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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 different techniques to handle challenges, we recognise this is how they have learnt to survive. While we recognise that survival can lead individuals to develop different coping approaches, we have a duty of care to ensure these do not cause significant harm to self and/or to others.

If a service user appears to be at risk and intending to end their life, we will need to follow crisis intervention and safeguarding guidelines, how we will do this will vary on the situation and context of the intention.

If it involves risk to others, an example of this would be intending to end their life by stepping out in front of a train we would then need to inform the emergency service due to risk to the public.

As in this case it will be traumatic for the driver, train passengers, station staff and a serious risk if others try to intervene and fall.

This is an example of significant risk and actions would be swift with direct calls to the police and paramedics to attend the scene.

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 and/or self-injuring in a way which we believe puts their life at risk.
- Lets us know they are neglecting their medical or personal care needs to a point which we believe puts their life at risk.
- Lets us know they are using substances in a way which we believe is life threatening.
- Lets us know that due to their actions they are putting someone else at significant risk (i.e. Dependents or vulnerable adults that they have caring responsibilities for).

We do not exclude survivors from services if they self-harm and self-injure 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-injury on the premises

We recognise that self-injury and self-harm can take many forms, with varying degrees of physical risk to the person self-injuring. 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-injury but may pose different levels of risk and distress to both the survivor and those witnessing the self-injury. We discourage all forms of self-injury on the premises,

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 injure themselves while on the premises, we will take this as a communication of dysregulation and complete some form of interactive regulation. We will take appropriate action which might include:

- Pausing the current planned intervention and proceed to help the service user regulate and this may be practitioner led.
- Liaise with their GP or community mental health team to ensure that adequate support is in place.
- Asking if there is a trusted person we can call which may not be their emergency contact.
- Exploring with them about what other coping mechanisms they could use to avoid injuring themselves in the present.
- If the harm inflicted is life threatening it will require an ambulance call to the premises, we will contact emergency services and encourage the service user to remain on the premises until they have been properly treated. Under no circumstance should a worker detain a service user against their will. Under no circumstance should a worker offer to take a service user to hospital in their car or attempt to carry out first aid if they are not a registered first aider.

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

In doing this we will complete a risk assessment and conduct a new clinical assessment. The next stage of the process will be dependent on the outcome of the assessment process. This may lead us to make a clinical decision to offer an alternative service.

An example of this may be delivering additional regulation sessions via the SIP programme to embed additional ways of managing distress.

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

- If the service user is in possession of a weapon of any kind and their presence is threatening and causing distress
- If the service user is not safe to leave the premises, we may call on an emergency response service to support the situation.

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

We do work with service users that may use illicit substances socially or in a way that help them manage distress but in the working agreement we will ask them to commit to being sober for sessions.

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 and/or self-injure, we can offer practical suggestions for the early detection of stressors and help them to take stock of the stressors and work on a plan of tolerance and regulation when they are in public and social spaces.

Urges to self-injure and self-harm need supporting in a therapeutic space and new ways to navigate distress must be present and successful before the previous ways of coping halt. All instances of self-harm and self-injury 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 potential of suicide and intent.

Some of the survivors we support will experience repetitive thoughts of suicide and may have previously been vulnerable to intent and action. Some may not have previously had suicidal thoughts or intent but may develop these during support, or existing thoughts might get worse during support. This happens as the event they are processing has become significant again and is in their present timeline as they are attending a support service to address the impact of the abuse.

Information, Advice and Guidance sessions, clinical assessments and regular risk and need reviews will be conducted with all service users.

We cannot successfully eradicate risk, but we can work collaboratively to reduce it.

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 period. The sooner they intend to act and the more specific the plan, the higher the risk.
- They have a history on suicidal intent and action.
- They have easy access to the means/tools to carry out their plan (e.g. medication or a weapon).
- They do not talk about their future and/or hope.
- They believe they have no purpose.
- They have very little support network around them and believe that others will be better off without them.
- They seem to be putting their affairs in order.
- They thank you for all your support and address you in a way that feels final, without approaching an ending.

- 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 intent should prompt you to act.

Questions related to these risk factors should be included in sessions e.g. “have you ever intended and acted 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 intent, 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 may 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 (capacity allowing)
- 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 acting, 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.

The DSO or DSL needs to complete the safeguarding form on share point and ensure that it is up to date.

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 some service users contacting the Telephone Support service may be having thoughts of self-harm, self-injury, intention to cause harm to others, suicidal ideation or intending to end their own life. 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 significant harm self or others and we have been provided with 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 causing significant life-threatening harm and ask appropriate questions to explore the risk. **(see guidance documents: 'Working with actively suicidal callers' and 'Working with self-injuring callers').**

When working with service users at significant risk of injuring themselves or harm that causes threat to life. who need to seek medical help or support, our first option 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):

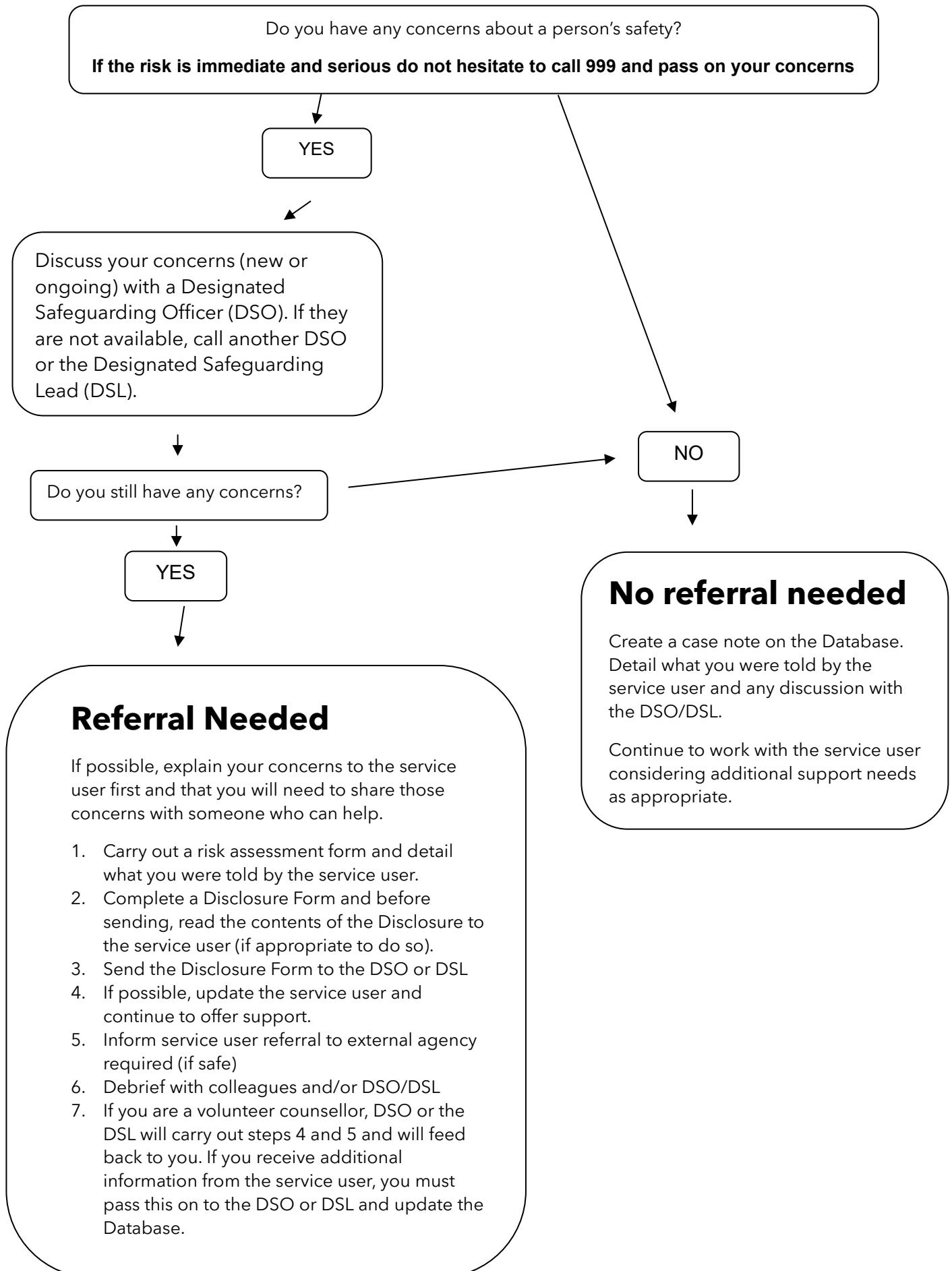
- Head of Services – Sally Davies; sally@saassbmk.org.uk; 07970 070320
- Co-CEO – Zoe Bell: zoe@saassbmk.org.uk;

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
- Therapeutic Services Support Worker – Sarah Dunmur;
sarah@saassbmk.org.uk 07912 497 433
- CYP Counselling Co-ordinator – Lili Stemson;
lili@sashbucks.org.uk; 07749051468

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

Appendix A – Safeguarding Flowchart



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

Other Useful Numbers:

NSPCC Child Protection Helpline: 0800 800 5000

NSPCC Whistleblowing Advice Line: 0800 0280285