JESSIE WAY HYPNOTHERAPY

Safeguarding and Child Protection Policy

For individual and group work with young people aged 11 to 17

Policy owner	Jessie Way, sole practitioner
Designated safeguarding lead	Jessie Way
Contact	07444 326424 | hello@jessieway.co.uk
Document status	Adopted
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Review date	24 September 2027, or sooner if requirements change
Version	1.0

1 Purpose and safeguarding commitment

Jessie Way Hypnotherapy is committed to safeguarding and promoting the welfare of every child and young person who uses the practice. For this policy, a child or young person means anyone under 18. The child's welfare is paramount, and concerns about harm will be taken seriously and acted on promptly.

This policy explains the arrangements used to prevent harm, maintain safe professional boundaries, respond to concerns or disclosures, share information appropriately, and keep safeguarding records. It applies to Jessie Way as sole practitioner and designated safeguarding lead, and will be updated before any associate, locum or employee begins work for the practice.

2 Scope of practice

This policy applies to hypnotherapy provided to young people aged 11 to 17 in:

- a clinic or therapy room used by Jessie Way Hypnotherapy;
- the young person's home; or
- another suitable venue proposed by the family and approved in advance by Jessie Way as private, safe and appropriate.

The policy also provides a framework for possible future individual or group work in schools, colleges, community settings or other commissioning organisations. Such work will begin only after a separate written agreement, setting-specific safeguarding arrangements and a proportionate risk assessment have been completed.

Online sessions are not currently offered to clients under 18. The policy applies from the first enquiry through assessment, sessions, between-session communication, ending therapy and retention or disposal of records.

3 Legal and professional framework

This policy is informed by:

- Children Act 1989 and Children Act 2004;
- Working Together to Safeguard Children 2026;
- Keeping Children Safe in Education 2026, where services are provided in schools or colleges;
- Data Protection Act 2018 and UK GDPR;
- the current codes and requirements of the practitioner's insurer and relevant professional and voluntary registers; and
- the safeguarding procedures of any clinic, school or commissioning organisation involved in the work.

Where local procedures differ because a child lives or receives services outside Surrey, the procedures of the relevant local authority will be checked and followed.

4 Responsibility and competence

Jessie Way is the practice's designated safeguarding lead and the first point of contact for concerns arising within the practice. As a sole practitioner, she will seek advice directly from children's social care, the NSPCC, police, insurer, professional body or another appropriate safeguarding service rather than relying on an internal escalation route.

Current safeguarding evidence includes:

- Enhanced DBS certificate issued 22 July 2026 for Child and Adult Workforce, Clinical Hypnotherapist;
- Children's Barred List result: none recorded; and
- NSPCC Introduction to Safeguarding and Child Protection completed 8 July 2026.

The DBS certificate is not registered with the DBS Update Service. Its continuing suitability, and the need for a further check or training, will be reviewed against current law, safeguarding guidance, insurer and professional-body requirements, and the requirements of referring or commissioning organisations.

5 Consent assent and confidentiality

Before work begins, Jessie will obtain written consent from a person with parental responsibility and the young person's own informed assent. The young person will be told in age-appropriate language what hypnotherapy involves, that participation is voluntary, that they may ask questions or stop, and how confidentiality works. Consent, assent and willingness to continue are revisited when circumstances change.

Information shared in an individual session is treated as private. Parents or guardians may receive practical information and, where appropriate, broad information about engagement or progress, but they are not routinely given a detailed account of the young person's private disclosures. Information may be shared without the young person's agreement where this is necessary and proportionate to protect them or another person from harm, comply with law, or respond to another overriding safeguarding duty. Wherever it is safe and appropriate, Jessie will explain the intended sharing to the young person first.

6 Parent guardian or responsible adult presence

For individual sessions arranged privately with a family, a parent, guardian or other responsible adult must remain at the venue or immediately nearby and available throughout every session with a client under 18. The precise arrangement is agreed at intake and reviewed in light of the young person's age, maturity, wishes, presenting needs, the venue and any identified risk. For school, college or commissioned group work, the supervision and availability of responsible staff will instead be agreed in writing with the host organisation under section 8.3.

The practice's preferred arrangement, where acceptable to the young person, is for the accompanying adult to remain in the room seated behind the young person, using headphones and a phone or tablet so that they cannot hear the discussion or observe the young person's face. The adult must not photograph, film or record the session, interrupt it, or attempt to monitor the conversation.

If the young person would speak more freely with the adult outside the room, the venue allows this, and Jessie considers it appropriate, the adult may wait immediately outside or in an identified waiting area and must be able to return promptly. Jessie may change or end an arrangement that compromises privacy, therapeutic engagement or safety.

7 Communication with young people and parents

The parent or guardian normally makes the initial enquiry and remains responsible for consent, payment and formal administrative arrangements. At intake, the parties agree and record whether the young person may communicate directly with Jessie.

- For younger adolescents, routine administration will normally go through the parent or guardian.
- Older adolescents may communicate directly through Jessie's professional telephone, WhatsApp or email where this is agreed with the young person and parent or guardian.
- Direct messages are limited to appointments, practical matters and agreed therapeutic resources. Messaging is not a substitute for a therapy session or an emergency service.
- Jessie will not communicate with young clients through personal social-media accounts or disappearing-message services.
- Clinically or safeguarding-significant communications will be recorded in the appropriate client or safeguarding record.

8 Safe working in different venues

8.1 Clinic or therapy room

- The room and waiting arrangement must provide reasonable privacy while allowing the accompanying adult to remain available.
- The venue's fire, emergency, lone-working and safeguarding procedures will be followed.
- No session will proceed where the environment is unsafe, unsuitable or insufficiently private.

8.2 Client homes and other family arranged venues

- A parent, guardian or responsible adult must remain at or immediately adjacent to the venue for the whole session.
- Jessie records the address, expected session time and a safety check-in arrangement for lone-working purposes, using no more personal information than is necessary.
- Jessie may decline, pause or relocate a session if the environment, people present or privacy arrangements are not appropriate.
- The location and its responsible adult do not gain access to the young person's confidential therapy information merely because they provide the venue.

8.3 Schools colleges and commissioned group settings

Before any school-based, college-based or commissioned individual or group work begins, Jessie and the host organisation will record the purpose and scope of the work, their respective responsibilities and the safeguarding route that applies. The host organisation's procedures will be followed alongside this policy; they do not remove Jessie's duty to take or escalate safeguarding action when necessary.

- A named designated safeguarding lead or equivalent safeguarding contact, an on-site lead and arrangements for urgent escalation will be confirmed before delivery.

- The written arrangement will cover referrals, consent and assent, attendance, staff supervision, room suitability, arrival and departure, emergencies and first aid, additional support needs, photography or recording, and complaints.
- Group work will have a session-specific risk assessment, agreed adult supervision and clear ground rules. Participants will be told that Jessie will protect information appropriately but cannot guarantee that other group members will keep what they hear confidential.
- If a safeguarding concern arises, Jessie will follow the host's agreed route and inform its designated safeguarding lead promptly, unless immediate danger requires emergency action or doing so could increase risk. Jessie will make her own factual record and will refer or escalate externally when necessary.
- Before personal information is exchanged, Jessie and the host will document what information is needed, why it is being shared, the lawful basis, each party's data-protection role, who may receive it and how it will be stored and retained. Only the minimum necessary information will be shared.

9 Professional boundaries

- There is no routine physical contact with a young client. Any exceptional contact required for immediate safety or a clearly explained therapeutic purpose must be necessary, proportionate and agreed.
- Sessions remain within Jessie's training, competence and insured scope of practice.
- Jessie does not diagnose medical or psychiatric conditions and will refer or signpost where needs fall outside her competence or where another service is more appropriate.
- Gifts, social contact, transport, photography, recording and use of client material are managed conservatively and never in a way that exploits the therapeutic relationship.

10 Recognising abuse neglect and exploitation

Jessie remains alert to possible physical abuse, emotional abuse, sexual abuse, neglect, domestic abuse, criminal or sexual exploitation, trafficking, online harm, bullying, coercive control, radicalisation, self-harm and other circumstances that may place a child at risk. Signs may be physical, behavioural, emotional, contextual or disclosed directly or indirectly. A sign does not by itself prove abuse, and Jessie will not investigate or attempt to verify an allegation.

11 Responding to a disclosure or concern

If a young person makes a disclosure, or Jessie otherwise becomes concerned that a child may be experiencing or at risk of harm, Jessie will take the following steps:

1. **Listen and reassure.** Stay calm, listen carefully, take the child seriously and acknowledge that they did the right thing by speaking. Do not express shock, press for detail or ask leading questions.
2. **Explain the limit of confidentiality.** Do not promise secrecy. Explain that relevant information may need to be shared with someone who can help keep them or another person safe.
3. **Assess immediate safety.** If anyone is in immediate danger or urgent medical help is needed, call 999. Do not delay emergency action to complete paperwork or consult a parent.
4. **Record promptly.** Record the date, time, place, people present, the child's words as accurately as possible, observable facts, questions asked, actions taken and the reasons for decisions. Sign and date the record.
5. **Seek advice or refer.** Contact children's social care for the local authority in which the child lives, or the police where appropriate. The NSPCC Helpline may be used for safeguarding advice when the correct course is uncertain.
6. **Consider parental notification.** Do not inform a parent or guardian before obtaining safeguarding advice where doing so could increase risk, compromise an enquiry or place anyone in danger.
7. **Follow through.** Record referrals and advice, confirm any required written referral, cooperate with statutory services and escalate if a serious concern is not being addressed.

12 Concerns or allegations about an adult working with children

The Local Authority Designated Officer is concerned with allegations that an adult who works or volunteers with children may have harmed a child, committed an offence against a child, or behaved in a way indicating that they may pose a risk to children. The LADO is not the usual referral route for a concern about harm within a child's family or community.

Any allegation concerning Jessie or another professional involved in the service will be taken seriously. Jessie will obtain advice from the relevant LADO and notify her insurer, professional body, commissioning organisation or venue where appropriate. Records will be factual, secure and separate from ordinary therapy notes. No attempt will be made to investigate the allegation independently.

13 Information sharing data protection and records

- Information is shared only where there is a lawful purpose and the sharing is necessary, relevant, proportionate and secure.
- Safeguarding records are stored securely and separately from routine therapy notes, with access limited to Jessie and any person or authority lawfully entitled to receive them.
- The young person and parent or guardian receive appropriate privacy information explaining what data is collected, why it is used, how long it is retained, their rights, and the circumstances in which information may be shared.
- Requests to access, correct, restrict or erase personal information are considered under UK data-protection law. No right is described as absolute, and safeguarding information is not automatically deleted merely because deletion is requested.
- Records are retained and securely destroyed in accordance with the practice's adopted retention schedule, current legal obligations, insurer requirements and professional-body guidance.
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14 Complaints concerns and feedback

Parents and young people are told how to raise a concern or complaint in a way they can understand. A complaint does not prevent or delay safeguarding action. Where a concern relates to professional conduct, the complainant will also be given details of any relevant professional register or body.

15 Review monitoring and learning

This policy is reviewed at least annually and sooner following a safeguarding incident, material change in law or guidance, change in insurer or professional requirements, expansion of the practice, introduction of online work, or change in the ages or settings served. Safeguarding concerns and near misses are reviewed for lessons without compromising confidentiality.

16 Key safeguarding contacts

Purpose	Contact
Immediate danger or urgent emergency	999
Surrey Children's Single Point of Access	0300 470 9100 | cspa@surreycc.gov.uk
Surrey Emergency Duty Team	01483 517898
NSPCC Helpline	0808 800 5000 | help@nspcc.org.uk
Police non emergency	101
Outside Surrey	Use the children's social care contact for the local authority in which the child lives
Allegation about an adult working with children	Use the relevant local authority LADO route

17 Electronic approval

This policy may be adopted electronically. Entering the approval date below records Jessie Way's approval in her capacity as policy owner and designated safeguarding lead. A handwritten signature is not required.

Approved by	Jessie Way
Role	Policy owner and designated safeguarding lead
Electronic approval date	24 September 2026
Next scheduled review	24 September 2027, or sooner if requirements change