

HelloSelf.

Therapy and coaching to help you feel and live better.

Child Safeguarding and Risk

All associates should ensure they keep up to date with, and work within, professional best practice, standards, key principles, legislation, HelloSelf, local safeguarding services and Partnership policies and procedures for both **adults and children.**

HelloSelf recognises the importance of our shared duty of care to safeguard and promote the welfare of children and is committed to safeguarding practice that reflects statutory responsibilities, government guidance and complies with best practice requirements.

- We recognise the welfare of children is paramount in all the work we do and in all the decisions we take
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation have an equal right to protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents carers and other agencies is essential in promoting children's welfare

Please adopt a holistic and systemically informed approach to your assessments and interventions (e.g. '**Think child, think parent, think family**') and work together with allied agencies when needed to safeguard and promote the welfare of children and adults. We must work together and share appropriate information with allied agencies in order to prevent abuse and safeguard adults and children at all times.

HelloSelf expects practitioners to draw upon guidelines in their effective practice, with principles being taken into account in the process of decision-making, together with the needs of others and situation specific circumstances. Although no guidance can replace the need for therapists to

use their own professional judgement, **please see these key resources:**

The Children Act (1989) and (2004)

The Children and Social Care Act (2017)

Understanding the child protection system in England

Working together to safeguard children: Statutory guidance on multi-agency working to help, protect and promote the welfare of children (2023).

Responsible Officer and Appraiser Network (ROAN) information sheet 36: **Intercollegiate document on safeguarding guidance**, 2019 revision

Keeping Children Safe In Education (2022)

THINK FAMILY approach

NHS safeguarding app

United Nations Convention of the Rights of the Child (1989)

NICE guideline [CG89]: Child maltreatment: when to suspect maltreatment in under 18s: Last updated: 09 October 2017. PDF [here](#).

Child Safeguarding

Safeguarding and promoting the welfare of children is defined (in Working Together to Safeguard Children, 2018) as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances.

Child Protection is part of safeguarding and promoting welfare and refers to the activity which is undertaken to protect specific children who are suffering or are likely to suffer significant harm.

Clinicians should follow the Policy and Child Protection Procedures agreed by the Local Safeguarding Children Board/Partnership (LSCB/LSCP) for the

relevant Local authority in which they are working. Referrals should be informed by the use of the Assessment Framework Threshold Document for the relevant LSCB/LSCP area and any other appropriate assessment tools. A general **threshold guidance document** is saved in the Associate Shared Drive in the Safeguarding file.

Contact the police if you believe that a child is in immediate danger, or a crime has been committed

Ensure you have awareness and training that enables you to:

- Understand what safeguarding is and your role in safeguarding children
- Understand the difference between safeguarding children and child protection
- How to spot the signs of abuse and neglect
- How to respond to the indicators of abuse and neglect and keep children safe
- Understand dignity and respect when working with children
- Have knowledge of the Safeguarding Children Policy

Steps to take:

All reasonable steps need to be made to assess and minimise risk; keep others safe and appropriately manage the risk. Please conduct and develop a highly personalised/person centred, comprehensive, holistic, systemic and biopsychosocial risk assessment, risk formulation and risk management safety plan (immediate and long term) for your member's needs taking into consideration context.

All members must be thoroughly risk assessed following their referral to us. Please see the associate shared drive **safeguarding folder** for guidance on **risk to self**, good practice documents (e.g., **clinical handbook**), safeguarding **briefings**, and **policies**.

Appropriately gain consent for liaison and referrals, collaboratively discuss and agree clinical decisions with members (when appropriate). Please discuss with members limits to confidentiality and a duty of care to act within our members' and the public's best interests whilst trying to balance their wishes.

Consent / agreement is not required for child protection referrals; however, you, as the referring professional, would need to where

possible discuss with and inform parents or carers that you are making a referral as stated above, unless by alerting them you could be putting that child or others at risk.

Any safeguarding concerns should be discussed in clinical supervision and with a HelloSelf senior clinician/the safeguarding team by booking a consultation slot with a member of the **clinical panel** via the experts platform dashboard.

We do not provide a crisis or out of working hours service. However, if safeguarding/risk is urgent and/or escalates to a high level please reach out to the safeguarding team on the same day.

Your **experts platform dashboard** also provides a link to the **Senior Clinician Availability Rota** for assistance with managing safeguarding and risk (see news).

Do not delay making referrals or contacting safeguarding agencies in an emergency.

If risk escalates to a high level (e.g., severe self-harming, suicidal attempt, abuse, neglect, harm to others etc...), you are worried about a child, their parents / carers safety and/or there has been a serious incident such as death, severe self-harming, suicide attempt, overdose, harm to or from others, acts or omissions in care that result in moderate or severe harm, including incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of safe care, please always contact the safeguarding team (via the **clinical panel**) Some data breaches are classed as a serious incident. This enables us to monitor, minimise, and manage risk whilst supporting you in your roles as well as audit, learn, improve and disseminate safeguarding/serious incident learning across the organisation.

If a serious incident has occurred please follow our **Serious Incident Policy** and complete a **Notification of Serious Incident form** (within 24 hours) which can be found in the '**Serious Incidents**' section of our **Associate Share Drive**. Please email a copy to the safeguarding lead for that day.

We operate a dual reporting system about risk and safeguarding for our NHS members, please see the appropriate trust therapist crib sheet. It is best practice to first call and share concerns directly with key professionals by telephone and then follow up in writing.

Recording:

Any risk and/or safeguarding issues; assessment, decisions made and reasons for them; steps that have been taken; what information has been shared with whom and for what purpose (with or without consent); further actions (with timescales and responsibilities attached) and outcomes needs to be clearly and promptly documented in the member's notes.

Notes need to be clear, factual and verbatim accounts detailed when appropriate. Note down any key legislation and good practice documents that you have considered which have informed your practice. Any reports, safety plans, important correspondence or onward referrals made should be attached to the member's record. **You should follow up on any referrals made.**

If supervision and/or consultation has been sought in relation to such issues, the outcome of supervision should be recorded in the clinical notes.

Where conversations have had to occur without the member's knowledge or consent, notes may need to be stored and clearly marked as third-party information within the documentation, so that it is restricted from the member at that time, and so that any safety issues are not inadvertently compromised (e.g. another worker inadvertently disclosing that there have been safeguarding conversations which may inadvertently endanger others).

In safeguarding situations you must do all that is required of you to fulfil your professional obligations/responsibilities. This might include working additional time outside of your normal working hours, working out of hours and/or spending extended periods of time reporting safeguarding concerns over the phone and/or online reporting systems/portals. You may be required to act fast which might involve having to cancel existing client appointments to prioritise the safety of others. Please assess the risk associated with any cancelled appointments and reprioritise accordingly.

You are encouraged to undertake due diligence in preparation for starting therapy with members. It is advised that you familiarise yourself with key safeguarding and risk policies/procedures (HelloSelf and Partner) as well as agencies local to your member and how to contact them and make referral if the need arises.

If you are working abroad, you must be insured for such work and able to access emergency contacts (as well as online reporting systems/portals) in the country members are living/staying in. You will need to check that you can access such emergency contacts and online reporting systems/portals via the internet and

telephone and have means to make such calls (e.g. mobile phone tariff/Skype arrangements). Your working hours must align with UK time to enable you to access appropriate safeguarding and crisis services.

Timely, proactive, effective practice, reporting, recording and reflection is of the utmost importance.

Safeguarding work can be emotionally demanding, please reach out for support in a proactive and timely fashion via your peers, clinical supervisor, clinical panel or safeguarding lead.