

# Assessing risk and safeguarding

Call handling guidance

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## About this guide

As a local Healthwatch staff member or volunteer, you might receive calls from people in distress, who could be a risk to themselves or others, or where there might be a safeguarding concern. We have a duty of care to help keep the person safe while also getting them the help they need. To support you to manage these types of calls, this guide covers:

- How to assess risk
- Safeguarding
- Callers with suicidal thoughts

## Our role

If someone is perceived to be at risk of harm, you need to encourage the person to get appropriate support as quickly as possible. If you feel the person is not at significant or immediate risk, but that they need more in-depth emotional support, you should direct them to a service like the Samaritans.

You need to be clear about your duty of care, and what your threshold for providing support is, as well as when you may need to break a caller's confidentiality. It is recommended that each local Healthwatch has a Confidentiality Policy and Safeguarding Children and Adults Policy.

If someone is at risk, you should make decisions about the action to take with other colleagues if possible.

## Assessing the call

The action you take will depend on the information the person discloses to you. These two tables below take you through how to navigate a call when you feel someone is at risk or there is a safeguarding concern. Each Healthwatch should have its own agreed process, this is a guide only.

Is the person contacting Healthwatch and/or another person at risk?	
1) Do you think the person has made or is about to make a suicide attempt? Or have they disclosed to you that an adult or child has been harmed?  Do you have any identifying information about this person and/or their location?	First, explain your concern
	If no but you feel they are at significant risk - advise the person to hang up and dial 999.
	If yes - advise the person to hang up and dial 999 but explain that due to the potential risk to them or others, you are also going to contact 999. End the call and dial 999, providing them with the information you have been given by the caller.
2) Log the call	
3) Talk the call through with a colleague or your line manager, particularly if you found it challenging.	

Is there a potential safeguarding risk for the person contacting Healthwatch or for someone else?	
1) Has the person told you that either they or someone else, have any care or support needs?	<p>Support needs include:</p> <ul style="list-style-type: none"> <li>• Mental health needs or a personality disorder</li> <li>• A learning disability</li> <li>• Being elderly and frail</li> <li>• Alcohol or substance misuse</li> <li>• Physical disabilities or sensory impairments</li> <li>• Long term illness and conditions</li> </ul>
2) Has any actual or potential abuse been disclosed to you?	<p>Abuse can be any of the following:</p> <ul style="list-style-type: none"> <li>• Physical or domestic violence</li> <li>• Sexual abuse</li> <li>• Psychological abuse</li> <li>• Financial or material abuse</li> <li>• Cyber abuse or bullying</li> <li>• Modern slavery</li> <li>• Discriminatory abuse</li> <li>• Organisational abuse</li> <li>• Neglect and acts of omission</li> <li>• Self-neglect</li> </ul>
3) Are you are concerned that a person needs care and support and is at risk of abuse or neglect?	<p>If yes - then this is a potential safeguarding issue.</p> <p>If you are unsure ask a colleague to support you with the call. If you are taking a call at home and you want to speak to your colleague, ask the caller if they would be okay with you phoning them back once you've spoken to your line manager.</p>
4) Explain you are concerned about the situation and would like to get the person some support.	<p>In line with your safeguarding policy, make the person aware that in some situations you may need to share this information with the local safeguarding team. This is only the case if you are aware that a person is at risk and you are concerned that no action is going to be taken.</p>
5) Explore if the person has tried to get support previously, either for themselves or someone else at risk. What was the result?	
6) Is the person able and/or willing to get help for themselves or someone else at risk?	<p>If yes - ask them to contact their local council safeguarding team, make sure they have the right contact information. You should agree with the person what they can do if they don't get a response from the safeguarding team, e.g. could they call local Healthwatch again?</p> <p>If no - you may need to make a safeguarding referral on the caller's behalf if you are concerned the person may not be willing or able to get help for themselves or someone else.</p> <p>Take down the caller's full information, as social services are likely to at least need a full name, date</p>

	<p>of birth, home address and a contact number for the person.</p> <p>Make sure the caller understands what the next steps are, when the referral will be made and how long it might take before someone contacts them.</p> <p>Provide information about services and support available to them.</p>
7) Do you think the person is not at risk currently but could be in the future?	If yes - signpost them to other local services that can support them with their current situation.
8) Log the call	
9) Talk the call through with a colleague or your line manager, particularly if you found it challenging.	

## Safeguarding

### Who has a responsibility for safeguarding?

This section sets out the various roles different agencies have when it comes to safeguarding.

#### Safeguarding children

In 2015, the government published statutory guidance on organisations working together to safeguard and promote the welfare of children.<sup>1</sup> This set out two key principles, which should underpin all effective safeguarding arrangements for children in every local area:

- Safeguarding is everyone's responsibility - for services to be effective, each professional organisation should play its full part.
- A child-centred approach - for services to be effective their approach needs to be based on a clear understanding of the needs and views of children.

The local authority must investigate if they have good reason to suspect that a child who lives (or is found) in their area is suffering (or is likely to suffer) significant harm. Within one working day of a concern being reported, a social worker should decide on what sort of investigation is needed. Unless there is absolutely no real cause for concern, they will decide to carry out one of two different sorts of investigations to see if the child is either:

- A child in need - this is known as a section 17 investigation.
- A child at risk of significant harm - this is known as a section 47 investigation.

#### The police

The police have a duty to prevent, identify, investigate, manage risks and detect criminal offences against children or adults at risk of abuse or neglect. The police have a legal duty to consider the need to protect and promote the welfare of children. They are required partners on Local Children's Safeguarding Boards and Safeguarding Adults Boards and work with other

<sup>1</sup> [Working together to Safeguard children](#), HM Government 2018

organisations to share information to ensure that people at risk are kept safe from abuse and neglect.

## Local Authority Adult Social Care

Local Authority Adult Social Care must investigate Safeguarding Referrals they receive.

Under the Care Act 2014, local authorities have several new duties to do with safeguarding. Under the legislation they should:

- Lead and co-ordinate a multi-agency local safeguarding system which aims to prevent abuse and neglect and stops it when it occurs.
- Establish Safeguarding Adults Boards with partners named in law (e.g. the NHS and Police but not the Care Quality Commission) to develop and implement a safeguarding adults strategy.
- Carry out Safeguarding Adults Reviews (SAR) where someone with care needs dies or experiences serious harm as a result of abuse or neglect. To learn lessons about what more could have been done to prevent this occurring.
- Make enquiries or have others make them when an adult with care and support needs is suspected to have experienced (or be at risk of) abuse and neglect, and there is a need to know what action is necessary and, if so, by whom.
- Arrange for independent advocates as necessary for adults subject to a SAR.

## The Safeguarding Adults Board (SAB)

The Safeguarding Adults Board has a strategic role in the prevention of abuse and neglect across a local authority area. The Care Act (2014) says that local Healthwatch should be consulted on the SAB strategy and sent a copy of the SAB annual report.

## The Care Quality Commission (CQC)

- Ensures providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect.
- Works with other inspectorates to review how health, education, police, and probation services work in partnership to help and protect children, young people and adults from significant harm.
- Holds providers to account and secures improvements by taking enforcement action.
- Uses intelligent monitoring, collects and analyses information about services, and responds to identified risks to help keep children and adults safe.
- Works with local partners to share information about safeguarding.

## The Disclosure and Barring Service (DBS)

The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

DBS processes applications for criminal records checks, which provide information about potential employees' criminal histories. DBS accepts referrals from employers or organisations (and in certain circumstances regulatory bodies, such as CQC) where there are concerns that a person has caused harm or poses a risk of harm to vulnerable groups.

Employers are under a legal duty to make a referral to DBS if certain conditions are met. DBS considers whether a person who is referred should be placed on a list of people barred from

working in regulated activity. DBS maintains two barred lists: the children's barred list and the adult's barred list. A person can be included in one or both lists.

## Clinical Commissioning Groups (CCGs)

CCGs have responsibilities to safeguard and promote the welfare of children and safeguard adults who may be unable to protect themselves from abuse and neglect. This can be achieved by ensuring commissioning practices are effective in taking the needs and rights of children and adults into account. CCGs are partners on Local Children's Safeguarding Boards and Safeguarding Adults Boards.

## Local Healthwatch

Healthwatch has a responsibility to act on safeguarding concerns. The following information will help you assess if you have identified a concern.

### **What is the definition of an adult 'at risk'?**

As defined in the Care Act 2014, safeguarding duties apply to an adult who:

- Has needs for care and support (regardless of whether the local authority is meeting any of those needs).
- Is experiencing, or at risk of, abuse or neglect.
- As a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect.

### **What factors can affect a person's risk?**

The vulnerability of an adult at risk is related to being able to make and carry out informed choices (consent) free from pressure or other influences. The risk of harm will be affected by how well they can protect themselves from abuse or neglect, e.g. people in residential or nursing care or mental health hospitals with no family or professional contacts such as a social worker.

The more dependent and isolated an individual is, the greater the associated risks. Some factors can heighten someone's risk of abuse, these include:

- Mental health needs - including dementia, a personality disorder or an inability to consent to what is happening to them or to tell someone else.
- A learning disability - including Autism or someone who has communication difficulties.
- Being elderly or frail - including ill-health, a physical disability or impairment.
- Alcohol or substance misuse.
- Physical disability - if they rely upon others for assistance through care and support. For example, a person who uses a wheelchair who lives independently and is assisted with personal care is not an adult at risk unless they are unable to protect themselves from those delivering care.
- Sensory impairment - not all people with a sensory impairment would be considered an adult at risk but their disability may put them at greater risk in some situations.
- Long term illness and conditions - such as Parkinson's disease or any condition which impairs normal daily activities for people.

Greater consideration should also be shown to people who are isolated or have communication difficulties or who are reliant on others on a day to day basis.

## What is the definition of abuse?

- Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence - including psychological, physical, sexual, financial, digital, emotional abuse or 'honour' based violence.
- Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting to.
- Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse - including theft, fraud, internet scamming, coercion concerning an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse - including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse - including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or care provided in someone's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, or withholding essentials, such as medication, adequate nutrition and heating.
- Self-neglect - this covers a wide range of behaviour, including neglecting to care for one's hygiene, health or surroundings and includes behaviour such as hoarding.

During a call, if you assess that they or another person is at risk of abuse, you need to direct or refer them to your local Safeguarding Team at the council.

If you have made a safeguarding referral, this needs to be included when you record the call you have had.

For local Healthwatch using the Healthwatch CiviCRM system, Healthwatch England has a duty to check any potential safeguarding issues and ensure they have been reported locally. We only need to know you have identified the safeguarding issue and acted, we do not need to know any further information about the outcome.



## People who may be expressing suicidal thoughts or intent

### How might you know if someone is at risk of suicidal action?

You can assess someone's risk for suicide by looking out for three key behaviours:

- **Ambivalence** - most people have mixed feelings about attempting suicide. While there is an urge to escape the pain of living, there may also be an underlying desire to live. If they receive support at the right time, their risk of suicide will decrease.
- **Impulsivity** - suicide is also an impulsive act. This impulse to attempt suicide can change, sometimes lasting for a few minutes or a few hours. It is usually triggered by negative day-to-day events. By defusing such crises and taking time to talk to them, you can help to reduce their wish to attempt suicide.
- **Rigidity** - when people are suicidal, their thinking, feelings and actions are constricted. They may be constantly thinking about suicide and are unable to perceive other ways out of the problem. Many suicidal people communicate their suicidal thoughts and intentions, by sending out signals and making statements about 'wanting to die' or 'feeling useless'. All these are pleas for help that must not be ignored.

They may also show symptoms of psychological pain, hopelessness, helplessness, being a burden on others, feeling trapped, feeling very alone, or experiencing symptoms of mental health conditions that are very distressing, e.g. hearing voices that tell them to attempt suicide.

### Initial action you need to take

Each local Healthwatch should have a policy for managing calls from people who say they are suicidal. You should:

- Stay calm.
- Take their statement regarding self-harm or suicide seriously.
- Do not be afraid to ask if the person is thinking about attempting suicide, has attempted to do so before or has a plan in place.
- Explain to the person you are concerned about what they are telling you and may need to act on their behalf.
- Listen carefully and clarify. Check your understanding of what has been said.
- Stop everything else you're doing and alert a colleague if possible.

### Next steps and supporting suicidal callers

You need to make some assessment on the degree of risk, by working through the following steps:

- Remain calm and kind. The person has contacted Healthwatch because they are looking for help in some way.



- Clarify and confirm that the person has said they intend to self-harm or attempt suicide. Do not be afraid to use words such as ‘harm’. It can sometimes help to use the caller’s language when you are doing this, e.g. *‘You have tried to take lots of pills’*, as this can help you concentrate on the facts you are being told.
- Determine if they have tried to harm themselves before and if they received treatment or are currently receiving treatment. This information may help you decide on the next course of action.
- Find out specifically what is planned, when it is planned for, and whether the person has the means to go through with the planned suicide.
- Find out if any action has already been taken, e.g. have tablets or something else been taken? If so, find out what and when.
- Keep the person talking and note key information, including their location and any plans they have for going elsewhere to harm themselves. This will be important should you need to refer the person for further help.

### If someone is at significant risk

- If you think the person is at significant risk and you **do not** have any identifying information (such as their name and location) explore with the person if you can contact emergency services on their behalf. If they do not consent to this, and you do not have any identifying information, you will need to encourage them to call 999.
- If you think the person is at significant risk and you **do** have identifying information (such as their name and location) you will need to contact 999 and share the information. If you have another colleague available, ask them to do this for you, and explain to the caller what is happening. Try to keep the caller on the line. If you are on your own, you will need to end the call and advise them that you will call 999 immediately.

### Supporting others at risk

If you think the person is not at immediate risk but you feel there should be a further investigation:

- If the person has told you they are involved with other services, you may need to contact those services on their behalf if you think they won’t do so themselves. This could be the mental health crisis team or the Safeguarding Adults team at the council. Make sure you always have these numbers to hand. Seek to obtain the caller’s consent if possible.
- If the person is not known to services, contact the police who will be able to do a safety and wellbeing check.
- If you think the person is not at immediate risk but needs further support, direct or transfer them to the Samaritans or another dedicated helpline that specialises in speaking to people in distress.
- If the person is currently living within a service (such as a psychiatric ward), contact the ward. Depending on the situation you may also want to make a Safeguarding Referral to the local authority if you are not satisfied with their response.

## Supporting your wellbeing

Looking after your wellbeing and completing administrative tasks between calls is important. You should:

- Complete any paperwork or enter any data about the call after the conversation has ended. This can also help you process the call in your mind.
- Make a note of the facts gathered during the call. Be aware that people can request to see any information that relates to them.
- Record if a safeguarding issue has been identified and if any action has been taken. Even if no action has been taken at this time, record clearly what did happen. For example, ‘high level of risk, however due to lack of information full assessment unable to be made’.
- Be aware of how you are feeling after the call. Think about if you’ve switched off from the call or if you’re ready for another one. If there is an opportunity to debrief with a colleague or manager, you could discuss what went well during the call or what you could have done differently.

### Taking calls at home

Calls from vulnerable people can be more difficult when you are working at home, as you are away from the support of your team in the office. Take time to think about what you need to do to look after yourself after a difficult call or if someone has shared something upsetting with you. This could include phoning a colleague, going for a walk, having some time away from your desk or asking your manager or colleague to take the calls for the rest of the day.

It’s important to remember that while some calls are more difficult than others and everyone copes differently, we are all providing a valuable service.

“Thank you for your help, I really appreciate it, as you’re the first person who has actually tried. That means a lot.”

Feedback shared with a local Healthwatch