Sexual Assault & Abuse Support Service
Buckinghamshire & Milton Keynes

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# Risk To Self and Others Policy

## Introduction

Sexual Assault and Abuse Support Services Buckinghamshire and Milton Keynes (SAASSBMK) recognise that our service users may use various coping mechanisms and we do not judge these or ask them to stop. However, in working with survivors who use mechanisms which are harmful to them and to others, we must balance our duty of care to them, to other service users and to staff and volunteers.

Where we suspect that a service user is posing a significant threat to their own life or to others, we may intervene in line with the safeguarding flow chart in Appendix A, for example by contacting the service user's GP, or the emergency services.

This includes, but is not limited to, situations where a service user:

- Tells us they are planning suicide or takes steps to complete suicide in our presence.
- Lets us know that they are self-harming in a way which we think puts their life at risk.
- Lets us know they are neglecting their medical or personal care needs to a point which we think puts their life at risk.
- Lets us know they are using substances in a way which we think puts their life at risk.
- Lets us know that due to their actions they are putting someone else at serious risk (i.e. Dependents)

We do not exclude survivors from services if they self-harm as we recognise that this can be an important coping mechanism and may be the only thing keeping someone 'safe', however we discourage service users from self-harming whilst on our premises, or in any other building in which we are delivering support services.

## Self-harm on the premises

We recognise that self-harm can take many forms, with varying degrees of physical risk to the person self-harming. It will also affect those witnessing it in different ways. For example, cutting with a knife and picking at skin may both be forms of self-harm but are likely to pose very different levels of risk and distress to both the survivor and those witnessing the self-harm. We discourage self-harm on the premises, but SAASSBMK will take a case-by-case approach to managing both the risk to the survivor and the distress and impact on others.

If a survivor attempts to harm themselves while on the premises, we will speak with them to understand their situation, the risks they are currently facing, other coping strategies they have and whether they have other support in place. We will take appropriate action which might include:

- liaising with their GP or mental health team to ensure that adequate support is in place.
- speaking with them about what other coping mechanisms they could use to avoid harming themselves while on our premises.

- If the harm inflicted is severe enough to require an ambulance call to the premises, we will ring emergency services and encourage the service user to remain on the premises until they have been properly treated. Under no circumstances should a worker offer to take a service user to hospital in their car.

In some circumstances, if a service user is unable to attend sessions at our premises without self-harming and this is having a detrimental impact on them, other service users, staff or volunteers, we may ask them to stop attending until they can do so without self-harming.

As part of our duty of care to other service users, staff and volunteers, we may occasionally ask service users who are self-harming to leave the premises immediately. This includes:

- If the service user is in possession of a weapon of any kind.
- If they are self-harming in such a way that causes serious distress to other service users, staff or volunteers.

We will not allow the use of alcohol or illicit drugs on the premises.

Anyone who is accessing face to face support services will be asked to sign a working agreement which sets out the principles of this policy.

We recognise that in cases where survivors want to work on self-harm, we can offer practical suggestions for recognising triggers and using other coping strategies, but actually changing the feelings that lead to self-harm is long-term work and may require the help of a counsellor. All instances of self-harm need to be discussed in supervision and with your line manager to ensure both service user and worker wellbeing.

**Therapeutic, group, telephone support, IDSVA and advocacy services**

The following section is for services working with known service users, i.e. those who have been through our referral and assessment processes and for whom we will have full details.

**Working with survivors and the risk of suicide**

Some of the survivors we support will experience recurrent thoughts of suicide and may have previously made attempts. Some may not have previously had suicidal thoughts but might develop these during support, or existing thoughts might get worse during support.

Information, Advice and Guidance sessions, clinical assessments and regular risk and need reviews should be carried out with all service users so that we have a clear understanding of the risks they may pose to themselves, and workers should be alert to any changes or warning signs.

There are several factors or behaviours which may cause us to consider someone to be at higher risk of suicide:

- They say they have a plan and intend to act on it within a specific timeframe. The sooner they intend to act and the more specific the plan, the higher the risk.
- They have made previous suicide attempts.
- They have the means/tools to carry out their plan (e.g. medication or a weapon).
- They appear unwilling to make concrete future plans and/or do not talk about any future plans.
- They are unable to identify reasons to live.
- They have very little support network around them.
- They seem to be putting their affairs in order.
- Their behaviour has changed in any way which seems unusual – they might suddenly appear happier or more at ease – this can be an indication they have planned to end their life.

This is not an exhaustive list, and anything which causes you to be concerned that someone might be experiencing suicidal thoughts should prompt you to act.

Questions related to these risk factors should be included in sessions e.g. “have you ever made an attempt to end your life?”.

Workers should be actively risk assessing during any contact with service users and asking questions to understand the levels of risk. If you are worried about any service user having suicidal thoughts, ask them about this directly as soon as you become aware and follow the safeguarding flowchart to escalate the matter.

**Risk to others**

*See also: Dual Status Policy*

We might occasionally work with survivors who could pose a risk to others and we might become aware of this through our own risk assessment or through an external risk assessment from another agency. As part of our duty of care to other service users, staff and volunteers, this may mean that we need to restrict the services they are able to access or the way in which they access them.

All assessments should contain questions aimed at assessing the risk a service user may pose to others.

If we become aware that a service user may pose a risk to others, a risk assessment should be carried out to understand the level and type of risk. This might involve speaking with the service user, with other professionals and/or reviewing the risk assessment material already available to us.

Following the risk assessment, we may take steps to reduce the risk to others including (but not limited to):

- Always meeting the service user with two workers present
- Only carrying out telephone or online contact with the service user (not face-to-face)

- Offering 1-1 rather than group support

In some circumstances we may decide that it is not appropriate for the service user to access any SAASSBMK services, and may refer them onto another, more appropriate, service, where one is available.

If a service user discloses information about themselves, or someone else being involved in terrorism, we are legally required to report whatever information we have to the police. Workers with concerns about this should discuss the situation with a Designated Safeguarding Officer (see below) as soon as possible, and if it's decided that they do have relevant information about terrorism, they should make a report to the police either via 999, 101 or the online reporting system (depending on the imminence of the threat).

**Emergency contact details**

We will always ask for details of the service user's GP and/or CPN/social worker (if applicable) at the beginning of support. These will be kept on the service users file database as emergency contacts. Where a service user is not registered with a GP, they will be encouraged to register as soon as possible (and within 2 weeks from the start date of receiving support from SAASSBMK). A range of emergency support options will be provided to service users via the initial working agreement, or during assessment if needed, for example Crisis Café, 111, Samaritans, or encouragement to call 999 if they're in an emergency situation.

**Procedure where there are concerns about a service user's risk to self or others**

We always let the service user know that we are concerned (unless there is a clear increase in risk if we do this) and aim to work with them to identify steps that can be taken to minimise risks. This should include empowering the service user to seek support in the first instance. If a worker thinks we may need to share information with the service user's emergency contact or emergency services and the service user does not agree to this, the worker should discuss this with a Designated Safeguarding Officer and agree a plan. Workers should consult service users on how information is shared and on instances when we may have to act without their consent.

Workers should ideally speak with their own line manager in the first instance; however any Designated Safeguarding Officer can be consulted if their line manager is unavailable.

Designated Safeguarding Officers should aim to discuss a decision to breach confidentiality with the Designated Safeguarding Lead before taking action, if possible.

**Notes**

Clear notes should be taken of all safeguarding concerns and escalations (whether external e.g. a MASH referral or internal e.g. a call with the DSL or DSO's), and these should be added to the Database, using the Disclosure Form.

**Potential emergency contacts for service users posing a risk to themselves or Others**

These are the agencies you may decide to contact to share information about a service user posing a risk to themselves or to someone else. Please note, this is not exhaustive and other agencies may also be appropriate depending on the services accessed by the service user:

- Buckinghamshire Childrens Safeguarding Partnership (BSCP) – for concerns about children at risk in Buckinghamshire.
- Milton Keynes Safeguarding Children Board (MKSCB) – for concerns about children at risk in Milton Keynes
- Buckinghamshire Safeguarding Adults Board (BSAB) – for concerns about adults at risk
- Safeguarding Adults Board (SAB) in Milton Keynes – for concerns about adults at risk
- Local Authority Designated Officer (LADO) - for concerns about an adult who works with children and may pose a risk to them.
- Service user's GP – for concerns about a service user's welfare
- Service user's Care Coordinator at the Adult Mental Health Team (AMHT) – for concerns about a service user's welfare where the service user has been referred to the AMHT.
- 999 for police or ambulance – where there is an immediate risk to life.
- 111 for GP Out of Hours
- 101 for police welfare checks or non-urgent reports
- Service user's school contacts (if young person)
- Service user's parents or carers (if young person)
- Service user's college or university support worker (if student)
- Any other service working closely with the service user who you think might be able to help safeguard them.

Please see contact list in Appendix B for more information.

**Welcome Workers & Telephone Support Service**

The Welcome Workers and Telephone Support Service includes text support and email support. SAASSBMK recognises that lots of survivors and our Telephone Support service users might be having thoughts of self-harm, harm to others, or suicidal ideation. We engage in conversations about these concerns with unwavering belief, maintaining a non-judgmental and non-directive approach. This may be the only space where individuals are able to discuss how they are feeling, and therefore might be crucial to helping them work through those feelings. However, this should be balanced with our duty of care to safeguard survivors wherever possible and if we believe they may be at risk of serious harm and we have identifiable information, we may need to take action to keep them safe.

Welcome Workers and Telephone Support Workers should be alert to suggestions that a service user may be suicidal or seriously self-harming and ask appropriate

questions to explore the risk. (**see guidance documents: 'Working with actively suicidal callers' and 'Working with self-harming callers').**

When working with service users at risk of harming themselves who need to seek medical help or support, our first port of call will always be to encourage and support them to do this themselves (e.g. talk through their options, provide signposting information).

In a situation where we have identifying information and where someone is unable or unwilling to call for help themselves, we may call for help on their behalf.

Workers should communicate with their line manager or a Designated Safeguarding Officer if they are speaking with an actively or imminently suicidal caller to seek advice and support on the best course of action.

**Designated Safeguarding Personnel**

Designated Safeguarding Lead (DSL):

- Head of Services – Sally Davies; sally@saassbmk.org.uk; 07970 070320

Designated Safeguarding Officers (DSO):

- Therapeutic Service Manager – Gemma Stevenson; gemma@saassbmk.org.uk; 07514 623110
- DV Counselling Co-ordinator – Zahara Kayani; zahara@saassbmk.org.uk; 07514 623 102
- CYP Counselling Co-ordinator – Rachel Stanton; rachel@sashbucks.org.uk; 07419 133992

The DSL and DSO's should ensure that they receive the appropriate level of Adult and Child Safeguarding training which is updated on an annual basis.

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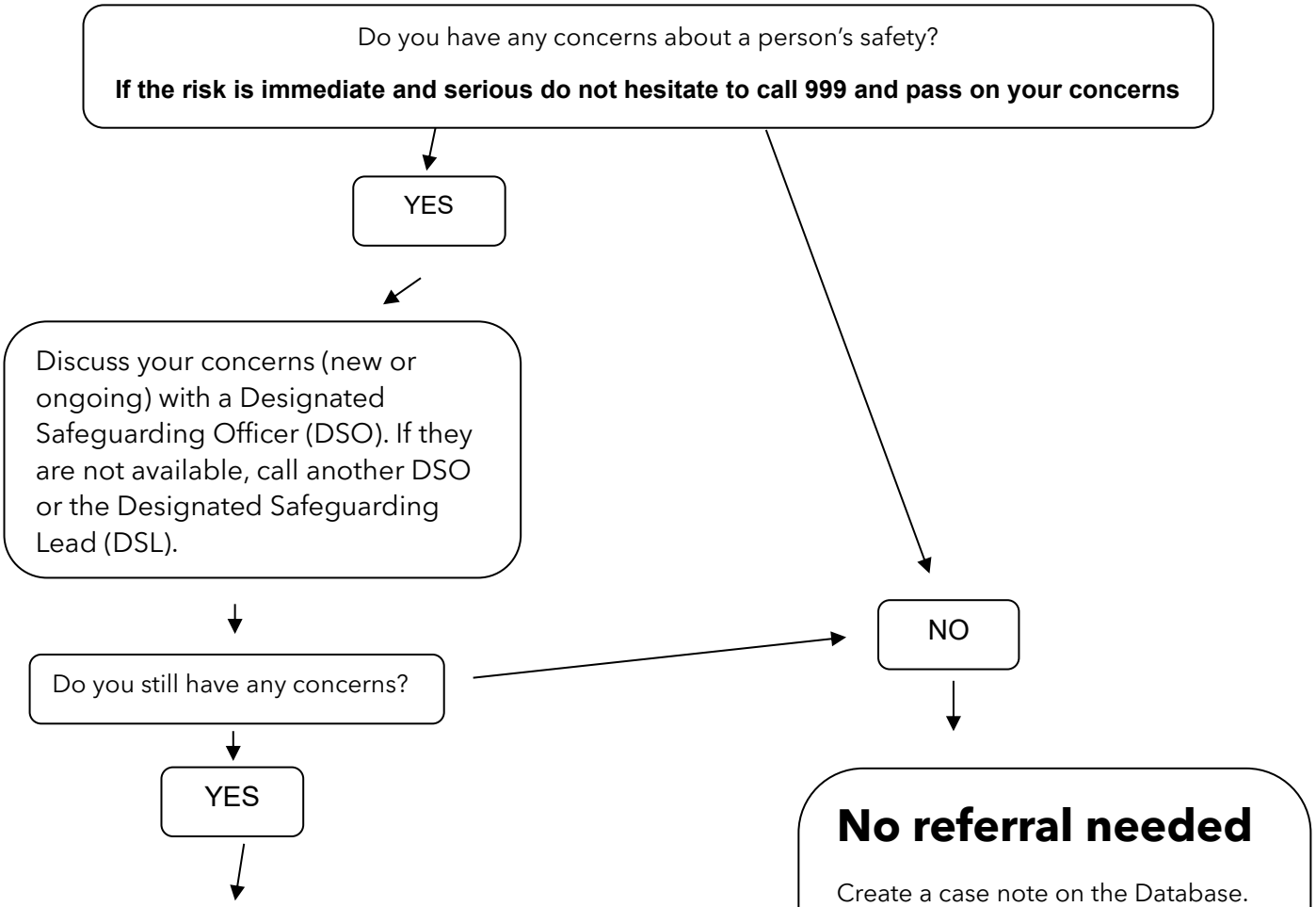
## Appendix A – Safeguarding Flowchart




### Referral Needed

If possible, explain your concerns to the service user first and that you will need to share those concerns with someone who can help.

1. Carry out a risk assessment form and detail what you were told by the service user.
2. Complete a Disclosure Form and before sending, read the contents of the Disclosure to the service user (if appropriate to do so).
3. Send the Disclosure Form to the DSO or DSL
4. If possible, update the service user and continue to offer support.
5. Inform service user referral to external agency required (if safe)
6. Debrief with colleagues and/or DSO/DSL
7. If you are a volunteer counsellor, DSO or the DSL will carry out steps 4 and 5 and will feed back to you. If you receive additional information from the service user, you must pass this on to the DSO or DSL and update the Database.

### No referral needed

Create a case note on the Database. Detail what you were told by the service user and any discussion with the DSO/DSL.

Continue to work with the service user considering additional support needs as appropriate.

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Buckinghamshire & Milton Keynes

## Appendix B – Safeguarding Contact Details

### BUCKINGHAMSHIRE

Safeguarding Adults Team:

Working Hours: 0800 137915 or 01296 383204

Out of Hours: 0800 999 7677 (Emergency Duty Team)

Email: ascfirstresponse@buckinghamshire.gov.uk

Portal: https://www.buckssafeguarding.org.uk/adultsboard/report-a-concern/

First Response Team/MASH on:

Working Hours: 01296 383962

Out of Hours: 0800 999 7677 (Emergency Duty Team)

Email: secure-cypfirstresponse@buckinghamshire.gov.uk

Online: https://account.buckscc.gov.uk/service/Report_a_concern_about_a_child

The Police on:

Emergencies 999 Non Emergencies 101

### MILTON KEYNES

Safeguarding Adults Team:

Working Hours: 01908 252835

Out of Hours: 01908 725005 (Emergency Duty Team)

Email: safeguardingadults@milton-keynes.gov.uk

Portal: https://www.milton-keynes.gov.uk/adult-social-care/safeguarding-adults-and-children/worried-about-adult

First Response Team/MASH on:

Working Hours: 01908 253169 or 01908 253170

Out of Hours: 01908 265545 (Emergency Duty Team)

Email: children@milton-keynes-gov.uk

Online: www.milton-keynes.gov.uk/children-young-people-and-families/childrens-social-care/worried-about-child

The Police on:

Emergencies 999 Non Emergencies 101

Sexual Assault & Abuse Support Service
Buckinghamshire & Milton Keynes

**Other Useful Numbers:**

NSPCC Child Protection Helpline: 0800 800 5000

NSPCC Whistleblowing Advice Line: 0800 0280285