

**Carrs Lane Counselling Centre Ltd, Carrs Lane, Birmingham, B4 7SX**

**Safeguarding Policy & Procedure**

This policy and procedure should be read in conjunction with:

BACP Ethical Framework for the Counselling Professions.

CLCC Ltd Signposting, Referral and Emergency Intervention Procedure.

CLCC Ltd Vision and Aims Statement

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**Carrs Lane Counselling Centre Ltd Safeguarding Policy**

**November 2021, reviewed 2nd November 2022 and 30th June 2023**

**1. Our Safeguarding Duty**

**1.1 Our Responsibility**

Safeguarding is everybody’s business and responsibility, and it is important that everyone is alert to possible signs of abuse or neglect and acts on their concerns.

**1.2 Safeguarding Lead Officer and Deputy Safeguarding Lead Officers**

Within Carrs Lane Counselling Centre, the designated officer with overall lead responsibility for Safeguarding is the Counselling Centre Manager:

Name: Sandra Fabowale

Telephone: Carrs Lane Counselling Centre 0121 643 6363

Email: counsellingmanager@carrslanecounselling.co.uk

The designated Deputy Safeguarding Lead Officers, who will cover when the Safeguarding Lead Officer is unavailable, are:

Name: Anne Harris

Telephone: Carrs Lane Counselling Centre 0121 643 6363

Email: counselling@carrslanecounselling.co.uk

Name: Diana Cottingham

Telephone: Carrs Lane Counselling Centre 0121 643 6363

Email: counselling@carrslanecounselling.co.uk

Emergency contact information for safeguarding lead and deputies will be sent to all volunteers via email and is available on site.

**2. Child Protection**

**2.1 Beliefs and Values**

All children and young people have a right to protection, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation.

**2.2 Definition of Child Protection**

The UK government document ‘Working Together to Safeguard Children’ (2018) defines child protection as referring to activity that is undertaken to protect specific children (under the age of 18) who are suffering, or are likely to suffer, significant harm.

**2.3 Child Abuse**

‘Working Together to Safeguard Children’ (2018) defines child abuse as ‘a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

**2.4 Categories of Child Abuse**

‘Working Together to Safeguard Children’ (2018) defines the categories of child abuse as: physical abuse, emotional abuse, sexual abuse, child sexual exploitation and neglect. Some other forms of child abuse can be defined as domestic abuse, bullying and cyber bullying. These definitions are described in more detail in Appendix A of this policy.

**3. Safeguarding Adults**

**3.1 Beliefs and Values**

All adults, including adults at risk, have a right to live in safety, free from abuse and neglect. They also have a fundamental human right to choose how and with whom they live, even if this appears to involve a degree of human risk. They should be supported to make those choices, to live as independently as possible and be treated with respect and dignity.

**3.2 Definition of Adult Safeguarding**

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted (The Care Act 2014)

**3.3 Definition of an Adult at Risk**

The Care Act 2014, which repealed ‘No Secrets’ (2000), defines a person who should be subject of a safeguarding enquiry as an adult at risk i.e. ‘an adult who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect their self from either the risk of, or the experience of abuse or neglect’.

**3.4 Abuse of an Adult who has needs for Care and Support**

There is no overarching definition of abuse or neglect. Both can take many forms and ‘the circumstances of an individual case should always be considered’ (Action for Elderly Abuse). Abuse will sometimes be deliberate, but it may also be an unintended consequence of ignorance or lack of awareness, or it may arise from frustration or lack of support. Potentially anyone, adult or child, can be the abuser of an adult. They may be a family member, a relative, a relative who is the main carer, a neighbour, a paid carer, a voluntary worker, a person who is also vulnerable and/or a user of a care service, or a confidence trickster who preys on people’s homes or elsewhere.

**3.5 Categories of Adult Abuse**

The Government’s ‘Care and Support Statutory Guidance’ (2018), written to support the Care Act (2014) defines the following categories of adult abuse: physical, sexual, psychological, financial and material, neglect or acts of omission, domestic, organisational and modern slavery. These definitions are described in more detail in Appendix B of this policy.

**4. Confidentiality**

A confidentiality agreement is a foundation of the therapeutic relationship, but there may be times when the counsellor’s professional and ethical duty to maintain the confidentiality of information disclosed by a client is in conflict with a perceived need to disclose information which is in the public interest or for individual protection. This highlights the necessity of careful contracting between counsellor and client, at the beginning. Whilst a child has a right to protection, an adult who has the capacity to make decisions, has a right to make choices. The BACP Ethical Framework expects that in such circumstances, we will do our best to respect an adult client’s wishes or confidences that do not need to be overridden in order to prevent serious harm.

**5. The Therapeutic Relationship**

When responding to a safeguarding concern, it becomes necessary for a counsellor to initiate a management procedure and temporarily move away from the therapeutic work in which they were engaged. It is important that the counsellor communicates well with the client about the process. There is a possibility that the necessity to respond to a safeguarding concern might in some ways undermine the therapeutic relationship and this may not always be reparable.

**6. Support for the Counsellor**

Making a decision to disclose information about concerns to a third party is one of the most difficult decisions a counsellor has to make. Such a decision should be made collaboratively with a clinical supervisor and/or a manager and whilst it is important that at each stage, those involved act quickly and appropriately in dealing with these concerns, it is also important that the counsellor is supported throughout the process.

**7. Record keeping**

Good record keeping is an important part of the safeguarding task and the process of making, sharing and storing notes should be transparent and understood by the client. Safeguarding records must be kept for 75 years and must comply with the Data Protection Act (2018) which includes specific reference to processing data in relation to situations, to share personal data without consent.

**8. Policy Review**

This Policy will be reviewed after three years from the date of issue unless business reasons or a change in legislation dictate that an earlier review is appropriate.

**Carrs Lane Counselling Centre Ltd Safeguarding Procedure**

**November 2021, reviewed 2nd November 2022 and 30th June 2023**

**1. Requirement to have read this Policy and Procedure**

All Volunteers and Staff at Carrs Lane Counselling Centre are required to have read this policy and procedure, to be aware of the contents and to have access to a copy or a download of it at all times.

**2. Disclosure and Barring Service (DBS)**

It is a requirement that everyone working at Carrs Lane Counselling Centre has an up to date Disclosure and Barring Service certificate (DBS) before they begin and that this is updated every 3 years. This is because we have regular contact with vulnerable adults. Applications for a DBS check are made through a commissioned DBS provider. The Counselling Centre Manager and the Trustees are responsible for ensuring that a record is kept of every member of staff and volunteer, the issue dates of their first and subsequent DBS certificates and the date when the latest DBS certificate is due for renewal.

**3. Counselling Contracts**

When making a verbal contract with each client at the beginning of counselling, and at times of review of that contract, it is essential that the counsellor clearly states, and ensures that the client understands, that the counsellor would have to break their confidentiality agreement and disclose information if it were in the public interest or for individual protection, what kind of information this might be, and what action might then have to be taken.

**4. Procedure when a Counsellor suspects or learns that a Child or Adult is at risk of abuse or is being abused**

**4.1 A Safeguarding Concern**

If, as a result of information received from a client at Carrs Lane Counselling Centre, a volunteer or member of staff has any concerns that a child or an adult is being abused or may be at risk of abuse, they must, as a matter of urgency, speak immediately to the Counsellor’s Clinical Supervisor. Such a concern must never be carried over until the next day. If the Clinical Supervisor is not available, the Counsellor or member of staff must speak to the Safeguarding Lead Officer, the Deputy Safeguarding Lead Officer, another Clinical Supervisor or a Trustee.

**4.2 Decision Making**

The Safeguarding Lead or Deputy Lead Officer and the Clinical Supervisor will decide whether to consult further and whether it is necessary to make a referral to the Birmingham Children’s Trust or Birmingham Adult Social Care and Health Safeguarding Services. In some cases it may mean consulting with a different trust depending on the residence of the individual.

**4.3 Advice and Guidance**

The Counselling Centre Manager is to be approached for ethical advice and guidance. In the event they are unavailable the deputy safeguarding officers can be contacted.

**4.4 Act Quickly and Appropriately**

At each stage, those involved must act quickly and appropriately in dealing with these concerns.

**4.5 Immediate Danger**

Anyone who believes a child or adult is in immediate danger of significant or serious harm must contact the Police or another emergency service on 999.

**4.6 Communicate with the Client**

It is important that, with support from the Clinical Supervisor and the Safeguarding Lead or Deputy Lead Officer, the Counsellor communicates well with the Client about what is happening, including who is being contacted, what records are being made and the reasons for this.

**4.7 The Client’s Feelings, Needs and Capacity to make Decisions**

During a process of this kind, the Counsellor, Clinical Supervisor and the Safeguarding Lead or Deputy Lead Officer, should give all possible considerations to the client’s feelings and needs as well as whether or not a professional assessment is needed of their capacity to make decisions (Mental Capacity Act 2005, Appendix C). Whilst a child has a right to protection, an adult who has the capacity to make decisions has a right to make choices and knowingly take risks and it is expected that the Counsellor will ‘do their best to respect the parts of the Client’s wishes or confidences that do not need to be overridden in order to prevent serious harm’ (BACP 2018).

**4.8 The Therapeutic Relationship**

The Counsellor should recognise that when responding to a safeguarding concern which has arisen from something the Client has said, whether intentionally or unintentionally, it becomes necessary for the Counsellor to initiate a management procedure and temporarily move away from the therapeutic work in which they were engaged. The Counsellor needs to be aware of the possibility that however carefully the Counsellor has contracted and communicated with the Client, the necessity to respond to a safeguarding concern might in some way undermine the trust and sense of safety which had been built up in the therapeutic relationship and this may not always be reparable.

**4.9 Support for the Counsellor**

The Clinical Supervisor and the Safeguarding Lead or Deputy Lead Officer, will also give due consideration to the Counsellor’s needs for additional support and supervision during this difficult process. Dealing with the consequences, including possible impact on the therapeutic relationship are aspects of the support which the Counsellor may need. It is also essential that the Counsellor pays attention to self-care.

**4.10 Record Keeping**

Each person involved in the process must make brief notes at the time, if appropriate, and write them up in detail as soon as possible. Original notes must not be destroyed in case they are required by the statutory authorities. A record, called a case file should be opened and should contain the records made by each member of staff and volunteer involved. These records should contain dates of when the information became known and the nature of the concerns. They should include ongoing actions with dates, any other key documents and the case closure date. Records should use straightforward language and be concise, accurate and suitable for the purpose for which they were written. The date, time, place and actual words should be recorded, including any swear words or slang. Facts and observations should be recorded. Interpretations, assumptions, speculations or conclusions must not be included. Whether they are electronic or on paper, records must be stored securely, together with identifying data about who should have access to them.

Safeguarding records must be kept for 75 years. Any records kept must comply with the Data Protection Act (2018) which includes specific reference to processing data in relation to ‘the safeguarding of children and individuals at risk’ and allows individuals to share, in certain situations, personal data without consent. Such decisions must always be made in consultation with CLCC Ltd’s Insurers or Solicitors.

**Appendices**

**Appendix A. Categories of Child Abuse**

The Government’s ‘Working Together to Safeguard Children’ (2018) defines the following categories of child abuse:

**Physical abuse:** includes hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating.

**Emotional Abuse:** Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. It includes conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate, imposing age or developmentally inappropriate expectations on a child, interactions that are beyond a child’s developmental capability, overprotection, limitation of exploration and learning, preventing a child from participating in normal social interaction, seeing or hearing the ill-treatment of another, serious bullying (including cyber bullying), causing a child frequently to feel frightened or in danger, or the exploitation or corruption of a child.

**Sexual Abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. It may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Acts of sexual abuse can be committed by men, by women and by other children.

**Child Sexual Exploitation:** Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology. It is a form of child sexual abuse. Child sexual exploitation occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity either in exchange for something the child needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. A child may have been sexually exploited even if the sexual activity appears consensual.

**Neglect:** is a persistent failure to meet a child’s basic physical and/or psychological needs, including the provision of adequate food, clothing and shelter, protection from physical and emotional harm or danger, adequate supervision, access to appropriate medical care or treatment Neglect may also occur during pregnancy as a result of maternal substance abuse.

**Bullying and Cyber bullying:** Bullying is behaviour that hurts someone else. It is usually repeated over a period of time and can hurt a child physically and/or emotionally. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere: at school, at home, online. Bullying that happens online, using social networks, games and mobile phones, is often called cyber bullying. A child can feel that there is no escape because it can happen wherever they are, at any time of day or night.

**Domestic Abuse:** Impairment caused by witnessing domestic violence or abuse is included in the definition of ‘harm’ in the Children Act 1989 and witnessing domestic abuse is child abuse.

**Appendix B.**

**Categories of Adult Abuse**

With reference to the Government’s ‘Care and Support Statutory Guidance’ (2018):

**Physical abuse:** includes assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate physical sanctions.

**Sexual abuse:** includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressurised into consenting. It includes indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts.

**Psychological abuse:** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse:** includes theft, fraud, exploitation, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits. Financial abuse is the main form of abuse investigated by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, research has shown that where there are other forms of abuse, there is also likely to be financial abuse occurring.

**Neglect and acts of omission:** include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care and support or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Domestic abuse:** is usually a systematic, repeated and escalating pattern of behaviour, by which the abuser seeks to control, limit and humiliate, often behind closed doors. The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, sexual, financial or emotional abuse. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015 and closed a gap in the law. The offence will impose a maximum 5 year imprisonment, a fine or both.

**Organisational abuse: i**ncludes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one’s own home. It may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Modern slavery encompasses:** slavery, human trafficking, forced labour, domestic servitude and traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory abuse:** Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as [‘protected characteristics’ under the Equality Act 2010](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics))

**Self-neglect:** Lack of self-care that may threaten personal health or safety, this can include inability to care for own personal hygiene, health and surrounds. Being unable to avoid self harm and failure to seek help or access services for health and social care needs.

**Appendix C.**

**The Mental Capacity Act 2005**

The Mental Capacity Act 2015 creates a framework to provide protection for people who cannot make decisions for themselves. It contains provision for assessing whether people have the mental capacity to make decisions. It also has procedures for making decisions on behalf of other people, and safeguards.

**The Mental Capacity Act Code of Practice** defines the legal duties placed on health and social care professionals. It also offers more general guidance and information to anyone caring for someone who may lack capacity to make a decision.

**The 5 Core Principles of the Mental Capacity Act**

**1. Presumption of capacity (section 1(2)):** Every adult has the right to make their own decisions if they have the capacity to do so. It must be assumed that a person has the capacity to make decisions unless it can be established that they do not.

**2. Maximising decision making capacity (section 1(3)):** People should receive support to help them make their own decisions. Before concluding that someone lacks capacity to make a particular decision, all possible steps must be taken to help them to reach a decision them self.

**3. Right to make unwise decisions (section 1(4)):** People have the right to make decisions that others might think are unwise and they should not then automatically be labelled as lacking the capacity to make a decision.

**4. Best interest (section 1(5)):** The underlying philosophy of the Mental Capacity Act is that any decision made, or action taken on behalf of someone who lacks the capacity to make the decision or act for themselves, must be made in the person’s best interests.

**5. Least restrictive option (section 1(6)):** Any act done for, or any decision made on behalf of, someone who lacks capacity, should be the least restrictive option possible.

**The Mental Capacity Act applies to:** anyone whose mental capacity to make decisions is affected by ‘an impairment of, or a disturbance in the functioning of, the mind or brain. A person’s mental capacity may be permanently affected e.g. by a form of dementia, a learning disability or a brain injury. For others, their mental capacity may be affected only for a temporary period, for example because they are confused or unconscious. A person who has a mental health diagnosis, or who is detained under the Mental Health Act 1983, does not necessarily lack the capacity to make decisions for themself. A person also must not be assumed to lack capacity because of their age, appearance or a disabling or medical condition they may have.

**Definition of lacking capacity (section 2):** ‘A person lacks capacity in relation to a matter if ‘at the material time’ they are unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of the mind or brain’. The impairment or disturbance may be permanent or temporary.

**A decision by decision basis:** Capacity is not a permanent state and people should not be described as having or lacking capacity. An assessment, made by a health or social care professional is about whether at this particular time, the person is capable of making this particular decision. Some people may have fluctuating capacity. The level of capacity needed depends on the decision to be made.

**Assessment of a person’s capacity to take an action or make a decision:**  Anyone intending to take an action or make a decision on behalf of someone else must first assess the person’s capacity to take that action or make that decision for themselves and must have a reasonable belief that the person they are helping lacks capacity to make the decision in question. The person still should be involved in the decision making process as much as possible.

**Who can assess another person’s capacity to make a particular decision?** The person’s family and friends can make an assessment where straightforward day to day actions and decisions need to be taken. For more complex or life changing decisions, such as giving consent for medical treatment, a more formal assessment may need to be done by a professional, for example a doctor or social worker, a nurse or a professional carer.

**How are best interest decisions made?** A person making a decision on behalf of someone else must: consider all the relevant circumstances, consider whether and when the person will have capacity to make the decision in future and whether to put off making the decision immediately, support the person’s participation in acts done for them and decisions affecting them, consider the person’s expressed wishes and feelings, beliefs and values and other factors that the person would be likely to consider, take into account the views of carers, people with an interest in the person’s welfare or those appointed to act for the person and any other relevant considerations, depending on the situation.

**Appendix D. References**

* Care Act (2014) HM Government
* ‘Care and Support Statutory Guidance’ (October 2018) HM Government
* Children Act (1989) HM Government
* Data Protection Act (2018) HM Government
* ‘Ethical Framework for the Counselling Professions’ (July 2018) British Association for Counsellors and Psychotherapists (BACP)
* Human Rights Act (1998) HM Government
* Mental Capacity Act (2005) HM Government
* Mental Capacity Act 2005 – Mind

 www.mind.org.uk › legal-rights › mental-capacity-act-2005 › overview

* ‘NHS Safeguarding Policy’ (March 2014 updated March 2019)
* ‘Safeguarding Older People from Abuse and Neglect’ (January 2019) Age UK fact sheet 78
* ‘Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children’ (July 2018) HM Government

**Appendix E Formal Assessment and Referral – Flowchart of Outline Process**

Counsellor holds pre contract stage Assessment with Client. Obtains GP details and explains the Counselling Centre’s houserules including confidentiality (reason for a breach) and role of supervision.

Issues arise in Assessment that question client suitability for counselling at centre e.g.: need to signpost, possible referral to GP, safeguarding, risk of harm to self or others

URGENT ISSUE? (Safeguarding, Risk of harm?)

Counsellor explores options available to client, explains need to seek advice from Supervisor/Safeguarding Lead and gains client consent (if possible) to do so

YES/UNSURE

NO

Counsellor finishes Assessment and books Appointment with Client for following week.

If Counsellor: contact either: [1] Clinical Supervisor, or [2] Another Supervisor or [3] Safeguarding Lead or Deputy Lead for emergency supervision to discuss case.

If Supervisor: contact [3] for same purpose.

Counsellor receives Ai Supervision from Clinical Supervisor prior to appointment in following week with client.

Referral or Breach Required? required

Supervisor Identifies URGENT ISSUE? (Safeguarding, Risk of harm?)

YES

NO

Counsellor Resumes

Appointment

NO

YES/UNSURE

Safeguarding Lead or Deputy Lead is consulted and determines appropriate course of action e.g.to notify:

[1] GP via Letter of Referral (service unsuitable, or risk of harm) or

[2] Emergency Services (where immediate risk of harm to client by client exists) or

[3] Birmingham City Council (safeguarding issue).

Supervisor advises Counselling Centre of Decision for Counsellor to further assess, contractfor counselling, or signpost client.

Counsellor meets with client at next appointment to continue assessment, contract with, or signpost of client,

 or

Counselling Centre office advises client of decision in absence of Counsellor.

Client and Counsellor advised of action to be taken

**Appendix F – Safeguarding Procedure Flowchart**

**DBS checks**

For all staff and volunteers – Updated every 3 years

**This Policy**

Is read by all staff and volunteers, and is accessible

**Another Supervisor** may be consulted

Contact **The Police**

**No Further Action**

**Yes**

**Safeguarding Lead or Deputy** contacts **Local Authority Safeguarding Service**

Contact the **Emergency Services**

**No**

**No**

Has **a crime** been committed?

Appropriate **Records** are maintained

**The Client**

Is consulted and kept informed appropriately

**The Counsellor** receives sufficient support and also attends to self-care

Possible impact on **therapeutic relationship** is recognised

**A Counsellor or member of staff has concerns**

as a result of information received from a client, that a child or adult may have been or may be being abused or may be at risk of abuse

**Yes**

Is there an **immediate risk** of harm?

There is a safeguarding concern which requires **further action**

**Clinical Supervisor** informed, consults **Safeguarding Lead or Deputy Lead** and a decision is reached

**Initial Contracting with Clients**

Includes reasons when confidentiality would have to be broken