

HelloSelf.

Therapy and coaching to help you feel and live better.

Adult 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.**

Our members are often parents and their needs and behaviour can impact on the children around them. We also need to safeguard and promote the welfare of children. 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:**

Pocket Principles of Protection: The health professional's safeguarding pocket guide - NHS England

NHS England Safeguarding App, which can be accessed via **Apple iOS**, **Google Play** or it can be downloaded by visiting your device's appropriate app store and searching for 'NHS Safeguarding'.

NHS safeguarding app

How to make decisions under the **Mental Capacity Act (2005)**

The **Care Act (2014)**

First introduced by the Department of Health in 2011, but now embedded in the Care Act (2014) – the **six principles of safeguarding**, which apply to all health and care settings.

Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. Safeguarding adult boards (SABs), therefore, may want to consider the role they can play in embedding the **‘Making Safeguarding Personal’** approach across agencies

NICE guideline [NG225]: Self-harm: assessment, management and preventing recurrence. Published: 07 September 2022

Domestic Abuse Act 2021

Prevent Duty Guidance (Last updated 31 December 2023)

THINK FAMILY approach

We have also collated various resources more specifically focussed on child safeguarding. Please refer to our **child safeguarding 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.

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.

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In order for a Safeguarding Adults (any person aged 18 or over) concern to be raised, the person must meet the following criteria:

- They have a current need for care and support (whether or not the Local Authority is meeting any of those needs)
- They are experiencing, or are at risk of, abuse or neglect; and
- As a result of those care and support needs, they are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Clinicians should also follow the policy and procedures for the relevant safeguarding agency the member resides.

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.