CHERRY BLOSSOM THERAPY

Safeguarding policy and procedure

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This procedure tells Cherry Blossom Therapy how to identify, respond to, record and follow up concerns about clients aged 4 to 24 and other people who may be at risk. It covers work in Northamptonshire, Leicestershire and Rutland, including clinic, school, community, home and online settings where offered. In immediate danger call 999. Do not wait for supervision, consent, an online form or a complaint investigation before taking urgent protective action.

1 Responsibility and scope

Cherry Blossom Consulting Ltd is responsible for governance of the service. Sarah Musselwhite is the treating practitioner and designated safeguarding lead. In a sole practitioner service the lead must still seek independent advice when needed, recognise conflicts of interest and cooperate with statutory enquiries. Clinical supervision supports decisions but does not authorise, replace or delay a referral.

A clinical executor has been appointed under the clinical will to support continuity in the event of sudden practitioner incapacity or death. The company must maintain an agreed written clinical will and a secure route for essential records and continuity, including planned absence cover where needed. Clients may report concerns directly to statutory services and professional bodies. An allegation about Sarah must not depend on her investigating herself or approving a referral.

For this procedure a child is anyone under 18. Young adults aged 18 to 24 have adult rights, including where living with parents, in education or receiving care leaver support. Adult safeguarding duties under Care Act section 42 concern a person who has care and support needs, is experiencing or at risk of abuse or neglect, and because of those needs cannot protect themselves from that risk. A diagnosis or receipt of therapy alone does not establish this threshold. Other risks still require appropriate support and lawful protective action.

2 Legal and professional framework

Apply the Children Acts 1989 and 2004, Working Together to Safeguard Children 2026, the Care Act 2014 and statutory guidance, Mental Capacity Act 2005, Equality Act 2010, Sexual Offences Act 2003, relevant domestic abuse, forced marriage, FGM and modern slavery law, UK GDPR and Data Protection Act 2018 as amended. Use current local thresholds and multi-agency procedures. PTUK and BACP Ethical Framework 2026 requirements support practice but are distinct from statutory duties.

Keeping Children Safe in Education 2026 applies to schools and colleges. When working there, agree the setting's reporting and allegation arrangements, read the relevant guidance and use the setting's DSL route as well as any direct statutory referral required. Do not assume every school duty applies to an independent clinic. Similarly, the statutory Prevent duty applies to specified authorities; this company must not claim to be a specified authority solely because it provides therapy. Respond proportionately to radicalisation concerns and meet applicable contractual responsibilities.

The Crime and Policing Act 2026 received Royal Assent on 29 April 2026. Relevant provisions have different commencement arrangements. The government's 6 November 2026 answer anticipates the mandatory reporting duty in 2027. The mandatory reporting duty is addressed in section 13 for application when the relevant provisions commence. Existing safeguarding procedures apply now. The safeguarding lead monitors commencement regulations and statutory guidance, records the provisions and dates applicable to the service, and updates practice before the duty takes effect.

3 Recognising harm without investigating

Consider physical, emotional and sexual abuse, neglect, domestic abuse and coercive control, exploitation, trafficking, financial and discriminatory abuse, organisational abuse and self neglect. Risks can arise in families, institutions, peer relationships, communities and online, including grooming, criminal exploitation, sexual image abuse and threats to share images. Children experiencing domestic abuse may themselves be victims. Consider harm linked to racism, faith targeted abuse and other discrimination.

Self harm, suicidal distress, eating problems, missing episodes or changes in presentation may indicate urgent support needs or wider harm. Consider cumulative neglect and patterns, not only isolated incidents. Be alert to child on child harm, sexual violence, harmful sexual behaviour and unsafe power differences. Meet the needs of both an affected child and a child alleged to have harmed someone without minimising the harm or treating it as ordinary conflict.

Use accessible, trauma informed communication and consider disability, neurodivergence, communication differences, culture and barriers to disclosure. Behaviour, play themes or drawings may indicate concern but are not proof of a particular offence. Do not use play interpretation to make forensic findings or ask a child to demonstrate abuse. Record observation separately from interpretation.

4 The immediate response

1. Make the situation safe. Assess current danger, urgent injury or illness, access to an alleged perpetrator, risks to other children and safe return home. Call 999 where necessary and provide the location and essential information. Follow emergency advice. Do not leave a child or person in immediate danger without a safe handover, while also protecting the practitioner from harm.

2. Listen calmly and take the person seriously. Use their preferred communication method. Explain that information may need to be shared with people who can help. Do not promise secrecy, investigate, test credibility, ask leading questions, confront an alleged perpetrator or arrange mediation. Ask only enough open questions to understand immediate safety and referral needs.

3. Record promptly, during the same working day wherever possible. Include date, time, setting, who was present, the person’s own words, relevant observations and what was done. Record uncertainty honestly. Preserve relevant messages or other evidence safely; do not request, copy, forward or store suspected illegal child sexual images. Seek police advice on preserving devices or material without further viewing or circulation.

4. Decide the next route using the child or adult steps below. Seek duty team advice if uncertain. A lack of proof or a complete history is not a reason to delay a reasonable concern. Record the decision, legal and confidentiality justification, advice, recipient, reference number and follow up deadline.

5 Children under 18

Where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm, refer immediately to children’s social care and police where appropriate. For urgent concerns phone the duty team; follow with the required written referral securely. A school referral or existing social worker involvement does not remove the therapist’s responsibility to ensure the concern is received and acted on.

Where needs require support but do not indicate significant harm, use current local thresholds for family help, section 17 support or other services and agree appropriate involvement with the family and child. If a family declines help, review risk and the effect on the child; do not treat refusal as either automatic proof of abuse or a barrier to a necessary child protection referral.

Explain proposed sharing and seek cooperation where safe. Consent is not required for a necessary, lawful child protection referral. Do not inform a parent or carer first if this could increase risk, enable evidence

destruction, facilitate flight, or prejudice an investigation; seek social care or police advice. The child's wishes remain central and must be recorded even where protective action proceeds without agreement.

6 Adults aged 18 to 24

Ask what the adult wants to happen and support their participation. Consider the three Care Act section 42 criteria, current local thresholds and any risk to children or other adults. Refer to adult social care where appropriate and contact police or emergency health services where necessary. An adult outside section 42 may still need health, domestic abuse, housing or other support.

Presume capacity and support decision making. Assess capacity for the specific decision at the relevant time only where there is reason to doubt it; consider understanding, retaining, using or weighing information and communicating a choice. Do not equate an unwise decision or disagreement with incapacity. For a person lacking capacity, document the assessment, best interests decision, least restrictive approach, consultation and any valid attorney, deputy or court authority.

Seek the adult's informed agreement to a referral where practicable. If an adult with capacity refuses, consider whether there is a legal duty or a necessary and proportionate public interest justification, such as serious risks to others, coercion or a serious threat to life. Record reasons for sharing or not sharing and seek independent advice where needed. Neither a parent's permission nor a general statement that safeguarding overrides confidentiality is enough.

7 Choosing the area and coordinating referrals

Establish the person's home address, current location, age, placing authority if relevant and where the alleged harm occurred. Normally start with children's social care for the child's home area, or adult social care where the adult is located or the abuse occurred, following cross-boundary procedures. Notify a placing or home authority where relevant and agree who coordinates. In urgent uncertainty contact the duty team for the current location or police; do not delay while agencies resolve responsibility.

Northamptonshire children's referrals cover both North and West Northamptonshire through Children's Trust MASH. Adult referrals have separate North and West council routes. Leicestershire County and Leicester City are separate authorities; verify the postcode and do not send a city referral to the county by assumption. Rutland has its own child and adult routes. For online work confirm the client's actual location at each session and use local emergency services accordingly.

For the new statutory child sexual abuse reporting duty, section 86 defines the permitted authority or police force: generally the relevant child's believed residence, or the police area of a person believed involved; if unknown or outside England and Wales use the statutory fallback. If no relevant child is believed to live in England or Wales, the section 85 notification must be to police. Do not substitute a general administrative cross-boundary rule for those statutory requirements once the duty applies.

8 Northamptonshire contacts

Children in North or West Northamptonshire: Children's Trust MASH 0300 126 7000. The current Children's Trust page also directs urgent out of hours calls to 0300 126 7000. Use its professional referral form and threshold guidance; the form may be branded West Northants but accepts both areas. Phone urgent concerns and send the written follow up requested. Source: Northamptonshire Children's Trust reporting route listed below.

Adults in North Northamptonshire: 0300 126 3000 and the council's professional adult safeguarding form. The Safeguarding Adults Board lists emergency duty outside office hours as 01604 626938. Adults in West Northamptonshire: 0300 126 7000, including out of hours, and the council adult safeguarding form. Use the live council instructions if routes change.

Allegations about an adult working with children: use the Northamptonshire Designated Officer consultation and referral route linked from the current allegations procedure. This is separate from a MASH child referral; both may be needed. Do not use an old saved LADO form. If the live link cannot be reached, contact MASH immediately for the current designated officer route and log the attempt; urgent protection must continue.

9 Leicestershire contacts

Children in Leicestershire County: First Response Children's Duty 0116 305 0005, a 24 hour line. Phone concerns needing a same day response. Professionals use the current Multi Agency Referral Form linked on the council reporting page for the written referral and family help requests.

Adults in Leicestershire County: Adult Social Care 0116 305 0004, Monday to Thursday 8.30 am to 5 pm and Friday 8.30 am to 4.30 pm. The current council page gives Emergency Duty 0116 305 0888 outside those hours. Use the live council referral route and check for any changes when making a referral.

Allegations about someone working with children: submit the Leicestershire council Report to LADO form within one working day where the threshold is met. Do not wait to collect evidence. For follow up after a referral, the council lists cfs-lado@leics.gov.uk. For immediate child protection use First Response or police as well; the LADO process is not an emergency response service.

Leicester City is distinct. Its published child and adult safeguarding number is 0116 454 1004, 24 hours. Use the city's own allegation route where the work falls within the city's LADO arrangements. This additional route prevents county and city confusion; it does not combine their services.

10 Rutland contacts

Children in Rutland: Children's Duty 01572 758407 in normal office hours; childrensreferrals@rutland.gov.uk is the published contact email. For urgent out of hours child concerns use 0116 305 0005. Use the current professional referral instructions and a secure route for sensitive material; urgent concerns must be phoned rather than left awaiting an email response.

Adults in Rutland: 01572 758341, which the current council reporting page states is available day or night. Professionals should use the professional safeguarding concern form linked there. Do not substitute a child duty number for an adult referral.

Rutland LADO: 01572 758454 or lado@rutland.gov.uk. Contact promptly and within one working day as the practice standard for allegations meeting the threshold. Urgent danger or child protection concerns go to emergency services or Children's Duty as well.

11 Following up and challenging decisions

Obtain confirmation of receipt, the person spoken to, referral reference and expected response. For child referrals check the outcome with social care if no response within one working day, sooner if risk requires. For adults agree an acknowledgement and action timescale with the receiving team and chase promptly if absent. Continue support within competence and review immediate safety while a response is awaited.

If a referral is declined or action appears insufficient, record the reasons and respectfully challenge through the duty manager and current local professional disagreement or escalation procedure. Share new information and escalate again if risk persists. Re-refer or contact police or emergency services if danger increases. Do not assume a referral has resolved the concern or close it simply because another agency is involved.

12 Allegations about the practitioner or others

An allegation meets the child workforce route where a person may have harmed a child, committed an offence against or related to a child, behaved towards children in a way suggesting a risk of harm, or behaved in a way indicating unsuitability to work with children, including relevant conduct outside work. Contact the LADO or designated officer for the area where the person works and agree cross-boundary coordination if necessary. Referral to children's social care or police may be required at the same time.

For an allegation about Sarah, the client, parent, school, commissioner or another professional can go directly to the designated officer, social care, police, PTUK or BACP without using the company complaints process first. Sarah records and refers concerns about her own practice, preserves records and seeks insurer advice, but must not conduct a fact finding investigation that could prejudice statutory enquiries. Agree whether and how the subject of an allegation is informed with the lead agency. Assess immediate risks, including whether sessions should pause and what alternative support is needed.

For adults, use adult safeguarding and the local position of trust procedure where relevant, including possible risks to other clients. Consider professional body, insurer, commissioner and DBS referral responsibilities according to their actual rules and the company's legal role. Do not assume the company can itself resolve suitability concerns through supervision. Record lower level boundary concerns and seek advice about patterns or escalation rather than dismissing them as too minor.

13 Activating the statutory reporting duty

This section prepares for Crime and Policing Act 2026 Part 5 Chapter 2. It must be reconciled with the law and guidance in force when activated. Sarah must record whether her actual work is relevant activity under section 85 and Schedule 12, including regulated activity relating to children. Work in children's therapy is likely to be relevant but this must be assessed against the statutory definition, not inferred from professional membership.

Under the enacted section 87 the triggers are witnessing offence conduct; a child's communication giving the required reason to suspect; an alleged perpetrator's communication giving that reason; viewing an image or hearing a recording of offence conduct; or seeing an image whose possession may itself be an offence. The reasonable practitioner test applies as specified. Indicators alone or a third party's report may require ordinary safeguarding action even if they do not engage one of these statutory triggers. An adult survivor's disclosure is not automatically the same trigger as a child's disclosure; assess current risks and the actual statutory cases.

When applicable, make the notification to a relevant local authority or police as soon as practicable, identifying people involved so far as known and explaining the concern. Notify police if the statutory overseas rule requires it. Keep confirmation. Informing a supervisor, school DSL, parent, GP or professional body alone does not meet this duty. Do not assume someone else has reported: section 85 contains specific provisions for another person reporting and for becoming aware a notification has already been made, which must be checked and evidenced.

Sections 88 to 91 contain specific exceptions, including defined consensual activities between children, certain arranging or facilitating offences involving a child, certain disclosures by children, and services specified by regulation. Do not assume therapy is exempt or that every apparently consensual adolescent relationship qualifies. Record the exact exception and each required condition, seek specialist advice where uncertain and still apply safeguarding procedures. Under section 88, the age, offence, freedom and capacity to consent, image consent where relevant, and appropriateness and risk conditions all matter.

The enacted Act also contains limited provisions concerning risk to a relevant child's life or safety and another person's proposed notification within an initial seven day period. These are not a routine seven day reporting allowance. Do not delay for supervision or administrative convenience. Seek urgent statutory and

legal advice, document any precise provision relied on, monitor the deadline and take immediate protective action.

No one may prevent or deter a required notification. Section 92 creates an offence concerning such interference; failure to report also has potential professional and barring implications under the Act. Do not describe a failure to report itself as the same criminal offence. Before activation, update client confidentiality explanations, training, referral records and provider arrangements. Apply all existing duties without waiting for activation.

14 Specific concerns and professional limits

For suspected FGM, forced marriage or honour based abuse do not contact family members or use family mediation if this could increase risk. The FGM mandatory reporting duty for specified regulated health and social care professionals and teachers has its own scope; verify whether the practitioner falls within it. Regardless of that status, a child at risk needs safeguarding action. For exploitation and radicalisation, focus on evidence and safety, not stereotypes, and use the appropriate specialist and statutory routes.

For non recent abuse consider whether a child or other person remains at risk, the survivor's wishes, confidentiality and any applicable reporting requirement. For a mental health crisis assess immediate safety and seek emergency health assistance where needed; a risk score is not a substitute for clinical judgement or referral. Work beyond competence must be referred onward with appropriate support.

15 Records and information sharing

Maintain a restricted safeguarding record linked to the client record. Separate facts, the person's words, professional opinion and third party information. Include consent or its absence, capacity or competence considerations, the legal basis and confidentiality justification, consultations, decisions not to refer, recipients, information disclosed, acknowledgement and follow up. Do not alter an earlier entry without preserving an audit trail.

Share necessary, relevant, accurate, timely and proportionate information through an approved secure route. Verify recipients and keep evidence of receipt. Record reasons for withholding information as well as reasons for disclosure. Apply Article 6 and the appropriate special category or criminal offence condition; maintain the company's appropriate policy document. Retain and review records under the Privacy Notice schedule, including any preservation hold, and do not destroy evidence relevant to an enquiry.

16 Safer practice and review

Maintain suitable DBS and barred list checks where legally eligible, current registration and insurance, child and adult safeguarding training matched to the role, supervision and knowledge of local thresholds. Check consent, premises, lone working arrangements, boundaries, communications and online safety. Training is reviewed at least annually and refreshed after legal changes and incidents; follow any stricter professional or commissioner requirements.

The practitioner does not attempt to change or suppress a client's sexual orientation, gender identity or their expression. Safety decisions must not be used to impose the practitioner's personal beliefs.

Before a child turns 18, review consent, routine information sharing, emergency contacts, capacity support and any transition to adult services. Age alone must not create a gap in protection. Review this policy at least annually and after significant incidents, local route changes or commencement of relevant law. Sarah records the review, learning and actions. For significant ethical decisions, record who was involved, their views, the options considered, the reasons for the decision and the review. Explain why collaboration was unsafe or not possible where that applies. Check the live authority route when making a referral.

Safeguarding record prompt

Person and date of birth; home and current location; concern and source; exact words; immediate risk and action; other people at risk; wishes and consent; competence or capacity; legal basis and confidentiality justification; advice and reference; authority contacted and time; written referral reference; acknowledgement; action plan; follow up and escalation; responsible person; review date and outcome.

Document owner Sarah Musselwhite for Cherry Blossom Consulting Ltd. Effective 3 November 2026. Next scheduled review 3 November 2027, or sooner after relevant changes or incidents.

Sources and review

Official and professional sources supporting this policy are listed below. Use the live source for later changes. Local links give current reporting instructions and forms.

Working Together to Safeguard Children 2026
Keeping Children Safe in Education 2026
Care and support statutory guidance Chapter 14
Mental Capacity Act 2005
Crime and Policing Act 2026 Part 5 Chapter 2 and Schedule 12
Government implementation update dated 6 November 2026
Information sharing advice for safeguarding practitioners
Northamptonshire Children's Trust reporting route
Northamptonshire Safeguarding Adults Board contacts
North Northamptonshire adult safeguarding referrals
West Northamptonshire adult safeguarding referral
Northamptonshire allegations procedure and current referral link
Leicestershire child safeguarding referrals and MARF
Leicestershire LADO reporting form
Leicestershire adult social care and emergency duty contacts
Rutland child safeguarding reporting information
Rutland adult safeguarding reporting route
Rutland LADO contact and procedures
Leicester City reporting routes
Leicester Leicestershire and Rutland adult safeguarding procedures
PTUK Ethical Framework and good practice guidance
BACP Ethical Framework 2026 effective from 3 November 2026