

SAFEGUARDING POLICY AND PROCEDURE AT CHARLIES-ANGEL-CENTRE FOUNDATION

SAFEGUARDING POLICY STATEMENT – ADULTS

The purpose of this policy statement is to protect vulnerable adults who receive our services. Our overarching philosophy is that we expect every therapy to have professional supervision and the appropriate qualifications, including our Trainee Counsellors on placement. Moreover, all our counsellors will be expected to provide evidence of their insurance and their CBS check, and membership of a governing body (e.g. BACP , UKCP).

All counsellors who work at Charlies-Angel-Centre Foundation will have had to go through the above procedure and have the appropriate training background and qualifications to be competent in the services that they are offering. This is regularly monitored and reviewed by Charlies-Angel-Centre Foundation.

A trainee counsellor on placement will have discussions with Charlies-Angel-Centre Foundation staff on the importance of swift action in case of concerns over potential safeguarding issues which may arise.

Whistle-blowing

Charlies-Angel-Centre Foundation has an open culture where people feel able, positively supported, and encouraged to raise their concerns, even when they relate to the practice of other staff. This includes support for whistle-blowing and any such concern would be referred to and addressed by the Management Committee at Charlies-Angel-Centre Foundation.

SAFEGUARDING POLICY STATEMENT – CHILDREN

This safeguarding policy was drawn upon the basis of legislation, policy and guidance that seeks to protect children and young people in England. A summary of the key legislation and guidance is available from: **[nspcc.org.uk/childprotection](https://www.nspcc.org.uk/childprotection)**

The purpose of this policy statement is to protect children and young people who receive services at Charlies-Angel-Centre Foundation. We will provide to parents, therapists, counsellors (including trainee counsellors), volunteers, and staff the overarching principles that guide our approach to child protection.

This policy statement applies to anyone working on behalf of Charlies-Angel-Centre Foundation.

We believe that:

- * children and young people should never experience abuse of any kind.
- * we have a responsibility to promote the welfare of all children and young people to keep them safe, and to practise in a way that protects them.

We recognise that:

- * the welfare of the child is paramount.
- * all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, have a right to equal 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 young people's welfare.

We will seek to keep children and young people safe by:

- * valuing, listening and respecting them.
- * appointing the appropriate child protection/safeguarding lead.
- * developing child protection and safeguarding policies to reflect best practice.
- * using our safeguarding procedures to share concerns/relevant information with agencies who need to know. Involving children and young people, parents and carers, appropriately.
- * creating and maintaining an anti-bullying environment, and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- * recruiting counsellors (including trainee counsellors on placement) and other volunteers safely, ensuring all necessary checks are made.
- * support, training and quality assurance measures.
- * using our procedures to manage any allegations against staff, counsellors (including trainee counsellors on placement and other volunteers appropriately).
- * ensuring that we have effective complaints and whistleblowing measures in place.

- * Ensuring that we provide a safe physical environment for children, young people, staff and counsellors (including trainee counsellors on placement) by applying health and safety measures in accordance with the law and regulatory guidance.
- * Recording and storing information professionally and securely.

Appropriate Charlies-Angel- Centre Foundation safeguarding lead

Charlies-Angel-Centre Foundation will provide at least two safeguarding leads for both adults and children. These individuals are experienced in providing safeguarding support.

All trainee counsellors on placement will be provided with the lead contact details and must contact the safeguarding lead with any concerns over safeguarding issues. Moreover, these safeguarding leads are available for all other qualified counsellors and volunteers to refer to.

Should the safeguarding lead not be available, the admin office will signpost an alternative contact and confidentiality must be adhered to.

Contact details:

1. Senior lead for safeguarding:

Name Ruth Curtis
Phone number/email
07535818225
infocharliesangelcentre@gmail.com

Deputy lead for safeguarding
Name Sam Key
Phone number/email
07807983914
infocharliesangelcentre@gmail.com

Assessment

At Charlies-Angel-Centre Foundation, all placement clients that are referred to the trainee counsellors on placement will have undertaken a “risk assessment” where the above areas will be taken into consideration. If at the assessment the assessor thinks that there is a high risk in the area of suicide, these high risk clients will not be passed to the trainee counsellor. However, that does not mean that the clients’ feelings of suicide or suicidal idealization may not be triggered through the placement.

COUNSELLOR PROCEDURES

The counsellor procedures outlines what counsellors (including trainee counsellors on placement) need to do in a range of situations in order to best protect the client within the therapeutic setting.

As with all these procedures, the first step at a general level is **Supervision**.

Supervision's major focus is to help the counsellor/trainee counsellor to provide their best services for the client. It is in the supervision hour that the placement therapist brings their anxieties, worries and concerns to the supervisor.

As well as the above, the placement therapist will endeavour through supervision to develop their skills in the area of therapy and therapeutic discourse. This will include learning in how to work with clients, techniques and treatment planning towards resolution.

If the client discloses that they are being abused, harming themselves or have been abused in the past:

* The first port of call is to gently enquire and check out what you have heard to make sure you are understanding correctly – this is not interrogation – though you have to be specific to make sure of the facts this needs to be done in a relational manner.

* Remember that the information you will be hearing in this context will be very difficult for them to talk about and it will have taken a lot of courage for them to disclose at this level, so it is imperative that you treat the person in an empathic manner with a great sense of integrity, authenticity and respect.

* It is imperative that you do not lead the client to the conclusion that they were being, or were, abused. For example, do not put thoughts into the client's head.

* If there is a risk to the person, or you are not sure if there is a risk to the person, it is imperative you speak to your personal supervisor as soon as possible to discuss the situation fully. (In specific situations you may decide to contact the safeguarding lead at Charles-Angel-Centre Foundation) – Certainly this needs to be recorded in your own notes.

* If there is a risk you may need to disclose – dependent on level of risk, i.e. if you think they are of harm to themselves or other people, you will need to disclose this immediately. If there is no immediate risk, then discuss it at your next scheduled personal supervision.

* In your personal notes, vis a vis your client, this must be recorded as said above, even if you choose not to take this to your supervisor. However, it is highly recommended that you do take all considerations to your supervisor.

* All actions that you have taken have to be noted in your client records and you need to tell your supervisor of these actions, with dates and times against each of the actions.

If the client discloses they are abusing:

- * Check out gently what you have heard to make sure you have understood them correctly and remind them of the contracting about confidentiality and its limits.
- * Try to get them to take the appropriate action, for example with your support contacting the police.
- * You will need to disclose the information that is being given to you and you must make this clear to your client.
- * If the risk is significant and imminent you will need to disclose it straightaway to the Charlies-Angel-Centre Foundation safeguarding lead and/or social services or the police.
- * Offer to continue to support the client through the ongoing therapy if appropriate and safe to do so.
- * If you no longer feel safe to work with the client seek advice from the Charlies-Angel-Centre Foundation safeguarding lead and your supervisor.
- * Make sure that you made notes of all your appropriate actions and discussions with your client, supervisor and safeguarding lead.

If the client discloses that a Third Party is Abusing:

- * First of all check out gently what you have heard to make sure you have understood correctly.
- * Try to get them to take appropriate action.
- * Whether or not they are prepared to take appropriate action speak to your supervisor and the safeguarding lead at Charlies-Angel-Centre Foundation as soon as possible.
- * In your client notes you need to record all discussions with the client, supervisor and the safeguarding lead.

SUICIDE AND SELF HARM FRAMEWORK

This document has been informed by the BACP Information Sheet P7 Working With Suicidal Clients, and the Suicide Risk Document produced by Newcastle, North Tyneside and Northumberland NHS .

When working with Placement clients who present with a wide variety of issues, such as depression, anxiety, stress, repression of feelings, hopelessness, and a feeling of helplessness in the world and indeed in their levels of functioning, you may well find as the therapeutic sessions evolve that sitting underneath these presenting issues the placement client may report feelings/thoughts of suicide/suicidal idealisation.

Suicidal Idealisation

This is when clients may have fantasies, dreams or even imaginations of the ideas of what it's like to take their own life and indeed may have whole thought processes on how their suicide may impact other people around them.

More often than not when people report suicidal idealization it does not mean that they are then going to go and take their life. However, their reporting of this to you is important and must be taken extremely seriously by yourself. This is where supervision is imperative.

The Threshold Model

The threshold model shows how different types of risk and protective factors interact to produce a threshold for suicidal behaviour for the individual. The different types of factors are:

1. **Long term predisposing risk factors** that can be present at birth or soon after birth
– these identify people who are in risk groups.

Genetic or Biological Influences:

- (a) Family history of suicide or attempted suicide
- (b) Family history of depression
- (c) Family history of alcohol or other substance misuse

2. Personality Traits

Rigid thinking characterized by patterns of thought that are difficult to change.

Black and white thinking or “nothing thinking”

Excessive perfectionism, where high standards are causing distress to the person or others.

Hopelessness with bleak and pessimistic views of the future

Impulsivity, tending to do things on the spur of the moment

Low self esteem with feelings of worthlessness

3. Short Term Risk

Factors Environmental Factors:

- (a) Divorced, separated or widowed
- (b) Being older and/or retired
- (c) Having few social supports
- (d) Being unemployed

Psychiatric Diagnosis

The three psychiatric disorders most strongly correlated with suicide are:

- * depression
- * Substance misuse (including alcohol)
- * Schizophrenia

4. Precipitating Factors

These are events that may tip the balance when a person is at risk. They include:

- * High stress/life crises
- * Divorce
- * Imprisonment or threat of imprisonment
- * Recent job loss
- * Recent house move
- * Recent loss or separation and bereavement

- * Unwanted pregnancy
- * Interpersonal problems

Depression

Depression is the most common of mental illnesses. People may often report low mood and lack of energy as criteria for depression.

Depression comes in many forms. Often it is defined as “anger turned inwardness”, repression of feelings, an incapacitation or/and a general sense of worthlessness and lack of purpose.

In a continuum of health you may get mild depression where a person may report the above and will be able to move from this state with relative ease.

If a person reports “at the other end of the health continuum” which we might call “high intensity” depression the person will report “stuck” or “fixed” in that particular state and an inability to move from one ego state to another.

Symptoms:

What follows is a check list of the most common symptoms of depression. If at least three-five of the symptoms below have been present for at least 2 weeks the person is likely to be suffering from clinical depression (high intensity).

1. Depressed mood
2. Loss of interest and enjoyment
3. Increased fatigue or loss of energy
4. Appetite or weight disturbances
5. Disturbed sleep
6. Ideas of self-harm or suicide
7. Reduced concentration and attention
8. Problems with sleep or indeed incapacitation
9. Reduced self-esteem and self confidence
10. Lack of pro-activity
11. Lack of purpose or structure in life

Process of Assessment

Key stages in applying the threshold model to suicide risk and assessment are:

1. To establish a working relationship with the placement client. This means developing rapport and a trusting relationship with your client.

This working relationship will provide a container and a secure safe space for the placement client to feel more able to disclose important information with regards to what they are presenting.

The use of empathy, active listening, and genuineness is imperative in this, not only throughout therapy but also particularly important at this first stage of meeting.

2. Phenomenological Inquiry about the person's presenting issues and narrative is vitally important within the therapeutic sessions.
3. You will also need to be aware of inquiring about their current mental health, physical health and any substance problems.
4. When listening to their historical and presenting issues you will also be able to assess their previous methods of coping with similar problems.
5. It is imperative to seek information on their support system which would include availability and help provided by families and friends, for example do they live by themselves, with other people, within the family or do they in fact access any other type of service help.
5. Ask about current circumstances, life events and worries. Through this inquiry you will be able to assess any precipitating factors which/could be triggering any suicidal thoughts, feelings or indeed potential actions.
6. Finally, through the above you will have been throughout assessing the potential existence and specificity for any plans for suicide, including any nearby dates that have special significance for the person. Investigating the availability of means to commit suicide is crucial at this stage. This information will help to assess any suicidal intent.
7. After evaluating the placement client's narrative and information that you will have gleaned throughout the stages above, will help you to judge how close the person is to his or her threshold for suicidal behaviour. This then is your assessment of risk.
8. Having stated the above stages of risk assessment, it is important that you have this framework and information with regards to working in the area of mental health. Please note, as said above, that the Charlies-Angel-Centre Foundation initial assessor will also have done their own risk assessment and will have made informed judgements in terms of the clients that they will be referring to you in terms of the placement.

Managing Suicide Risk

Managing suicide risk in many ways comes with the territory of risk assessment and management techniques will differ depending on the assessed level of risk. For example, if your risk assessment is low then the management techniques will differ from working with a high assessment risk.

Low Risk to High Risk (in Ascendency with 1 being Low risk and 8 being High risk):

1. If a risk is low, maintain usual contact/sessional arrangements.
2. A therapeutic approach is useful in promoting contact and encouraging the client to take a shared responsibility for their future care and safety. (The FRAMES approach to brief therapy is summarized below).
3. If you are concerned or anxious talk to your colleagues at Charlies-Angel-Centre Foundation and/or contact your Supervisor (do not wait necessarily for your next booked supervision session).
4. Use the person's existing support system by encouraging them to engage with their contact/friends/family.
5. As said earlier, if you believe the risk is more urgent contact your Supervisor and also discussion with your colleagues at Charlies-Angel-Centre Foundation may well be useful at this junction.
6. If they are the high end of suicide risk Supervisor immediately to work out an action plan with regards to future sessions.
7. The same as above – immediate contact with your Supervisor and immediate plans may need to be implemented, such as an urgent mental health assessment or even a 999 call.
8. Please note with regards to point (7) and (8) you will need to notify the Safeguarding Lead person at Charlies-Angel-Centre Foundation.

Conclusion

- (a) Always be aware of suicide risk.
- (b) It is vital to keep good and accurate records.
- (c) Use the FRAMES approach as a therapeutic style to promote contact and change.

Feedback to the client

Responsibility for change lies with the client

Advice to change

Menu of strategies for bringing about change

Empathy as a therapeutic style

Self-efficacy or optimism

This mnemonic is a useful technique for memory recall and may be useful in this context.

Safeguarding incident report form

This form should be used to record safeguarding concerns relating to adults or vulnerable persons. In an emergency please do not delay in informing Charlies-Angel-Centre Foundation staff.

All the information must be treated as confidential and reported to the Designated Safeguarding Officer immediately or with one working day. The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

Your details – the person completing the form
Name
Position
Telephone
Email

Details of the person affected
Name
Address
Telephone
Email

Details of the incident (please describe in detail using only the facts)

Others present or potential witnesses

Name

Address

Telephone

Email

Additional relevant information (please detail anything else that you believe to be helpful or important)

I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter

Print Name

Signature

Date

Useful contacts

Charlies-Angel-centre Foundation

Telephone

07514116607

01132779969

Email-infocharliesangelcentre@gmail.com

Leeds Crisis team

For same day response & urgent referrals, please discuss with Charlies-Angel-Centre safeguarding lead, where a emergency referral form can be completed or a phone call can be made

0300 300 1485

Police contact

Welfare check 101

Emergency 999