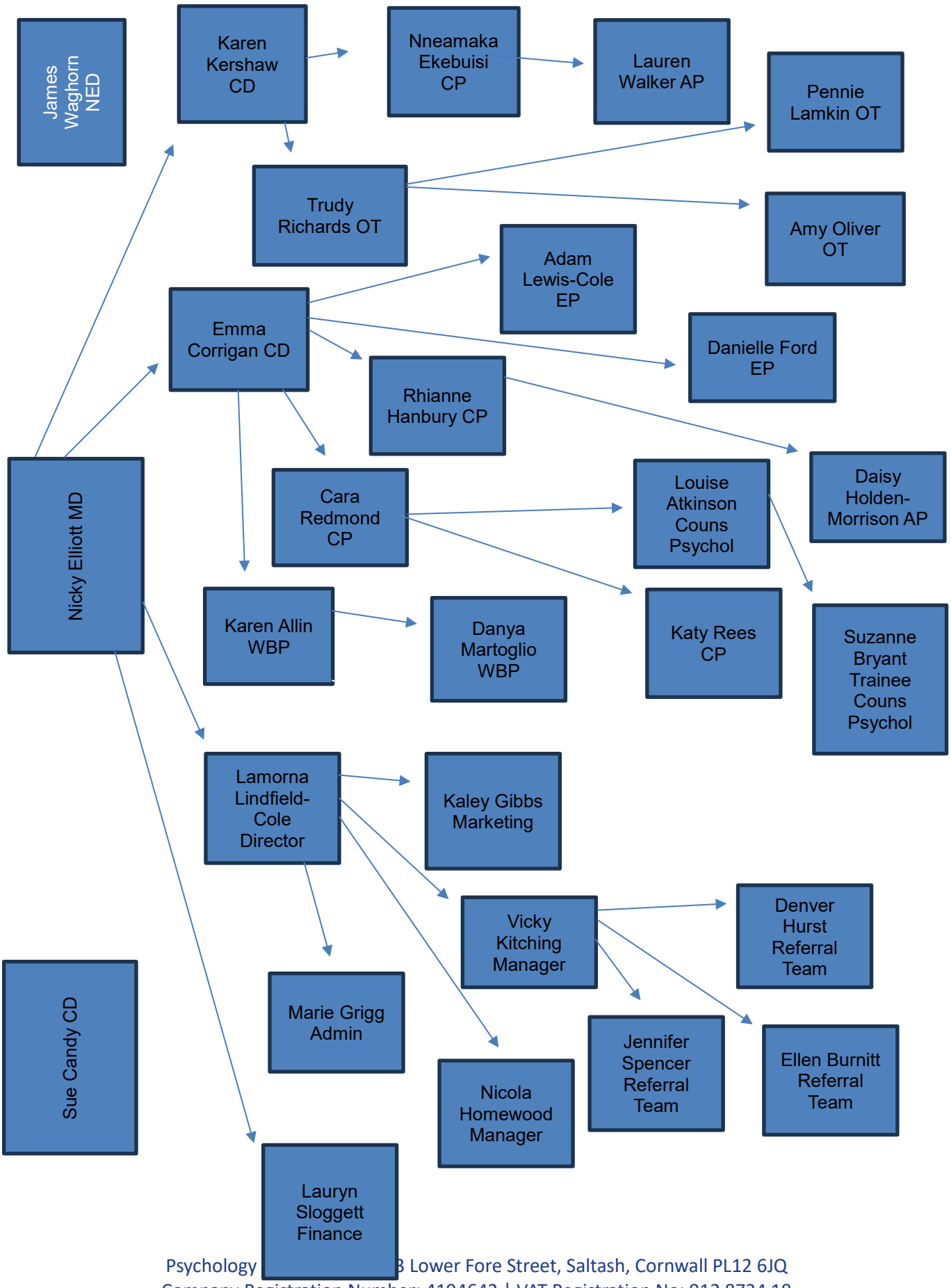
Alongside the Clinicians employed by us, we have a large number of associate psychologists and other clinicians (e.g. Speech and Language Therapists, Clinical Psychologists, Therapeutic Social Workers, Counsellors, Psychotherapists, Occupational Therapists) who do work on a sessional basis. As with our employed psychologists, we seek to ensure the skills, expertise and qualifications of our associates and update their DBS checks every 3 years as set out in legislation. We currently have forty associate psychologists/other clinicians working within our child and family section who would be suitably qualified to undertake adoption support work.

5.6. The Referral Team

All of our psychologists, whether employed by us or working on a sessional basis, are supported by our Referral team. This team is made up of five administrators who have responsibility for allocating the work when received. They also take responsibility for recording enquiries on our database. The team are supervised by Vicky Kitching, the team manager, who, in turn, is supervised by Lamorna Lindfield-Cole, Service Development Director. The administration of our service is further supported by our finance and marketing teams as per our organisation chart (Appendix 1).

6. Appendices

6.1. Appendix 1 - Organisational chart (of PA employees)



6.2. Appendix 2 - Record Keeping Policy

Aim:

The aim of this policy is to protect the information collected in confidence from patients and clients by our employed clinicians, our self-employed associate clinicians and all other staff working with/for Psychology Associates.

The term “Clinician” is used throughout this document for all qualified professionals working directly or indirectly with our clients. It includes Clinical and Educational Psychologists, Well-being Practitioners, Assistant Psychologists, Psychotherapists etc. For further information and guidance on record keeping in an educational setting, please see our Educational Psychology Practice: Policies and Guidance document.

What this policy covers:

This policy sets out the processes in place for record keeping within Psychology Associates to ensure compliance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. Clinicians should follow national guidance and statutory responsibilities regarding the retention of records. In the compiling of this policy we have taken guidance from the BACP ethical framework, the BPS practice guidelines, the Caldicott Principles and Information Governance. This guidance applies to all record keeping on clients, their relatives, carers and/or associates, and their organisations, regardless of the media in which information is held, e.g. written notes and reports, audio and video recordings, paper and electronic records, etc.

The purpose of records: Under the General Data Protection Regulation 2018, there must be a valid lawful basis to process personal data. Psychology Associates will only obtain data where there is either a legitimate interest, legal obligation, vital interest or contractual necessity. The purpose of records made, kept or accessed by clinicians is to support their professional work with clients who may be individuals, related others, groups or organisations, in carrying out the core components of their role in part of all of the following:

- assessment;
- formulation;
- intervention/implementation;
- evaluation and research; and
- communication.

Our responsibility for these records:

All clinicians working with/for Psychology Associates are responsible for holding their records secure to ensure the confidentiality of the information contained within them and to control access to them. We require all associates working on behalf of Psychology Associates to be registered with the Information Commissioners Office.

All administrative staff are bound by the Data Protection Act 1998 and General Data Protection Regulation 2018 as part of their employment contract with Psychology Associates. Non compliance with this is seen as gross misconduct and potentially leads to instant dismissal.

All staff either employed or working with Psychology Associates must comply with the below plus the

additional guidance provided in Appendix 1:

Clinicians must keep appropriate records of their work with clients unless there are good and sufficient reasons for not keeping any records.

- All records should be accurate, respectful of clients and colleagues and protected from unauthorised disclosure.

- Any records should be kept securely and adequately protected from unauthorised intrusion or disclosure.

- Clinicians should take into account their responsibilities and their clients' rights under data protection legislation and any other legal requirements.

- Clinicians need to take care when making and/or keeping records to include only such information as is required for the purpose of their professional involvement with the subject(s) of their records and to exclude superfluous information.

- All records will be kept for a period of seven years from the date of last treatment in line with the BACP ethical framework unless the clinician and client have come to an agreement otherwise.

- Clinicians must bear in mind the potential impact of the information in their records on all who may have access to such records, for example, the client, other professionals, managers, authorised carers, etc. Where possible, distinction should be made between fact, observation and opinion and judgemental comments should be avoided.

- Clinicians have a duty to bring to the attention of any organisation they are working with should they be asked to keep or disclose information in records in any way which breaches this policy.

- Clinicians working with clients who are the subject of court proceedings will keep all records which may be of relevance to the court process until it is clear that the court has reached a final conclusion, including any appeal that may have been heard. On completion of the case all records are returned to Psychology Associates headquarters for archiving and/or secure destruction in line with the Court.

- Record sharing: Records are only permitted to be shared if the function of which is primarily to facilitate inter-professional communication to ensure the safe and effective delivery of high quality services. Records may also be shared where the clinician is instructed to prepare a report for use in court. In this case the records may be shared with only a limited number of persons and the permission of the court should be sought via the instructing solicitor in the case if records are to be shared with anyone not a party to the proceedings. In family cases, any disclosure of material to third parties without the permission of the court is likely to be a contempt of court

- Working notes: All notes made surrounding any client should be treated in line with this guidance.

- Assessment materials: Clinicians should be mindful at all times of the confidential nature of assessment materials and all records regarding these should be treated in line with this policy.

- Electronic record keeping: Our database is controlled by an external design company who provide a SSL secured web portal linked to an external information storage server. No information is stored within the office and the web portal is a separate entity from the company's website ensuring that a website breach does not jeopardise our records. Each database user is subject to a stringent password policy, and selected onsite staff are able to remove and add users when required.

Nb: All staff must follow the attached specific record keeping policies. Please see appendix two.

Due to Covid-19 there has been an increase in the requirement for employees to work from home during lockdown. During periods of home working, it important that all staff adhere to record keeping processes and the data protection policy and keep information safe on the remote desktop only. Handwritten notes must be kept secure at home and computers must be logged off at the end of each working day.

Appendix 3

Record keeping guidance principles

All staff are legally obliged to keep all forms of patient and client information confidential, in accordance with both the Caldicott principles and the General Data Protection Regulation 2018.

General Data Protection Regulation

In accordance with GDPR, personal data will not be kept for any longer than needed. The length of time personal data is held for will depend on the purpose for holding the data. The implementation of the right to be forgotten requires Psychology Associates to review the lawful basis whereby we require to continue to hold personal data associated with our practice and ethical standards. The decision to keep records will be reviewed based on the company's legitimate interest, legal obligation, vital interest or contractual necessity.

Caldicott Principles

These are outlined by the NHS Executive as follows:

- justify the purpose(s) for using confidential information
- don't use personal confidential data unless it is absolutely necessary
- use the minimum necessary personal confidential data
- access to personal confidential data should be on a strict 'need to know' basis
- everyone with access to personal confidential data should be aware of their responsibilities
- comply with the law.

Information Governance Information Governance (IG) aims to improve outcomes by raising standards and ensuring that information processing is subject to continuous evaluation based on five broad aspects known as HORUS:

- Held securely and confidentially
- Obtained fairly and efficiently
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully.

IG requires that this work be clearly understood, effectively recorded and constructively managed by all who are in contact with any sensitive information. This results in more informed patients who are aware of their privacy rights.

Electronic storage

Secure Server

Psychology Associates have two Microsoft based servers both being backed up by the inbuilt Windows Imaging Backup System.

The main active directory server and exchange server runs two daily backup jobs. The first job images the whole server to the external USB hard drive at 8pm and subsequently images the whole server to the in-house network attached storage device. In the event of damage or theft of the server the previous day's image can be applied to an alternative machine without any loss of data or settings.

Email Security

Our Encryption Policy is an extension of our Data Protection Policy and is in place to establish the requirements as a means of protecting confidentiality and ensuring accurate and consistent processing when handling personal data. It also sets out relevant standards which all employees must meet.

All confidential information transmitted via email to an email address outside of Psychology Associates domain (i.e. one that does not end in psychologyassociates.org.uk) must be encrypted and sent via Egress.

Confidential information refers to:

- Client/staff personal data
- Client medical records
- Draft/final reports
- Financial reports
- Any kind of information another person can use to uniquely identify you.

When emailing any external user i.e. parents, schools, solicitors, associates and the email contains confidential information, these must be sent via Egress.

User Responsibilities

- It is the responsibility of the sender to make sure the processes discussed in this policy are consistently followed.
- Should an employee have any queries about how to securely send data they must seek support from their line manager and request training.
- Employees are responsible for ensuring any breaches are reported promptly to their line manager.

Reference

© BACP 2001, 2002, 2007, 2009, 2010 Ethical Framework for Good Practice in Counselling & Psychotherapy 11 BPS Practice Guidelines (Access to Records and Record Keeping)

Appendix 4

Specific processes for storage of notes of a confidential nature

Therapy

All clinical notes/client folders must be stored in a locked filing cabinet in a secure office.

All notes must be returned to the filing cabinet immediately once the clinician has finished with them.

Expert witness

All files and folders we receive electronically will be emailed to the associate.

We will not print any information regarding a client unless expressly requested by the clinician.

Any received printed information will be stored securely in a filing cabinet in a key code locked office.

All reports being sent electronically will be sent via Egress secure email encryption.

Any document passwords will be sent in a separate email or given verbally.

General guidance

Staff must never leave documents on their desk or in an unsecure place.

Passwords must be changed frequently to ensure file storage security.

If a staff member is concerned that a breach of confidentiality has occurred they must immediately inform their line manager/ the managing director.

Once a case has closed the clinician must inform the clinical admin team who will ensure that the paperwork is promptly archived.

Policy on Retention and Destruction of Clinical Notes

Although Psychology Associates is a multi-disciplinary team comprising different professionals belonging to different professional and governing bodies, this policy applies to all clinical notes and psychometrics completed by any clinician within Psychology Associates. It is based on the latest British Psychological Society's Practice Guidelines 2017 and practices within the NHS.

Adults

Clinical notes, and psychometrics will be kept for 8 years after completion of the work.

Children

Clinical notes and psychometrics will be kept until they are 26 years of age, or if they continue to be seen as an adult, for 8 years after completion of the work.

All clinical notes and psychometrics will be destroyed under confidential conditions using the certified professional shredding service or deleted from the electronic database

6.5 Appendix 5 - Safeguarding Policy

This document is the **Safeguarding Children & Vulnerable Adults Policy** for Psychology Associates. All members of the practice will use this in day-to-day procedures, and those linked as associates to the practice when engaged in work via the practice. This policy also covers domestic violence, any disclosures made to a team member, and any allegations made against staff, as people in a position of trust. This document will be used and distributed by the Clinical Directors within the practice and is contained within the employee handbook, which forms part of all employees' terms of employment. Staff members are expected to regularly undertake safeguarding training whilst employed by Psychology Associates.

This is provided externally every 2 years with in house CPD groups for both clinical and business support staff each year.

Individual agencies are responsible for ensuring that their employees are competent and confident in carrying out their responsibilities for safeguarding and promoting the welfare of children and the most vulnerable adults in society.

The purpose of the practice at Psychology Associates is to offer psychological services across the lifespan. This may involve meeting with service users to complete assessment, therapy or consultation, therapeutic groups and peer support groups.

We know that a person's age, disabilities, and powerlessness can make them vulnerable to abuse. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the practice is transparent to safeguard and promote the welfare of all children, young people, and vulnerable adults.

This document is written in accordance with Working Together to Safeguard Children (2018 update), Keeping Children Safe in Education (2021) the Health and Social Care Act 2008, Safeguarding Vulnerable Groups Act 2006, Care Act 2014, The UN Convention on the Rights of the Child (UNCRC) 1989, The Children's Act 1989, and 2004 and the Care Act statutory guidance on Safeguarding in Chapter 14 and is informed by local children's safeguarding boards recommendations, and the NSPCC's safe network evaluation toolkit. (Appendix 1). This document is supported by the Whistleblowing procedure, which can also be located in the employee handbook. Psychology Associates is regulated as an adoption support agency by Ofsted. Please find the contact details for

Ofsted in Appendix 10.

We have also been mindful of the need to consider learning from others' failings, particularly with Rotherham and Child Sexual Exploitation (CSE). See the government's guidance on tackling child sexual exploitation in Appendix 2, as well as useful contacts / links on dealing with CSE locally in Appendix 3.

In addition, we place importance on the need to prevent radicalisation and terrorism in children and adolescents, and this policy is written under the guidance of the government's advice on the prevent strategy (Appendix 4). Leads for safeguarding within PA as well as all clinical staff will have undertaken training in PREVENT, and will advise and support staff and colleagues in this area. We are also aware of the possibility of criminal exploitation of children in activities such as 'county lines' (Appendix 11) and Cuckooing (Appendix 12).

Aim:

This safeguarding policy aims to assist those linked with or employed by Psychology Associates to:

- Understand risk factors and recognise children, young people and adults in need of support and/or safeguarding.
- Recognise the risks of abuse or neglect within the practice's work.
- Communicate effectively with children, young people and adults in need, remaining focused on their safety and welfare.
- Understand the processes that the practice follow should a safeguarding concern arise.
- Liaise closely with other agencies and share information appropriately.
- Where appropriate take a role, through a child/adult protection plan, in keeping a child or vulnerable adult safe.

What this policy covers:

This policy will provide you with information on the process if there is a safeguarding concern. It contains:

1. What to do if there is a safeguarding concern
2. What to do if a child or adult discloses abuse
3. Consulting about your concern
4. Making a referral
5. Seeking support
6. Allegations against adults who work with children
7. Principles of safeguarding within Psychology Associates
8. Confidentiality
9. Online working
10. Appendix*
11. References

*We have provided details within the appendices for contacting local authority safeguarding services local to our practice, as this is the area in which we do the majority of our work. We are aware however, that at times, Associates and employed staff will be working further afield. It is expected that, if there are specific safeguarding concerns with regard to work in a different geographical area, this safeguarding policy is still followed however the person contacts the relevant local authority safeguarding team when necessary.

1. What to do if there is a safeguarding concern

The increased security measures apply to sessions in Saltash and Exeter.

Immediate action to ensure safety:

Immediate action may be necessary at any stage in involvement with children and families or vulnerable adults.

- If emergency medical attention is required, this can be secured by calling an ambulance (dial 999) or taking a child/adult to the nearest Accident and Emergency Department.
- If a child is in immediate danger, the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via their powers to use Police Protection.
- If at any time you feel uneasy with a client in the Saltash office you can get immediate support:
    - Call Main Reception extension 100/200 and ask for a glass of water which will alert a member of staff/receptionist to check into the session room to see whether the clinician is ok – see Table on page 4.
    - If you have placed yourself in a lockable room as a last resort, due to immediate danger and require notifying the whole company; any user in either Saltash or Exeter can dial #30 and it will ring the corresponding group with a different ringtone and display "SAFEGUARDING". This will prompt the clinicians to stay in the rooms with their clients, alert the reception to call the police.
- If at any time it feels physically unsafe with a client, staff should exit the room as soon as possible and liaise with a senior member of staff and reception. Reception will then alert other people using the building to help maintain everyone's safety (Level 1).
    - As a last resort where you are not able to get to a senior member of staff or reception to support, press #30 on the nearest desk phone. This will alert all phone lines and display "SAFEGUARDING" on the phone screens.

- Alternative practical safeguarding and safety measures will apply in other settings so it will be important for employed and/or associate staff to familiarise themselves with the relevant processes in place for each venue they are working in

- If at any time you need to share Safeguarding concerns that need to be monitored after a session.
    - Contact your safeguarding lead for support and how best to manage the Client Risks.

If any of the actions below have been taken in relation to a safeguarding concern, they must be logged on the Safeguarding Log spreadsheet accessible on the Z drive.

- You have consulted with the safeguarding lead regarding the case
- Or/ You have shared information with outside agencies
- Or/ A decision was made in your supervision that the case should be added to the log.

This log should also be updated on the basis of further outcomes, for example following a MASH or MARU referral to reflect the outcome.

The Message

The following procedure applies to all Clinical Services including Associate related clinical sessions in both Exeter and Saltash Offices.

Location: Saltash

Risk Level	Internal	What will happen	Description of Risk	Persons Required
1a	Exit the session Immediately	For Adult Therapy/Assessments - The Clinician will exit the room and alert a staff member in the Psychology office and contact the reception to send out an all-staff email advising staff to remain in their rooms and lock the doors - The Receptionist is to call each session room with code line 'we have a red light' - this prompts them to stay with their clients until informed for safe exit [unless a fire alarm sounds] - The Clinician or staff member will contact the police immediately	Where a staff member feels that the situation is past the escalation point and they start to feel uncomfortable where they need to exit the room This will prompt staff members to be able to escape the room as quickly as possible with the help of an additional staff member.	Escalation: Clinician [additional] or Safeguarding Lead Communications: Receptionist/Admin support to contact internal staff, parent/guardian and police [if the individual is threatening or attempts or causes harm]

1b	Contact Reception by phone, keeping the child in the room	For Child [alone, under 16 years of age] therapy /Assessments [action 1a if child is with parent] - Reception to ask another Clinician or a member of staff to to support escalation immediately in the room - Reception to contact parent and ask that they attend the offices immediately explaining the situation - If child is a minor and they decide to exit the premises, clinician will contact the police	Where a staff member feels uncomfortable, is past the escalation point, and needs further support from another clinician or staff member. This will prompt staff to contact the child's guardian/parent and the police if necessary.	Escalation: Clinician [additional] or Safeguarding Lead Communications: Receptionist/Admin support to contact internal staff, parent/guardian and police [if the individual is threatening or attempts or causes harm]
2	Can you please bring me a glass of water?	The Clinician to contact the reception - Reception to contact the psychology room and ask for a Clinician to bring a glass of water to 'room'. - Reception to stay alert for further communication and alert another member of admin team in case they need reception covered	Where a staff member feels that the individual may be high risk and need a member of staff to disrupt the meeting with a glass of water to remain discrete	Escalation: Clinician [additional] or Safeguarding Lead Communications: Receptionist/Admin support to contact internal staff, parent/guardian and police [if the individual is threatening or attempts or causes harm]
3	Post Clinical Session, addressing concern to Safeguarding Lead	The member of staff to reach out to Safeguarding Lead and discuss concerns they may have after the session. - Clinician and Safeguarding lead to agree a process of communication around the concerns	Where staff member has concerns about high-risk wellbeing for the individual where they may not be able to support after the session. I.e., contacting the client's emergency contact and keeping informed of the client's wellbeing between sessions	Escalation: Safeguarding Lead Communications: Clinician and or Safeguarding Lead External: Emergency Contact and Police

Location: Exeter

This location is currently undergoing Infrastructure upgrade to ensure that all session rooms have a working phone line. In the interim, rooms Teign, Tamar and Lynher have emergency handheld buttons available for clinicians to use for Level 2 Risk measures. All level 1 Risk must be to 'Exit the session immediately'.

Each individual room has specific Alert tones, which will be heard at Reception.

Risk Level	Internal	What will happen	Description of Risk	Persons Required

1a	Exit the session Immediately	For Adult Therapy / Assessments - The Clinician will exit the room and alert a staff member and contact the reception to send out an all-staff email advising staff to remain in their rooms and lock the doors - The Receptionist is to attend to each session room with code line 'we have a red light' - this prompts them to stay with their clients until informed for safe exit [unless a fire alarm sounds] - The Clinician or staff member will contact the police immediately	Where a staff member feels that the situation is past the escalation point and they start to feel uncomfortable where they need to exit the room. This will prompt staff members to be able to escape the room as quickly as possible with the help of an additional staff member.	Escalation: Clinician [additional] or Safeguarding Lead Communications: Receptionist/Admin support to contact internal staff, parent/guardian and police [if the individual is threatening or attempts or causes harm]
1b	Contact Reception immediately , keeping the child in the room	For Child [alone, under 16 years of age] therapy or Assessments [action 1a if child is with parent] - Reception to ask another Clinician or a member of staff to to support escalation immediately in the room if possible - Reception to contact parent and ask that they attend the offices immediately explaining the situation - If child decides to exit the premises, clinician will contact the police and reception to escalate the matter to the child's guardian	Where a staff member feels uncomfortable, is past the escalation point, and needs further support from another clinician or staff member. This will prompt staff to contact the child's guardian/parent and the police if necessary.	Escalation: Clinician [additional] or Safeguarding Lead Communications: Receptionist/Admin support to contact internal staff, parent/guardian and police [if the individual is threatening or attempts or causes harm]
2	Can you please bring me a glass of water?	The Clinician to contact the reception by way of pressing the key fob located on the desk of the room. - The Reception to contact the psychology room and ask a Clinician to bring a glass of water to 'room'. - Reception to stay alert for further communication and alert another member of admin team in case they need reception covered	Where a staff member feels that the individual may be high risk and need a member of staff to disrupt the meeting with a glass of water to remain discrete	Escalation: Clinician [additional] or Safeguarding Lead Communications: Receptionist/Admin support to contact internal staff, parent/guardian and police [if the individual is threatening or attempts or causes harm]
3	Post Clinical Session, addressing concern to Safeguarding Lead	The member of staff to reach out to Safeguarding Lead and discuss concerns they may have after the session. - Clinician and Safeguarding lead to agree a process of communication around the concerns	Where staff member has concerns about high-risk wellbeing for the individual where they may not be able to support after the session. I.e., contacting the client's emergency contact and keeping informed of the client's wellbeing between sessions	Escalation: Safeguarding Lead Communications: Clinician and or Safeguarding Lead External: Emergency Contact and Police

Recognition of abuse and/or neglect:

If through our work a child or adult discloses that they are being abused, or harmed then it is our duty to follow the safeguarding procedures of Psychology Associates and the Local Safeguarding Procedures of the area within which you are working. Likewise, if you observe a child or vulnerable adult being hurt or harmed while carrying out your work, you are required to following the safeguarding procedures (See section 2.1). Within Psychology Associates, the Designated Safeguarding Officer for concerns is **Dr Cara Redmond, Registered Clinical Psychologist and Clinical Lead for Fostering and Adoption.** Contact details are given in Appendix 10.

To be clear about what constitutes abuse and neglect the following definitions are provided:

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or vulnerable adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child/vulnerable adult.

- **Emotional abuse** is the persistent emotional ill treatment of a child/vulnerable adult such as to cause severe and persistent adverse effects on their emotional development and well-being. It may involve conveying to them that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person.

  With children and vulnerable adults, **emotional abuse** may feature age or developmentally inappropriate expectations being imposed on a person. These may include interactions that are beyond the person's capabilities, as well as overprotection and limitation of exploration and learning, or preventing the person participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. This may relate to institutional abuse and it is the duty of any employee or associate with the practice to report any care settings, which are employing punitive or disempowering methods. In the first instance, this will be to the clinical lead most appropriate unless the person is deemed to be in immediate danger and then the person must take immediate action as described. It may involve serious bullying, causing the person to frequently feel; frightened or in danger, or the exploitation or corruption of children and vulnerable adults which can occur in any context. Some level of **emotional abuse** is involved in all types of ill treatment of a child or vulnerable adult though it may occur alone.

- **Sexual abuse** involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children/vulnerable adults in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging them to behave in sexually inappropriate ways.

- **Neglect** is the persistent failure to meet a person's basic physical and/or psychological needs, likely to result in the serious impairment of their health and/or development**.**

  In respect to children**, neglect** may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

It is worth noting that children may also experience abuse from another young person.

Signs and Symptoms of Abuse:

- unexplained changes in behaviour or personality
- becoming withdrawn
- seeming anxious
- becoming uncharacteristically aggressive
- lacks social skills and has few friends, if any
- poor bond or relationship with a parent
- knowledge of adult issues inappropriate for their age
- running away or going missing
- always choosing to wear clothes which cover their body

Further information on the signs and symptoms of abuse is available from the NSPCC. (Appendix 7)

As a practice, we also adhere to the Essential Standards to Safeguard Adults at risk of harm. Please see details below.

2. Essential standards to safeguard adults at risk of harm and abuse

The CQC has published under Section 23 of the Health and Social Care Act 2008 a guide to compliance called *Essential standards of quality and safety* (CQC, 2009b). It contains standards that the Commission will use to judge whether the regulatory legislation is being complied with.

One section deals in particular with safeguarding adults from abuse (although many other parts of the guide are also relevant to safeguarding). In summary, the provider is responsible for the following:

- *Prevention:* take action to identify and prevent abuse from happening in a service.
- *Appropriate response:* respond appropriately, when it is suspected that abuse has occurred or is at risk of occurring.
- *Guidance:* ensure that government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- *Restraint:* make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
- *De-escalation:* only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people
- *Diversity and safeguarding:* understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- *Protection of other people:* protect others from the negative effect of any behaviour by people who use services.
- *Deprivation of liberty:* where applicable, only use Deprivation of Liberty Safeguards (DoLS) when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005. In addition, the guidance states that, in order to safeguard people, providers need to consider effective leadership, personalised care, promotion of rights and choices
- (CQC, 2009b, Outcome 7).
- Please see the NHS guidance on spotting signs and symptoms of abuse in vulnerable adults. (Appendix 8)

2.1 What to do if a child or adult discloses abuse

A child, young person or vulnerable adult may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations, YOU MUST:

- Listen carefully to them. DO NOT directly question them.
- Give them time and attention.
- Allow them to give a spontaneous account; do not stop them if freely recalling significant events.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, their presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child/adult's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared - do not offer false confidentiality.
- Reassure them that:

  - they have done the right thing in telling you
  - they have not done anything wrong
- Tell them what you are going to do next and explain that you will need to get help to keep him/her safe.
- DO NOT ask them to repeat his or her account of events to anyone.
- Seek consultation and/or support from a clinical supervisor, clinician on the safeguarding rota or the designated safeguarding lead.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you MUST NOT discuss your concerns with parents/carers in the following circumstances, as this might place the child/adult or yourself at immediate risk:

- where sexual abuse or sexual exploitation is suspected
- where organised or multiple abuse is suspected (complex, organised or multiple abuse)
- where fabricated or induced illness (previously known as Munchausen Syndrome by proxy) is suspected
- where female genital mutilation (FGM) is the concern (See Current legislation and guidance on FGM, Appendix 9)
- in cases of suspected forced marriage

In these circumstances, contact the relevant designated person within Psychology Associates for advice (see Appendix 10).

2.2 Non-recent Abuse

Often abuse is disclosed a significant period of time after it has occurred; this could be down to many factors for example, grooming, fear of retribution or control by the abuser. Should this occur we would expect you to follow the guidelines above and contact the relevant designated person within Psychology Associates (see Appendix 10) as there may still be risk that the perpetrator has continuing access to children and vulnerable adults.

3. Consulting about your concern

Your observations of a child or vulnerable adult, or information you have received may be concerning even though the person has not spoken to you directly.

It is good practice to ask a child or vulnerable adult why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action. This will need to take into account the communication methods and abilities of the person.

If you are concerned about a child or vulnerable adult you must share your concerns. You should talk to Dr Cara Redmond, designated lead within the practice, or one of the senior clinicians on the safeguarding rota. (Please see Appendix 10 for contact details and Appendix 13 for the rota).

If the safeguarding lead or clinician on the rota is implicated in the concerns, you should initially discuss your concerns directly with the other safeguarding clinician as outlined on the rota. If these individuals are both implicated you should discuss your concerns directly with the Managing Director, Nicola Elliott, who will liaise with the Clinical Director if appropriate. If you need to speak to someone outside of the practice about concerns then contact the Safeguarding Unit for Children's Services in Cornwall or in Devon (please see Appendix 3 for contact details).

You should consult with your local Children's Social Care Duty & Investigation Team in the area where the child resides, in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when you are unable to consult promptly or at all with your designated internal contact for child protection

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Children's Social Care or the Police should progress.

4. Making a referral

A referral involves giving Children's Social Care or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Parents/carers should be informed and where possible asked for consent where appropriate if a referral is being made, except in the circumstances outlined in section 2.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Children's Social Care about how and when the parents should be approached and by whom.

- If your concern is about harm or risk of harm from a family member or someone known to the children, you should make a telephone referral to the Children's Social Care Duty & Investigation Team in the area where the child resides (see Appendix 10: Contact Telephone Numbers).

- If your concern is about harm or risk of harm from someone not known to the child or child's family, you should make a telephone referral directly to the Police and consult with the parents.
- If your concern is about harm or risk of harm from an adult in a position of trust see Section 6: Allegations against Adults Who Work with Children.
- If your concern is that a child or family need additional help or support, you should contact the appropriate Local Authority Child & Family Services Team (see Appendix 10).

For adults in need, referrals will be made in accordance with the Adults in Need Policy for the local service related to where the individual lives. In some settings, this will be a Multi-Agency Protection Team, and in others, this will be a dedicated vulnerable adult's team.

Information required when making a referral:

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the name of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g. GP, Health Visitor, and School.
- The nature of the concern and foundation for the concern.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with Parental Responsibility has been given to the referral being made.

Action to be taken following the referral:

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to the Children's Social Care Duty & Investigation Team following the referral (within 48 hours – and using the multi-agency referral form).

Accurately record the action agreed or that no further action is to be taken and the reasons for this decision, both on the database, on clinical note paper, as well as on the safeguarding log.

All members of the practice and associates who work on behalf of Psychology Associates will show full

cooperation and assistance with safeguarding enquiries. Where Associates working with us raise or share safeguarding concerns these are recorded on our safeguarding log on the z drive and on the database by our admin team and or the safeguarding lead spoken with.

5. Seeking support

Safeguarding concerns are often highly stressful by nature and with Psychology Associates, we have a clear culture of seeking support from experienced clinicians and or the safeguarding lead. The guidance also highlights the importance of talking with colleagues to check out concerns and ensure our own personal experiences and prejudices do not get in the way of acting in the best interests of vulnerable children and adults. We have a designated team of experienced clinicians who have agreed to be available to discuss any arising safeguarding issues across the working week, see rota, Appendix 13, in addition to supervisors and the Designated Safeguarding Lead. We are very aware of the personal impact of managing safeguarding concerns and will also follow up in regular supervision.

6. Allegations against adults who work with children or adults in need

If you have information, which suggests an adult, who works with children or adults in need (in a paid or unpaid capacity) 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 s/he is unsuitable to work with children or adults in need

You should speak immediately with the Designated Safeguarding Lead for Psychology Associates, Dr Cara Redmond. The DSL will consult with/make a referral to the LADO (Local Authority Designated Officer), Safeguarding Unit, Cornwall, Devon or with the relevant Local Authority.

(If this person is implicated in the concerns, you should discuss your concerns directly with one of the clinical directors and the Local Safeguarding Children Unit).

Staff are directed to the employee handbook where code of conduct expectations are outlined. Breach of these may result in disciplinary processes as described in the employee handbook policy.

7. Principles of safeguarding within Psychology Associates

Principles upon which the Safeguarding Children & Vulnerable Adults Policy is based upon:

- The welfare of a child, young person or vulnerable adult will always be paramount.
- The welfare of families will be promoted.
- All children and young people will have the same protection under this guidance regardless of age, disability, gender, racial heritage, religion and sexual identity.

- The rights, wishes and feelings of children, young people, vulnerable adults and their families will be respected and listened to.
- Keeping children and vulnerable adults safe from harm requires people who work with children to share information - see the HM Government information sharing pocket guide (Appendix 5). See also the Information Sharing: Practitioners Guide published by the Department for Education (Appendix 6).
- Those people in positions of responsibility within the organisation will work in accordance with the interests of children, young people and vulnerable adults and follow the policy outlined below. Administrative staff will be required to have comprehensive safeguarding training and the clinical staff will be required to have the highest level (beneath designated safeguarding lead), and are supported through supervision and line management to keep abreast of developments in safeguarding and have a forum to discuss any concerns. If this has not been recently completed within in previous employment then it will be provided online.
- Our safeguarding policy is easily accessible to our employees and is highlighted as part of new employee induction process. Adequate time is given to reading our safeguarding policy as part of induction and becoming familiar with what to do in the event of safeguarding concern. New employees will take a quiz to ensure they have understood our processes and sign off they have read and understood policies and procedures as part of our active induction process.
- The Designated Safeguarding Lead, Cara Redmond will aim to meet with all new employees within the first couple of weeks to answer any questions or address any concerns around safeguarding.
- Any further training needs can be identified and addressed on a regular basis through monthly supervision.
- Service users can view this policy through our Statement of Purpose.
- All members of the practice have an enhanced DBS check, which will be updated every 3 years or is renewed every year if signed up to the online service. During the recruitment process, references and qualifications are checked in accordance with safer recruitment checks and followed up verbally as appropriate.
- Safeguarding and inclusion are culturally central to our practice.
- We ensure that senior staff involved in appointing new staff are “safer recruitment” trained.
- Our Designated Safeguarding Lead is registered with CASPAR, the NSPCC current awareness newsletter for practice, policy and research to ensure as an organisation we are up to date with all the latest developments in safeguarding and child protection.

8. Confidentiality

Psychology Associates will ensure that any records made in relation to a referral should be kept confidentially and in a secure place.

Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection (Appendix 5)

If in doubt please consult Dr Cara Redmond (please see appendix for contact details).

9. Online working:

Update for safeguarding policy:

When conducting therapy and training sessions online it is important to consider any additional measures that need to be in place to ensure the safety of any children or adults in need we are working with. The following are ideas to help with safeguarding in online working. This is in addition to all the above, standard safeguarding procedures:

- Ensure all contact details are up to date on the database (GP, address, next of kin, telephone number etc.).
- Use online accounts that have been authorised by your organisation to communicate with children and young people and adults in need (never use personal accounts).
- Turn on privacy settings on accounts that are used to interact with children and young people.
- Use an organisational device to communicate with young people (unless otherwise agreed with line manager).
- Ensure all communications are relevant to the work of the organisation.
- Start and end every session with a child or young person with their parent/carer wherever possible and with consent/knowledge of child.
- It is advisable to ensure that there are others present in the home when you are conducting sessions with a young person or adult in need and/or that their parent/carer is aware that you are having a session, so that they can offer support if needed.

This policy is reviewed every six months and any changes to guidance or legislation are consistently incorporated. Time is booked into employees' diaries to review policies every 6 months subsequent to updates.

Appendix 1

NSPCC Self Evaluation Toolkit:

https://www.nspcc.org.uk/preventing-abuse/safeguarding/writing-a-safeguarding-policy/

Appendix 2

Government's guidance on dealing with sexual exploitation:
https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners

Appendix 3

Dealing with Child Sexual Exploitation

Child exploitation and online protection centre:

https://www.ceop.police.uk/

CSE Cornwall:

http://www.safechildren-cios.co.uk/health-and-social-care/children-and-family-care/cornwall-and-isles-of-scilly-safeguarding-children-board/exploitation/child-sexual-exploitation/

CSE Plymouth:

http://www.plymouth.gov.uk/sexualawarenesspscb

CSE Devon:

http://www.devonsafeguardingchildren.org/cse/

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408604/2903652_RotherhamResponse_acc2.pdf

Appendix 4

Government's advice on preventing and tackling radicalisation and terrorism in children and adolescents:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

Guidance on the government's Channel referral process to prevent radicalisation and terrorism:

http://course.ncalt.com/Channel_General_Awareness/01/index.html

Appendix 5

Information sharing pocket guide:

http://www.plymouth.gov.uk/information_sharing_pocked_guide.pdf

Appendix 6

https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

Appendix 7

NSPCC – Signs and symptoms of abuse in children:
https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/

Appendix 8

NHS guidance, and signs and symptoms of abuse in vulnerable adults:
http://www.nhs.uk/conditions/social-care-and-support-guide/pages/vulnerable-people-abuse-safeguarding.aspx

Appendix 9

Guidance on FGM:

https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/legislation-policy-and-guidance/

Working with Female Genital Mutilation

https://www.gov.uk/female-genital-mutilation-help-advice

Appendix 10: Useful contact details

Dr Cara Redmond, Designated Safeguarding Officer
Psychology Associates Ltd

15 Barnfield Road
Exeter
EX1 1RR
T: 0300 303 5233
E: Cara.Redmond@psychologyassociates.org.uk

Dr Karen Kershaw, Clinical Director
Psychology Associates Ltd
41-43 Lower Fore Street
Saltash
Cornwall
PL12 6JQ
T: 0300 303 5233
E: Karen.Kershaw@psychologyassociates.org.uk

Dr Sue Candy, Clinical Director and Ofsted responsible person for Safeguarding
Psychology Associates Ltd
41-43 Lower Fore Street
Saltash
Cornwall
PL12 6JQ
T: 0300 303 5233
E: Sue@psychologyassociates.org.uk

Nicky Elliott, MD
Psychology Associates Ltd
41-43 Lower Fore Street
Saltash
Cornwall
PL12 6JQ
T: 0300 303 5233
E: Nicola.elliott@psychologyassociates.org.uk

Cornwall and Isles of Scilly Local Safeguarding Children Board
Cornwall Safeguarding Children Unit
3rd Floor West Wing
New County Hall

Treyew Road
Truro
TR1 3AY
Tel: 01872 327225
Single Referral Unit - 0300 1231 116
Out of Hours Service - 0300 123 4100

Plymouth Safeguarding Children's Board
Plymouth City Council
Plymouth Civic Centre
01752 308600
Out of hours service: 01752 346984
http://www.plymouth.gov.uk/homepage/socialcareandhealth/childrenssocialcare/localsafeguardingchildrenboard.htm

Devon Safeguarding Children's Board
0345 155 1071
Out of hours – 0845 6000 388

Ofsted
Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD.
T: 0300 123 1231

Police 101

Local Authority Designated Officers:

Cornwall:
01872 326536
Justine Hosking and Annabelle Timmins

Plymouth:
Contact via children's social care on 01752 307144, or email: LADO@plymouth.gov.uk
LADO enquiries and/or concerns will be managed by colleagues in the Safeguarding & Quality Assurance Team within Children's Social Care (01752 306340). For advice and guidance 'out of normal office hours' (9am to 5pm Monday to Friday) please contact the Plymouth Out of Hours Service on 01752 346984.

Devon:

LADO helpline: 01392 386013. OR email: ladosecure-mailbox@devon.gcsx.gov.uk.

M.A.S.H

(Devon Multi-Agency Safeguarding Hub):- 0345 155 1071 or email mashsecure@devon.gcsx.gov.uk

MARU Cornwall

(Multi-agency Referral Unit): 0300 1231 116

multiagencyreferralunit@cornwall.gov.uk

South West child protection procedures:

http://www.proceduresonline.com/swcpp/

Appendix 11: County lines violence exploitation and drug supply

County lines is the term used to describe urban gangs using dedicated mobile phone lines to supply illegal drugs to other parts of the UK. There has been a large increase in recent years of urban gangs supplying drugs to rural areas using these methods. To accomplish this, the criminal gangs are using and exploiting children and vulnerable adults to store, sell and transport drugs and money, whilst they remain in the city. According to the National Crime Agency, the transportation and use of weapons such as knives and guns may also be involved.

County Lines involvement and exploitation indicators in young people:

- A child or young person going missing from school or home or significant changes in emotional well-being
- A person meeting unfamiliar adults or a change to their behaviour
- The use of drugs and alcohol
- Acquiring money or expensive gifts they can't account for
- Lone children from outside of the area
- Individuals with multiple mobile phones or tablets or 'SIM cards'
- Young people with more money, expensive clothing, or accessories than they can account for
- Unknown or suspicious looking characters coming and going from a neighbour's house
- Relationships with controlling or older individuals or associated with gangs
- Suspicion of self-harm, physical assault or unexplained injuries

http://www.nationalcrimeagency.gov.uk/publications/832-county-lines-violence-exploitation-and-drug-supply-2017/file

Appendix 12

Cuckooing is a core feature of county lines, as this is where the gangs take over the use of someone's home in order to run operations locally. They will often target vulnerable adults who are in financial difficulties, have mental health problems or learning difficulties, are drug users themselves, or sex workers.

The gangs will use a combination of coercion, addiction, grooming and violence to exploit people for their benefit.

Signs that Cuckooing may be going on in a property:

- An increase in people entering and leaving
- An increase in cars or bikes outside
- Possible increase in anti-social behaviour
- Increasing litter outside
- Signs of drugs use
- Lack of healthcare visitors
- A neighbour who has not been seen for a while

Appendix 13: Safeguarding Rota:

For most up to date rota see the z drive or contact reception. Safeguarding clinicians will also have this clearly indicated in their outlook calendars.

Contact details:

Dr Karen Kershaw
T: 0300 303 5233
Karen.Kershaw@psychologyassociates.org.uk

Dr Cara Redmond
T: 0300 303 5233
Cara.Redmond@psychologyassociates.org.uk

Dr Eny Ekebuisi
T: 0300 303 5233
Eny.Ekebuisi@psychologyassociates.org.uk

Dr Katy Rees
T: 0300 303 5233

Katy.Rees@psychologyassociates.org.uk

Dr Emma Corrigan
T: 0300 303 5233
Emma.Corrigan@psychologyassociates.org.uk

Dr Rhianne Hanbury
T: 0300 303 5233
Rhianne.Hanbury@psychologyassociates.org.uk

References

This document is informed by the following legislation and guidance:

Children Act 1989
Children Act 2004
Care Act 2014
Equality Act 2010
GDPR and Data Protection Act 2018
Human Rights Act 1989
Safeguarding Vulnerable Groups Act 2006
Working Together to Safeguard Children 2018
Keeping Children Safe in Education 2021
The UN Convention on the Rights of the Child (UNCRC) 1989

6.6. Appendix 6 - Equal opportunities and diversity policy

Aim

Psychology Associates is committed to creating a working environment that is free from discrimination, bullying, harassment and victimisation. The aim of this policy is to provide all employees of Psychology Associates with further information regarding their responsibilities within the Equality Act 2010.

What this policy covers

This policy will detail the steps that Psychology Associates takes to ensure that all employees comply with legislation. It informs all employees of their responsibilities, the training that all employees can expect to receive and how we as a company monitor this policy is effective. It will also detail how to make a complaint if required.

Employee entitlements and responsibilities

Unlawful discrimination of any kind in the working environment will not be tolerated and Psychology Associates will take all necessary action to prevent its occurrence.

Specifically, Psychology Associates aims to ensure that no employee or job applicant is subject to unlawful discrimination, either directly or indirectly, on the grounds of gender, race (including colour, nationality and ethnic origin), disability, sexual orientation, marital status, part-time status, age, religion or belief. This commitment applies to all aspects of employment, including:

- recruitment and selection, including advertisements, job descriptions, interview and selection procedures (further information can be found within our recruitment and selection policy)
- training
- promotion and career-development opportunities
- terms and conditions of employment,
- grievance handling and the application of disciplinary procedures
- selection for redundancy

Equal opportunities practice is developing constantly as social attitudes and legislation change. Psychology Associates will review all policies and implement necessary changes where these could improve equality of opportunity.

Training of our employees

All employees are required to read this policy at the commencement of their employment. This policy forms part of all our employee's contracts of employment therefore all staff sign to say that they have read, understood and will adhere to the procedures described herein. All employees involved in management or any aspect of recruitment will also undertake external training.

Monitoring

The effectiveness of this policy will be monitored by Jackie Florida, Office and Communications Manager, on an annual basis or sooner if required. Further, Psychology Associates requires all new employees to complete the Equality Monitoring form which will also be reviewed annually.

Complaints of discrimination

Psychology Associates will treat seriously all complaints of discrimination made by employees, clients, customers, suppliers, contractors or other third parties and will take action where appropriate.

If you believe that you have been discriminated against, you are encouraged to raise the matter as soon as possible with your manager or other senior employee using Psychology Associates' Grievance Procedure (which can also be found in the Employee Handbook).

Allegations regarding potential breaches of this policy will be treated in confidence and investigated thoroughly. If you make an allegation of discrimination, Psychology Associates is committed to ensuring that you are protected from victimisation, harassment or less favourable treatment. Any such incidents will be dealt with under Psychology Associates' Disciplinary Procedures.

Investigating accusations of unlawful discrimination

If you are accused of unlawful discrimination, Psychology Associates will investigate the matter fully.

During the course of the investigation, you will be given the opportunity to respond to the allegation and provide an explanation of your actions.

If the investigation concludes that the claim is false or malicious, the complainant may be subject to disciplinary action.

If the investigation concludes that your actions amount to unlawful discrimination, you will be subject to disciplinary action, up to and including dismissal without notice for gross misconduct.

6.7. Appendix 7 - Complaints policy

Aim

The aim of this policy is to provide any individual who comes into contact with Psychology Associates information regarding the process in place for receiving feedback on the services that we provide. Psychology Associates believes it vital to operate in an open and accountable way in order to build trust and therefore gladly welcomes all types of feedback, including negative. We will endeavour to resolve all complaints informally so that a resolution can be sought as quickly as possible. Psychology Associates priority is to provide a high-quality service to all our clients and customers.

What this policy covers

This policy sets out the process that a complaint will go through from its inception to its satisfactory resolution agreed upon by Psychology Associates and the complainant. This includes how a complaint is made, the process for differing types of complaints and what can be expected from us as a result of the complaint. Despite the set route that such comments take when received by Psychology Associates we must stress that any judgement is made on a case by case basis by the appropriate individuals to ensure that the most relevant action is taken. This policy will also detail the timeframe that complainants can expect Psychology Associates to adhere to and the likely person who will be handling their complaint.

The purpose of the complaints procedure

Initially the purpose of formally processing complaints is to be able to determine the cause of the complaint. This can then lead us to assess why this complaint came to be and if relevant improve processes to prevent reoccurrence. There are two desired results of the complaints procedure

1) Initially to ensure that the complainant is fully satisfied with our proposed resolution.

2) To enable Psychology Associates to look at the circumstances surrounding the complaint to assist us in avoiding the issue occurring again in the future. By analysing the complaint we believe we can provide a better quality service to clients.

Making a complaint

We encourage individuals who wish to make a complaint to ring Psychology Associates directly on 0300 303 5233; Psychology Associates always aims to provide an immediate response and by calling us we may do so without delay. The more information provided the quicker Psychology Associates will be able to provide a satisfactory response.

Our responsibility when dealing with complaints

Psychology Associates has a responsibility to deal with all complaints impartially and in a confidential manner, with names only being revealed in instances where information is required for any arising legal action. Psychology Associates will immediately assign an investigating officer who will be the point of contact for the complainant. With regards to our work as an adoption support agency, should the complaint concern the registered manager or registered individual the complaint will be handled by a Clinical Director and reviewed by other senior staff to whom the complaint does not concern. Psychology Associates are regulated as an adoption support agency by Ofsted. Ofsted can be contacted on 0300 123 1231 or at Piccadilly Gate, Store Street, Manchester, M1 2WD.

The person who is the subject of the complaint will not take part in the consideration unless the investigating officer deems it appropriate and at the informal resolution stage only. In the case of a minor we understand that the complaint may be made by a person acting on behalf of that person.

Although we try to resolve any complaint immediately and informally, if required, a formal response will be sent within 2 working days to the individual who has lodged the complaint, either summarising our findings and explaining what Psychology Associates thinks is a fair solution to the complaint, or in more serious cases informing the complainant of the current status of the process and when they should next expect to hear from us. Some complaints may require the involvement of several senior members of staff and discussion at Psychology Associates monthly board meeting, however no matter how long the wait Psychology Associates will fulfil its duty in keeping all parties informed of any progress. Psychology Associates will, so far as reasonably practicable, provide an outcome of the complaint within 28 days from the date the complaint was received. We will also report on any action that will be undertaken. If we are unable to do this within the 28 days we will ensure that the complainant is kept informed of progress and reason for the delay.

Psychology Associates will keep a written record of any complaints including the details of the investigation the outcome and any action taken in consequence. This will be retained for at least three years from the date that the complaint is made.

Psychology Associates take the decision as to whether or not any concerns over a clinician's fitness to practice have been raised. If this is the case it is our duty to report our findings to the HCPC and cooperate with any further investigations that they may wish to conduct.

Once Psychology Associates has provided the complainant with what they deem to be an acceptable response we are more than willing to communicate further on the matter if required. No person is subject to any reprisal for making a complaint.

6.8 Appendix 8 - Compliments policy

Aim

The aim of this policy is to enable any individual or party who come into contact with Psychology Associates to provide us with positive feedback about a service they have used or a staff member they may have encountered whilst conducting their business with us. Psychology Associates aims to use compliments to share good practice among the Company and encourage staff to continue to provide excellent services.

What this policy covers

This policy covers all compliments provided to Psychology Associates r.e. work that we or our associates have done. We see a compliment as an expression of satisfaction with the service that we have provided. A compliment may be made about an individual, a team or the organisation as a whole and may be made by both those external and internal to the company.

The purpose of the compliments procedure

The purpose of this Compliments Policy is to ensure that compliments received from customers, service users, staff and other external bodies are properly recorded, acknowledged and communicated to the individuals who are the subject. Compliments will be regularly analysed so that areas for improvement and potential good practice can be identified and used to promote a higher quality of performance.

Making a compliment

Psychology Associates warmly accepts both written and verbal compliments that individuals may wish to submit. All that we ask is that the individual provides some key information so that we may log the compliment formally. Information we ask for:

1) A name (although the compliment provider may remain anonymous)
2) The work or psychology Associates staff member it is regarding
3) Brief details of the compliment.

Once this information is submitted we may go through our formal compliments process (see appendix below)

Our responsibility when dealing with compliments

Any compliments will be passed on to the relevant member of staff within 3 working days by their line manager. Once the compliment has been dealt with and relevant parties informed Psychology Associates will record it for future reference, with the information being used for example during staff members appraisals or in the wider context any company performance monitoring reports.

7. 1 Appendix 9 - Health and safety policy

The Psychology Associates health and safety policy is a lengthy document, which is available to view separately to the statement of purpose to anyone who wishes to do so.

To receive a copy of the document, please contact our offices.

7.2 Appendix 10 - Ofsted report 2023

Ofsted
raising standards
improving lives

Psychology Associates

Psychology Associates Limited

Psychology Associates Ltd, 41-43 Lower Fore Street, Saltash, Cornwall PL12 6JQ

Inspected under the social care common inspection framework

Information about this adoption support agency

This agency provides specialised therapeutic interventions for adoptive families. The agency employs clinicians who are employed in-house, plus self-employed associate therapists who are based nationally.

The agency provides adoption support as part of a wide range of therapeutic consultation and training services. In the last 12 months, the agency has provided 59 adoption support packages for individuals and families.

The manager has submitted her application to become the registered manager of this service.

Inspection dates: 6 to 8 February 2023

Overall experience and progress of service users, taking into account	**outstanding**
How well children, young people and adults are helped and protected	good
The effectiveness of leaders and managers	good

The adoption support agency provides highly effective services that consistently exceed the standards of good. The actions of the adoption support agency contribute to significantly improved outcomes and positive experiences for service users.

Date of last inspection: 5 March 2019

Overall judgement at last inspection: Outstanding

Enforcement action since last inspection: none

Inspection judgement

Overall experiences and progress of service users: outstanding

The agency is committed to and succeeds at improving the lives of adopted children and their families. It provides high-quality and effective therapeutic services. The agency uses a range of therapeutic interventions and support that are evidence based. Outcomes are measured for effectiveness. A strength of the agency is the specialist understanding of the needs of adopted children and adults, and how best to therapeutically meet these needs to prevent family breakdown and achieve positive outcomes for individuals.

Referrals are promptly responded to by the agency. Families report they value the warm welcome that they received, and how the therapists put them at ease and build trusting relationships with them. Family relationships are strengthened through effective and timely therapeutic interventions.

The agency is recognised and valued by a range of professionals such as the police, education, and social care. The agency is also consulted by government agencies for their very specialist knowledge and understanding of the needs of adopted children and families.

Innovative research work is undertaken. For example, the agency is currently at the forefront of research work to understand how best to comprehensively assess and meet the needs of children who may have foetal alcohol syndrome. Research is also taking place to understand how trauma affects the developing neural pathways of children. The agency has set up an innovative 'sensory gym' so that children can develop and experience their sense of safety. Sessions also support children to improve their balance, body awareness and fine motor skills.

The agency understands the importance of educational achievement. It works effectively with schools in the area, to support teaching staff to understand the educational and emotional needs of adopted children. Leaders and managers have effectively sourced financial support for a project that provides education and training for teachers. Adopted children and their families are supported effectively by their therapists at educational psychology planning meetings and through support in accessing 'pupil premium plus' funding. Therapists also support applications to the adoption support fund.

The agency succeeds in ensuring that each child receives the most effective therapeutic intervention to meet their needs. A multi-disciplinary assessment process has been created. A team of therapists, a speech and language therapist, paediatrician and occupational therapists undertake an initial assessment that
comprehensively assesses a child's therapeutic needs to determine which therapeutic intervention will be most effective. A trauma-informed and trauma- recovery model is also being implemented, as it is recognised by the agency that all who have experienced adoption have some degree of trauma.

A group for adopted young people has been created so that they can share their experiences and obtain peer support. The agency gathers regular feedback from children and families. Young people are invited to be part of the agency's recruitment process and their views inform agency learning and practice.

Feedback from professionals, children and families is entirely positive. Families report that the agency is 'professional, caring, efficient and effective'.

How well children, young people and adults are helped and protected: good

The staff and all therapists benefit from receiving regular safeguarding training and confidently follow the agency's safeguarding policy and procedures. They are vigilant and promptly report any concerns to the relevant safeguarding professionals. Any safeguarding concerns or incidents are promptly logged in the central safeguarding record and acted on when necessary.

Children and adults know how to raise a complaint, but this rarely happens. Any concerns or complaints received by the agency are thoroughly investigated and the outcome is clearly communicated to the complainant. The agency benefits from a clear and comprehensive complaints procedure, details of which are made available to children and their families at the start of their therapy.

Therapists comprehensively record any identified risks that arise during therapy sessions and incorporate these in therapy plans, which contain detailed risk management strategies. These are used, for example, to offer parents practical strategies to use at home to support their child.

Health and safety is well managed at the agency. Fire prevention equipment is easy to access, staff are trained, and all necessary checks of electrical equipment take place. Confidential records are securely stored electronically.

The effectiveness of leaders and managers: good

The previous registered manager left the agency in March 2021. A manager was then appointed, but left the agency prior to registration. A second manager has been appointed and has submitted her application to Ofsted for registration. Following some delay, an application has now been accepted and is being processed. This delay has not had a negative impact on the effectiveness of leadership and management of the agency.

Leaders and managers provide strong and inspirational leadership. They have an ambitious and creative vision and create a culture of high aspiration and positivity. Their passion and creativity filters down to all staff, who report that they are well led and supported.

The agency succeeds in offering a wide a wide range of specialist training, both nationally and internationally, to share its knowledge and expertise. This includes training in Theraplay, Systematic Family Therapy an Eye Movement Desensitisation (EMDR).

The staff and therapists are regularly supervised and supported by leaders and managers to ensure that they have the skills and knowledge they need. They have access to a range of training that ensures that their professional accreditation is kept up to date. For example, they have undertaken specialist DDP training, therapeutic parenting training and life-story work. The well-being and nurturing of staff is a priority for the agency, to ensure that the staff, in turn, can undertake effective support and therapeutic interventions.

The effectiveness of the agency is closely monitored by leaders and managers. Progress and outcomes for children and families are closely and regularly evaluated and data is produced to evaluate outcomes. Leaders and managers are aware of the agency's strengths and areas for development. There is a comprehensive strategic development plan in place that details how the agency plans to develop in the next 12 months.

The agency employs permanent staff in both of its offices in the area and employs associate therapists who are based nationally. This arrangement is well managed by the agency, which uses robust quality monitoring systems to ensure that the associates are providing a good-quality and effective service.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children, young people and adults, using the social care common inspection framework.

This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the adoption support agency, how it meets the core functions as set out in legislation, and to consider how well it complies with the Adoption Support Agencies (England) and Adoption Agencies (Miscellaneous Amendments) Regulations 2005 and the national minimum standards.

Adoption support agency details

Unique reference number: SC462558

Registered provider: Psychology Associates Limited

Registered provider address: 41-43 Lower Fore Street, Saltash Cornwall PL12 6JQ

Responsible individual: Susan Candy

Registered manager: Post vacant

Telephone number: 08450267260

Email address: enquiry@psychologyassociates.org.uk

Inspector

Tina Maddison, Social Care Inspector

7.3. Appendix 11 - Referral Form

Adoption and Fostering Referral Form

Name of Child/Young Person: D.O.B: Name of Parent/Carer: Home Address: Contact Number: Is the young person aware of this referral?	
Referrer's name: Contact details:	
Person with Parental responsibility:	
Social Worker: Social Worker's contact details:	
Name of GP: **GP Address:**	

Name and contact details of key person in education setting:	
Any other professionals involved? If so, what is their involvement?	
Current Family situation (i.e., who the child is living with at this time)	
Reason for referral:	
Desired outcomes:	
Brief history of the child's journey into care/adoption:	

Previous training courses/therapy parents have attended	
Any risk issues (to themselves or others)?	