

February 2023 Safeguarding Briefing

Hello everyone, I hope you are all well.

I wanted to reach out once again and to extend a sincere thanks for all the hard work you do to best safeguard our members. Our job can be rewarding, it can also be challenging especially when safeguarding issues present. I appreciate your flexibility and commitment to do all that is necessary to safeguard our members. I know many clinicians work additional time, sometimes out of hours, to fulfil statutory duties to best safeguard. Thank you.

Firstly, I want to let you know that we have launched a new feature on the Clinical Panel area of your dashboard where you can now book in a 15 minute slot with any of the Clinical Directors to discuss any safeguarding or clinical issues that you might have. This will then be escalated as and when it is required to Safeguarding Leads.

I also wanted to further support you in your roles by sharing recent learning accrued across the organisation in recognising, responding, managing, recording and reporting safeguarding concerns and/or serious incidents.

Several serious incidents and safeguarding issues have occurred which have involved historical and current excessive alcohol use that for some members have contributed to serious attempts on their lives. As we know, substance misuse is associated with a significant number of risk behaviours including self harm, suicide, accidental self harm as well as risk to others.

When alcohol use is mentioned in a referral and/or by our member, (especially when alcohol use is mentioned by a member as part of coping, is excessive, linked to previous self harm/suicidal behaviour and/or our members are struggling to reduce their intake) please thoroughly assess and monitor. Please document these assessments and management plans in the member's clinical notes attaching any safety plans to the clinical notes also.

When excessive alcohol use is reported (historically and currently) we recommend that the member is supported to complete both the AUDIT and SADQ.

Where there is ongoing harmful alcohol use, as measured by the AUDIT and alcohol dependency as measured by SADQ, given the associated and ongoing risks we would recommend therapists consider the suitability of the member for our service. A decision needs to be made as to whether engagement with alcohol services is a priority and needs to happen before psychological intervention can start. We also appreciate that often psychological needs contribute to excessive alcohol use so these also need to be addressed to lead to long term meaningful change. A member's functioning needs to be conducive to helpful engagement in therapy.

Where there is ongoing harmful alcohol use, any work should be jointly in partnership with allied agencies and key professionals to best care for and safeguard. The member will need signposting to additional resources and community support such as alcohol and drug services (Change Grow Live) and AA. There should also be medical management in the form of regular medical review by GP.

In response to clinicians' experiences, risk and our learning we have saved a copy of the AUDIT alcohol screening tool, a dependency measure (SADQ) and a guidance document for the management of alcohol misuse in the associate shared drive under the Safeguarding file. You will also see in the associate shared drive another document which is a reminder of key information to ask when assessing risk to self. In this document you will see these measures listed. Please use when appropriate to inform your assessments and management plans.

Our members are often parents and their needs and behaviour can impact on the children around them. We need to also safeguard and promote the welfare of children, their families need to be supported too. We recommend that clinicians adopt a systemic approach e.g. the 'THINK families approach' to best assess, support and work together with allied agencies when needed to safeguard and promote the welfare of children. We must work together and share appropriate information with allied agencies, when needed, in order to prevent abuse and safeguard adults and children at all times.

I wanted to let you know that a group of us are working hard on developing an interactive Miroboard to support practice regarding the assessment and management of safeguarding and risk issues. We will keep you informed.

I'd like to take this opportunity to highlight that disengagement with therapy can be a risk indicator for some members. Therefore, after

cancelled/missed/rearranged appointments especially where risk and/or harmful alcohol use is present clinicians should reach out to members stating they have missed an opportunity to review and care for their needs and provide a reminder of crisis services should their needs/drinking increase. Please also re-share their safety plan if it is appropriate to do so.

When risk is indicated and a member misses an appointment their safety should always be confirmed (this might involve contacting their emergency contact and/or emergency services).

We have found it most ideal if risk/safeguarding concerns are followed up over the telephone as a first response and then followed up in writing to professionals via Partner accounts (wherever possible) or Egress. You will have received a therapist communication on 24.02.2023 via email referring to best practice when emailing.

Please take care of yourselves in your demanding roles. Please reach out to your clinical supervisor and/or a Clinical Director. We are here to help.

Once again, thank you for all you do for our members and HelloSelf.
With warmest wishes, Louise.

Louise

Dr Louise Egan.

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