

Safeguarding Briefing

Hello everyone, I hope you are all well. I wanted to reach out, say hi and share:

- A BPS practice briefing on Safeguarding Across the Lifespan (if you've not already seen it).
- Recent learning accrued across the organisation in recognising, responding, recording, reporting and reflecting on safeguarding concerns and/or incidents.

BPS practice briefing: Safeguarding Across the Lifespan

<https://drive.google.com/file/d/109QKc2WdBzZsumfHxKk5WZQPm5FcqsyW/view?usp=sharing>

Recent organisational learning:

- Connected care
 - The life saving benefit of including family/friends early as emergency contacts and part of a 'care' team (ideally with consent).
 - The importance of proactive/timely quality communication, consultation, reporting to, referral/handing over and joint working in partnership with allied safeguarding professionals and organisations/boards.
- Familiarisation with and adherence to our International Working policy when appropriate.
- Referring on, signposting and discharging to other services when we cannot safely support. Also letting professionals know that we are no longer managing risk and moving members to inactive on the platform.
- Using the six safeguarding principles to inform interventions with adults.
- Support to report - sensitively supporting victims of crimes to: understand their rights, options, legal processes; access public, charitable and third sector support organisations and supporting them to report within their own right.
- Seeking timely supervision and/or safeguarding consultation.
- Clinical notes being completed within 24 hours of appointments and the following clearly documented:
 - Session date, time and number.
 - Review.
 - Content of session.
 - Risk/safeguarding assessment and management:
 - Risk to self, to others and from others.
 - Nature, frequency, severity, intent, plans/preparations, triggers, protective factors.
 - Detailed management plan and attached safety plan.
 - Decisions made and reasons for them (refer to any professional practice guidance and/or legislation you have consulted).

- Steps that have been taken.
- What information has been shared with whom and for what purpose (with or without consent).
- Where conversations have had to occur without the member's knowledge or consent, notes may need to be clearly marked as third-party information, so that it is restricted from the member at that time, and so that any safety issues are not inadvertently compromised e.g., another clinician inadvertently disclosing that there have been safeguarding conversations as this may be harmful to the member and inadvertently endanger others in certain situations.
- Further actions (with timescales and responsibilities attached).
- Any outcomes.
 - Any reports, important correspondence or on onward referrals made should be attached to the member's record. You should follow up on any referrals made.
 - If safeguarding supervision has been sought the outcome of supervision should be recorded in the clinical notes.
 - If there is no change to risk this should still be recorded, this could be worded: No risk issues raised by member or identified by clinician. No change to risk assessment or management plan.

We appreciate that there is an emotional impact of caring for others in your important and sometimes demanding/stressful safeguarding roles so please reach out in a proactive timely fashion to be supported in supervision, by your CD and/or safeguarding lead.

Thank you for all you do for our members and HelloSelf; your compassion, care and commitment is gratefully appreciated.

With warmest wishes, Louise

Dr Louise Egan

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