

Safeguarding Information for Year Teachers and Parents/Carers

It is important to highlight that most 10/11-12 year olds will engage in 'youth support' rather than counselling on Kooth, unless they are identified as having a counselling need and assessed to be Gillick competent. This means they are able to consent to the principles of entering a counselling intervention. However, safeguarding concerns may arise in youth support messages and chats.

How do children and young people experience safeguarding at Kooth?

Kooth Safety guidelines and Kooth practitioners explain that:

- 1. If we are ever really worried about them and think they are at risk of danger, we will talk to them about the need for somebody outside the Kooth team to know what has happened or is happening to them.
- 2. This would only happen if their life is at risk because of something they are doing, they are at risk from somebody else or they are a risk to somebody else.
- 3. In these cases, they will be asked for their contact details so they can be referred to appropriate services to get the help they need

How do Kooth safeguard children and young people?

SERVICE PRINCIPLES: Safeguarding is **the** core principle that encompasses everything Kooth does, and as such is a core value amongst our people, both staff and service users.

TRAINING & LEGISLATION: All of our staff are fully trained in Advanced Child Protection and we actively promote the requirements to safeguard service users effectively under the Children Act (1989).

RISK ASSESSMENT: We conduct ongoing risk assessments, providing confidential spaces where service users engage and understand our duty to keep them safe from harm. Our online and face to face provision is guided by the Common Assessment Framework (CAF), which helps to ascertain support networks that service users have, and identifies safeguarding risks and emotional robustness.

SAFEGUARDING PROTOCOL & CLINICAL GOVERNANCE:

The safeguarding team is the first point of contact for external agencies pursuing any safeguarding queries or investigations. We follow clear clinical governance arrangements and keep factual and comprehensive case notes for all interactions and record decisions and actions taken in regard to safeguarding.

Kooth staff respond to all concerns raised by service users, following a robust safeguarding system. Where risk is significant we will intervene, following our robust safeguarding protocol and ensuring confidentiality and the limits of confidentiality are discussed with all service users.

CHILD/ PERSON CENTERED SERVICE:

We act in the best interests of the service user to manage risk. Where there is a significant or immediate risk, service users are encouraged to provide us with their identifiable information, so we can best work with partners and other services, maintaining a joined up approach. Though service users are not obliged to give us this information.

We would continue to work with service users to keep them safe, and not stop working with them if they don't give us further details. We keep service users informed of our intended actions, and every user has the right to use the complaints procedure.

CONSENT TO SHARE: Consent is not always required for us to share personal information externally if there is risk of serious harm, though disclosures are only made with consent, unless there is significant risk.

