

Challenging situations

Guidance on working with challenging situations – including supporting people who may be suicidal

Author Dr Sarah Davidson, Head of Psychosocial

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Introduction

The British Red Cross recognises that the wellbeing of its staff and volunteers is essential to the provision of beneficiary focused high quality services which uphold people's rights and promote their wellbeing. Red Cross staff and volunteers carrying out their work with people in crisis may encounter difficult or upsetting experiences, such as when they present with suicidal feelings. People in crisis include those who are shocked and/or traumatised and therefore require a response that empowers the individual and takes into account that person's unique needs, in other words a person-centred response, which is informed by appropriate need and risk assessments and knowledge of where to turn to for further support and signposting.

This document seeks to bring together Red Cross policies, procedures and details of courses designed to promote safe working practices for all.

In addition, this guidance will be useful to British Red Cross people who may need to support colleagues and volunteers who are experiencing their own personal crisis or be suicidal. For further information on resources available and a line manager's responsibilities in these circumstances, please see the Psychosocial Support Resources Guidance. It is good practice that challenging situation scenarios – including the use of role play – be a rolling agenda item at operational/team meetings.

Background

This document is intended to raise awareness and to prepare managers, staff and volunteers for working in situations that they may find challenging. It is recommended that Operations Directors and managers share this document with their staff and volunteers and consider any issues raised.

Many Red Cross offices support significant numbers of people in crisis, any one of whom may be struggling with circumstances which affect their mental health, or may be experiencing frustration, anger or despair.

Refugees and asylum seekers are, in many cases, extremely affected by their circumstances. There is evidence from both our Red Cross programmes, as well as other agencies, that there is an increased risk of behaviours that can challenge us, such as self-harm, disclosures of suicidal intent or agitation/aggression.

Red Cross staff and volunteers may be the first people individuals in crisis have met and who listen to them. We recognise that the Red Cross may not always be able to meet these individual needs, and this can lead to greater frustration, so it's important not to take these expressions of frustration personally. This document summarises ways of

responding and highlights policies, procedures and courses designed to help you manage challenging situations.

It is important to stress that this document should be read in conjunction with policy documents particularly Red Cross Health and Safety General Statement Policy Safeguarding Children and Young People Safeguarding Adults at risk, Professional Boundaries procedure Accident, Incident, Clinical Incident and Near Miss Reporting which can all be searched for on RedRoom, as well as others listed in the table at the end of this document.

It is crucial to ensure that your team accesses appropriate learning and development opportunities including the Foundation Training Programme. The Health and Safety Team offer information and training on: Risk Assessment, Dynamic Risk, Lone Working and an Introduction to Health and Safety. Everyone working and/or volunteering with people in crisis should have attended the Safeguarding Children and Young People Awareness Raising session and the Safeguarding Adults at Risk Awareness Training.

There are also bespoke workshops available internally, and external trainings available with regards to different types of challenging situations. Contact your People and Learning Manager to find out more and see references at end of this document.

Risk assessment process

You and your colleagues

If you carry line management responsibility, it is your responsibility so far as is reasonably practicable, to ensure the safety of staff, volunteers and people in crisis: assessing the risks within your job role is the key to successful risk management.

Pro-active regular monitoring of current risk assessments, Safe Systems of Work and regular de-briefing and defusing is essential; please see the Operational Debriefing Procedure for UK Services and CALMER Defusing guidance on Redroom. All staff and volunteers should be encouraged to consider the possibilities of what could go wrong, as part of the risk management process, and conduct appropriate risk assessments themselves to better understand the context of where they are working / volunteering and their client groups. Staff and volunteers should be provided with the resources, including training, and necessary time to assess and take steps to manage and minimize risks on a regular basis.

Some of the measures mentioned below may have cost implications, which may mean that Areas could find them difficult to implement. Consideration, therefore, must be given to the risks verses the costs and benefits. Where work is carried out with partner agencies away from Red Cross premises, it is still important that risk assessments are conducted and reasonable steps taken to ensure that safe guidelines are followed. Staff and volunteers are advised to be aware of the following resources before undertaking any assessments:

- > Risk Assessment Guidance
- > Risk Assessment Form
- > Guidance on Dynamic Risk Assessment

Safeguarding issues

All staff and volunteers with client-facing roles should undertake safeguarding training as part of the Foundation Training Course and refresher training. This training will help staff and volunteers to recognise where there might be potential safeguarding issues concerning children, young people and adults and how to respond appropriately.

Staff and volunteers facing safeguarding concerns should be offered some form of debriefing and support after the event, as should Safeguarding and Protection Officers (SPOs – children and young people) and Safeguarding Adult Officers (SAOs – adults). Managing these situations can be highly stressful, and therefore, it is vital that appropriate support mechanisms are in place and thought about in advance.

Other issues that challenge

In the main, the situations that challenge us the most are those that cause us difficulty and discomfort. Such situations may be unfamiliar or unpredictable, for example, where someone is angry, aggressive or intoxicated. Not only do we feel our competency is challenged, but we may also experience emotions that are difficult to deal with. This can also be the case when we encounter experiences that remind us of times in our lives that we found difficult, such as traumatic events or bereavement.

In order to deal with situations that challenge us, we need to begin with ourselves. We should take time in advance to consider what situations might cause us difficulty and think about how we would cope. This is like scenario planning where we think about different presentations and then the resources we have and might need (such as training, the environment, and support from colleagues and managers). The overriding point is to try and maximize our chances of managing challenges by being prepared.

Risk management strategies

Managers could consider using the following risk management strategies in order to build safe working in their team and locations. Familiarise yourself with the Red Cross casework framework for guidance on how these strategies interrelate.

Maintaining preparedness

Ensure that your teams do regular scenario planning in meetings which include both staff and volunteers. Make use of the **CALMER** framework to consider what to think about and do under each of the six sequential stages:

- > **C**onsider who, where and what risks and needs exist
- > **A**cknowledge differences in resources and responses
- > **L**isten with empathy
- > **M**anage by promoting dignity, respect and confidentiality
- > **E**nable by facilitating informed choice and connection with others
- > **R**esource through providing information and liaising with others *and* – your own needs by obtaining the support you need

Role-play can be a useful tool for building confidence in dealing with challenging situations. At regular meetings, the team should consider what they would do in the event of the following situations, and others that may be particularly relevant to your service:

- > Someone intending to self-harm
- > Finding that someone has self-harmed
- > Late arrivals to offices where only one Red Cross person is present
- > Someone becoming very distressed
- > Someone becoming threatening and aggressive
- > Someone expressing suicidal intent either in person or by phone
- > Disclosure of abuse (child, young person or adult).

Confidentiality

People in crisis should have 'confidentiality' explained to them carefully. This discussion should take place at the first appropriate available opportunity, so that they know that some things will have to be passed on internally, e.g. all safeguarding concerns.

It is important that the person in crisis knows that confidentiality applies to the organisation, rather than the individual worker or volunteer and that some things will have to be passed on externally e.g. public interest adult safeguarding concerns or the abuse or harm of a child. Where information is passed on without the person's informed consent they should be informed, unless doing so creates or escalates the risk to the person or others. For further guidance on these situations please refer to the Safeguarding Children and Young People and Safeguarding Adult policies procedures and guidance, or contact the Safeguarding Officers Cate Sheppard (adults) and Terry Smith (children).

Specifically, information can be shared outside the organization without permission where it is necessary to ensure the safety of a child. Information should only be shared on a need-to-know basis. Remember that information should be shared where it is necessary to safeguard any child and not just the child who has disclosed abuse or about whom there are concerns. Be sure to also complete a Cause for Concern Form (CFC).

If it is deemed necessary to override or breach an adult's consent to share their information, you must be clear of your reasons for doing this, and document it on the Safeguarding Adults Alert Form (SAAF) and case notes, where these are kept. When supporting adults, inform and involve them in any safeguarding decisions you take, unless doing so escalates or creates a risk to them or others.

Please note that at the end of this document there is a list of resources relevant to safe guarding that you should ensure everyone is familiar with.

Support to staff and volunteers

CALMER Defusing guidance is available for all managers and coordinators. This tool is intended to provide best practice guidelines for following up with staff and volunteers routinely at the end of a contact with a person or people in crisis. This may be at the end of the day/shift or after a difficult event.

Defusing provides a space for people to come together to share, reflect and learn from their experiences. The aims of defusing are: to promote effective coping, facilitate learning and help minimise the risk and impact of distress

Support is also available to staff and volunteers through the Staff and Volunteer Support Service (Health Assured) – 0800 030 5182 / Online at www.healthassuredeap.com Familiarise yourselves and your colleagues with the availability of this service and encourage its use. The service is completely free, confidential and independent of the British Red Cross and, therefore, no one will know that you have accessed it.

Please note that the first person you speak to is there to refer you to the help you need – you are able to ask to speak to a counsellor and would be offered three face-to-face counselling sessions.

Across the UK, Psychosocial Practitioners are available and able to provide support to in different locations on a monthly basis. In certain locations there are arrangements in place with external organisations. To find out more speak to your line manager, the Psychosocial Manager, Adam Greiner, or the Head of Psychosocial Dr Sarah Davidson.

Managing threats of suicide and self-harm

When a 'suicidal caller' or someone in extreme distress contacts the Samaritans or the British Red Cross, the shared response is to listen and not to judge. The Samaritans will not usually intervene or prompt an intervention unless the person specifically asks them to e.g. "Please call me an ambulance, I've taken an overdose of x and my address is x."

If they know where a person is, they may decide to call an ambulance, even if they have not been asked to, depending on what other information they have.

The British Red Cross will use the CALMER framework (see below) and respond on a case by case basis in line with us taking a 'person-centred approach'. British Red Cross will always consider taking action if we believe a person is at risk of harm or abuse and will act if we have a 'reasonable belief' that the person cannot make their own informed decision at the time they need to make it.

In the event of a threat of suicide use the **CALMER framework** to work through the following steps, in a calm and thoughtful manner:

Consider - your safety as well as the person in crisis: ensure that someone else knows the situation and that you are not left alone to deal with it yourself.

Note that someone who has a history of self-harm and suicidal attempts is at greater risk of killing themselves (whether intentionally or not). In order to work out how best to support the person, consider gently asking the following questions:

- > Have they attempted suicide or self-harmed in the past? If so, when?
- > What, if anything stopped them from harming themselves or trying to kill themselves the last time?
- > Do they have any plans to attempt it again in the future? If so, how and when?
- > Do they have access to a method? If so, what?
- > Do they have any support currently or anyone who could be contacted? If so, who and how?

These questions should be asked in order to support the person in crisis, rather than make a judgment about how serious their feelings and wishes are. It would not be helpful if the person felt that they needed to escalate their account or behaviour in order to feel they will be taken seriously. As well as helping the person to talk more about how they feel and what might have changed, this information can also then inform any decisions the line manager/safeguarding officer may need to make e.g. a referral to the local authority adult safeguarding team.

It is also important to consider whether the person represents a danger to others, including volunteers and staff. If a risk is felt to exist, appropriate measures should be followed to keep yourself safe and protect the safety of others, such as contacting the police.

If the person in crisis who is threatening to harm themselves or is talking of suicide is a child, then we must treat this as a safeguarding issue requiring statutory intervention. It is possible, and even likely, that other professionals supporting the child are aware of the situation, but we cannot assume this, or ignore the concern on the basis that we believe someone else is working with the child to keep them safe. In such instances, the Safeguarding children and Young People Policy should be followed, which will mean contacting the local SPO as an initial step. It is good practice to inform the child that you are referring to a colleague unless to do so is likely to expose the child to further harm, for example add to their agitation or provoke them into acting rashly.

If you are unsure about a situation, always contact emergency services who are equipped and experienced in managing these situations on a regular basis.

Acknowledge - that you want to help and that you take what they have said very seriously.

Listen (actively) with empathy – avoid making assumptions and judgements and offer the person a space to be heard and supported. Ask them what has led to them feeling that they want to kill themselves, so that they have the opportunity to talk about their experiences/situation if they want to. You should also respect their decision not to talk and not force them to do so.

Manage - by promoting dignity, respect and privacy: find somewhere private to talk with the person in crisis (where colleagues know where you are). Let them know that you will need to advise a colleague (usually a safeguarding officer or line manager) what they have told you, and that you wish to be supportive. You may need to leave the person alone for a short time to do this – so let them know that you will return, and provide guidance about how long this will be (e.g. ten/fifteen minutes). In addition, ask someone to keep an eye on the individual and let you know immediately if they leave while you are away.

Ensure an accurate record of what was said by the client, particularly with regard to the above questions, and the response from the staff/volunteer is written up as soon as possible. Record who else was informed, together with any actions. The line manager and Safeguarding Adult Officer (or Safeguarding and Protection Officer if the person at risk of harming themselves is a child or young person) should always be informed of any threat of suicide or similar incident (e.g. self-harm). Ensure the incident reporting processes are followed (see below).

Where a person in crisis speaks little or no English, the British Red Cross may have a requirement for the provision of professional telephone interpreting services to support individuals using Refugee Services and Restoring Family Links. This service can be used when it is not possible to be carried out by British Red Cross trained volunteer interpreters. For information on the volunteer interpreter network and telephone services visit Redroom:

<http://intranet.redcross.org.uk/BRCS/whatwedo/refugees/interpreters/index.htm>

Enable - by exploring options – they may feel as if they have none; if this is the case, acknowledge this is how they feel, and offer to think with them about where they may access further support – even if this will not remove the problem itself. Where possible, facilitate choice, e.g. if there is a person/place which might be helpful, how can they make contact? When offering a follow-up meeting/time to talk – find out when this would be best for the person and keep to your commitments with them.

Resource - ensure your team/s have the local number for the Samaritans and do recommend that the person in crisis call them. Staff and volunteers who have experienced someone threatening suicide or their intention to self-harm can also obtain advice and support through the Samaritans. Remember that dealing with any suicide threat is difficult and can be overwhelming; so consider what further support the staff/volunteer requires before they leave the office. Ensure that the staff/volunteer receives supportive follow-up by a line manager and/or peer. Supporting Staff exposed to Intense Events guidance is available on RedRoom.

Once you are on the other side of this, please fill in the internal paperwork – either or both as needed:

- > Accident and Incident or Near Miss Reporting Form (AINMS) if you have been involved in or witness to an accident, incident or near miss. Sharing some information about what has happened could help us as an organisation determine the cause and minimise the likelihood and impact of this happening again
- > Safeguarding Adults Alert Form (SAAF) if an adult has been or is at risk of serious harm or abuse or a Cause for Concern (CFC) if the concern relates to a child or young person under 18.

The difference between suicide and self-harm

Suicide can be considered a form of self-harm but there are differences between the two; this difference centres on *intent*. People who are suicidal usually intend to end their own life. People who self-harm can do so as a way to manage and/or cope with difficult emotions, and not because they want to die. People who self-harm may go on to become suicidal and an unintended consequence of self-harming can be death. Regardless of whether you encounter someone who is self-harming or suicidal, you have a duty of care to support people at risk, so they can consider their options and can access the help they need.

If you have any reason to believe someone may harm or kill themselves, it is important to ask them the following question:

DO YOU HAVE ANY CURRENT/RECENT PLANS OR THOUGHTS ABOUT HARMING OR KILLING YOURSELF?

Ask this question if the person presents with low mood or if you experience them as feeling hopeless, desperate, distressed, alone or isolated with little or no support. In addition, they may have said something that may suggest they may be at risk. Trust your intuition. It is better to ask and be told someone isn't suicidal or self-harming than not to have asked at all.

This question will help you to assess risk, support them in getting the help they need and allow them the space and the opportunity to talk about how they feel and think about the support they may need, the latter of which contributes to a decreased risk for the person. The question will **not** make them more likely to kill or harm themselves or put ideas in their head.

Their responses will determine what action you take next.

1. HAS A CURRENT PLAN– HIGH RISK – URGENT ACTION REQUIRED

Follow the CALMER framework (see below). The more detailed the plan the higher risk the person in crisis may be with regards to harming themselves or taking their own life.

Ask about this plan, whether they have left a note or if they have acquired a method e.g. access to medication for an overdose. Ask them what has stopped them from acting on their plan so far; this question is useful for assessing protective factors i.e. what has stopped them from taking their life so far. It may be useful in focusing on their resilience, support networks and motivation to live. Be sure not to interrogate or bombard them with questions and focus on active listening with empathy (Remember the **Acknowledge, Listen, Manage** and **Enable** stages from **CALMER**).

If the person in crisis is at immediate risk of harm call the police or ambulance service or accompany them to the local Accident and Emergency department at the nearest hospital. Here they can be assessed by the on-call psychiatric team.

2. HAS THOUGHTS (CURRENT OR RECENT) - MEDIUM RISK - ACTION REQUIRED

Follow the **CALMER** framework. If the person in crisis has thoughts but no plans, listen with empathy. You may want to ask what has led them to feel this way and the reasons why they have not acted on these thoughts. Enquire what they may need to stop the thoughts becoming plans, and explore with them which other sources of supports e.g. GP, Samaritans, friends and family, may feel the most helpful and be the most appropriate. Remember the **Enable and Resource** stages from **CALMER**. As before your focus should be on empathic listening without judgment.

3. NO THOUGHTS - LOW RISK - ACTION REQUIRED

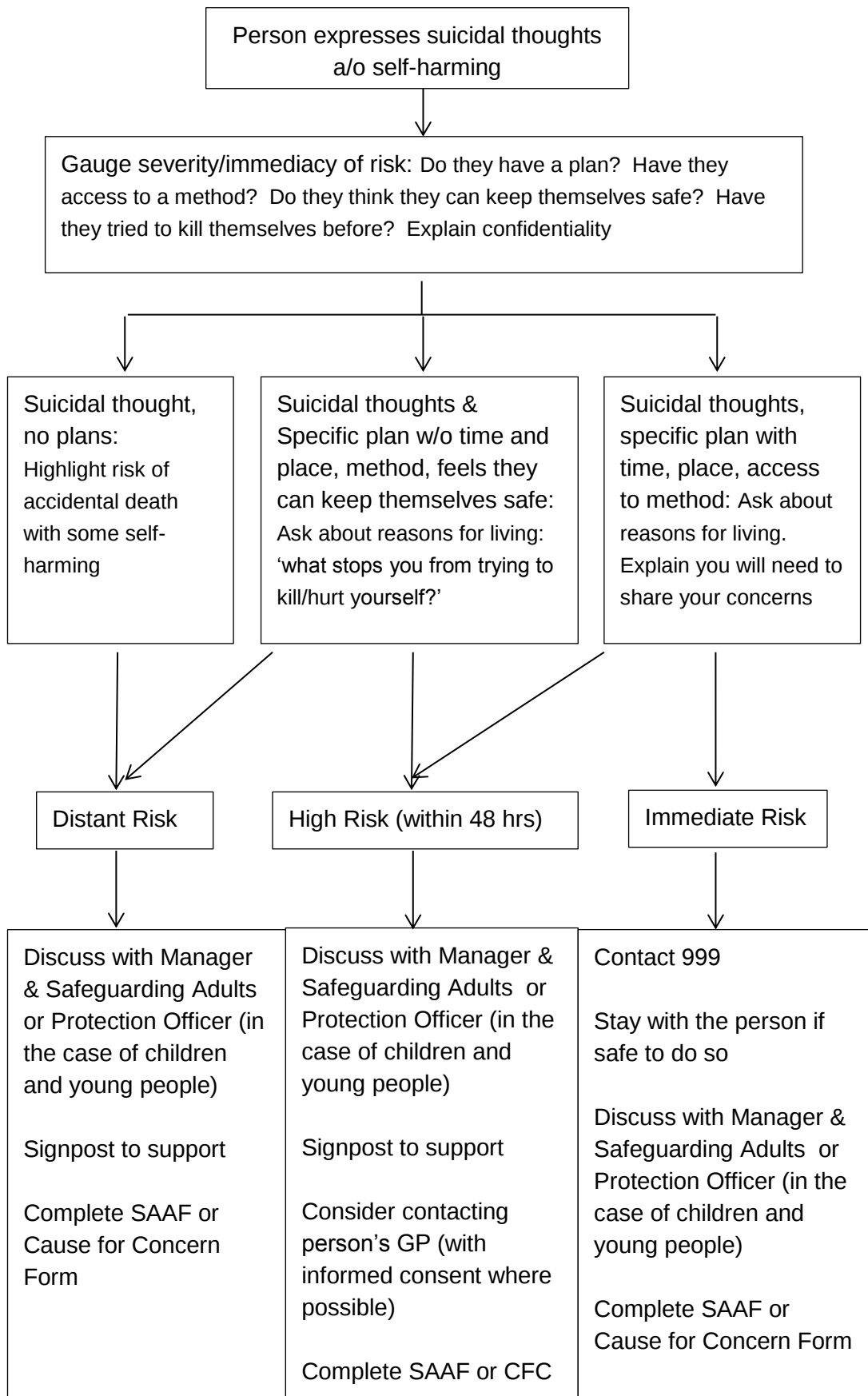
Follow the **CALMER** framework offering empathic listening, appropriate support and signposting.

There is a short screening tool, which you may find useful in assessing severity of risk. This is the Columbia-Suicide Severity Rating Scale (C-SSRS). It consists of 1-3 questions, similar to those above. (See Annex 1)

After your contact with them has ended, as well as your usual reporting, try to keep detailed documentation of everything that happened, as this information may be useful for future reference or needed at a later stage.

Responding to someone who self-harms or is suicidal can be very distressing. Remember to think about what you need during and after an encounter with such a person. Keep safe. Make sure your colleagues know where you are and what is going on, call on them if you need to. Ensure you are able to access YOUR support network, meet your line manager for a debrief (see Debrief Guidance on Redroom), contact the Staff and Volunteer Support Service 0800 0305182 or the CALMER Psychosocial Team at calmer@redcross.org.uk. (Remember the **Consider** and the **Resource** stages from the **CALMER** framework)

Below is a Decision-making tree to help summarise how to respond to the risk of suicide:



Managing threats of anger and aggressive behaviour

When dealing with a person in crisis who is angry or aggressive, it is important to remember the following points.

BE CALM, STAY CALM.

Powerful emotions like anger can be 'catching', in that they can make us feel similar emotions. We need to know how to manage powerful emotions in ourselves when we encounter them in order to remain safe. If a person is angry it is likely to escalate if we are angry too. Reflect on your own relationship to anger – your own and others – and, in team meetings, try to discuss various scenarios where you might face angry/agitated or aggressive individuals, and how you may deal with them. . It is important to focus on how you might most effectively maintain calm yourself.

- > Be prepared. Gather as much information as you can about the meeting and the individual you are seeing.
- > Stay safe. Be aware of your physical environment, such as the nearest exit and make sure you have direct access to it.
- > Preferably work in pairs if you are dealing with someone who is aggressive or if you suspect the situation may escalate, be unsafe or volatile. If this is not possible, make sure a colleague knows what is happening, where you are and is easy to contact. Ask them to keep a safe eye on you (this might mean coming into the room to check everything is okay).
- > Be aware of your body language: use appropriate eye-contact, keep your distance, do not touch the person or make sudden movements, remain still and calm and make adjustments as the situation unfolds.
- > Use a calm tone of voice, acknowledge and empathise with what the person says, and reasons for their anger. Do not interrupt them.
- > Use open questions to find out more information.
- > Make sure you have all the information you might need to answer the person's questions. Ensure you use their correct names. This builds trust and information exchange can calm a situation. Know your limits with regards to what you can and can't help with. Don't make promises you cannot keep or pretend you know more than you do.
- > Try not to take someone else's anger personally. Remember anger is often a defense against more difficult emotions such as sadness and loss.
- > Remember you may be seen as a threat, however you try to support someone who is angry. You might not be able to help and someone else might be better placed to do so. Keep monitoring your situation; if you feel threatened or unsafe in any way or you feel you have lost control of the situation then remove yourself.
- > Being on the receiving end of someone's anger and aggressive behaviour can be frightening and upsetting. Make sure you debrief with your line-manager or a colleague and think about what you need to look after yourself.

Risk management – maintaining boundaries

Please see Professional boundaries guidance on Redroom

Able to say no

It is important for the safety of everyone involved in the service that clear boundaries are managed and maintained. This is especially important for Red Cross people who may work on a one-to-one basis. It is vital that you are confident in saying "no" when you are not happy about something you are being asked to do.

Avoid being drawn outside your role

Equally important is the ability to avoid being drawn into acting outside the parameters of your role and that which your service provides. Our work involves a lot of emotionally draining material, and it is understandable to want to do as much as possible to help. It is important to remember that the Red Cross cannot find solutions to all the difficulties faced by the people in crisis we work with, and that while it may be difficult to be seen as "walking away" if we cannot resolve the difficulty; it is no reflection on the quality of the support provided. Remember that providing support in itself is something and may be what no one else can offer at that point in time. In addition, remember the benefits of signposting, it may be that another organization is better placed to help.

The relationship is not a friendship

It is part of our role to work closely with people in crisis. This naturally involves being "friendly" and encouraging. It is important that this is not misunderstood, and that we understand that our aim is to support the person, and not to "make friends". We are working towards what can be termed 'Professional attachment' where we are attached, present, kind and compassionate, whilst remaining professional and true to our role and purpose.

Important guidelines to manage boundaries

- > Do not give your private address or telephone number to the person. Always use the office contact details.
- > Never lend money to the person you are supporting
- > If it is necessary that the relationship with the person continues after the agreed set timescale, it must be discussed and agreed with a line manager
- > Sexual relationships between staff/volunteer and the person they are supporting is always unacceptable – it is a question of boundaries and it is a necessary rule designed to safeguard the person in crisis who may be vulnerable. If this situation is beginning to emerge, then it should be reported to a line manager as it will need careful monitoring
- > Although staff/volunteers may sometimes pick the person up from their home, it is not advisable to spend time there unless this is part of the agreed arrangement e.g. care

in the home or home from hospital services

- > Normally meetings with the person should take place in a public place. It is important to only offer lifts in vehicles when you have assessed the risks, are feeling safe, comfortable and have the necessary approval and insurance cover.
- > If it is necessary to continue work outside normal office hours, it is important to inform a line manager and to discuss and agree it first
- > If staff/volunteers feel uncomfortable at any time with the person, they should discuss this with a colleague and, ideally, their line manager as soon as possible

The **Putting Young People First** booklet which is available from the online shop (section Staff and Volunteers – Youth and Community Education) outlines some essential good practice when working with children as well as providing guidance on how to keep yourself safe and minimise the risk of allegations of misconduct.

Reminders

- > Stay calm and follow the CALMER framework.
- > Keep colleagues aware of what is going on, and of any potential problems.
- > Discuss and agree upon a management strategy with other duty staff. Allocate responsibilities such as who is on telephone stand-by.
- > Keep others informed of your whereabouts.
- > Be aware of your colleagues' whereabouts.
- > Never put yourself or others in danger.

Useful websites

The Samaritans

<http://www.samaritans.org>

08457 909090 (UK)

NHS information

Self-harm: <http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx>

Suicide: <http://www.nhs.uk/Conditions/Suicide/Pages/Introduction.aspx>

Comprehensive information for responding to people who are self-harming and people who are suicidal from mental health charity MIND

Self-harm: <http://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/>

Suicide: <http://www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/>

For people bereaved or affected by suicide

<http://uk-sobs.org.uk/>

Supporting young people

http://www.nspcc.org.uk/help-and-advice/for-parents/positive-parenting-tips/self-harming/self-harming_wda94588.html

<http://www.childline.org.uk/Explore/Self-harm/Pages/about-self-harm.aspx>

<http://selfharm.co.uk/home>

<http://www.papyrus-uk.org/support/for-you>

Self-harm support group

<http://www.harmless.org.uk/>

Long term impact of abuse on adults

National Association for People Abused in Childhood (NAPAC) – www.napac.org.uk

Handling conflict

<http://dfuse.org.uk/> - how to respond safely and influence a positive outcome.

Useful Policies, Procedures and Courses

Title	Source	Location
Organisational Arrangements for safety management (Policy Part 2)	Health and Safety Home Page	Redroom POL/ORG/002
Complaints, Compliments and Comments Procedure for UK Operations	UK Services complaints, compliments and comments Home Page	RedRoom
General Statement of Health and Safety Policy	Health and Safety Home Page	Redroom – search POL/GEN/001
Guidance on Dynamic Risk Assessment	Health and Safety Home Page	Redroom – search GUD/RA/030
CALMER for Delivering News	Psychosocial and Emotional Support Page	RedRoom
Raising a Concern Procedure	Raising a Concern Page	Redroom – s
Interpreters	Resource	Redroom – search Interpreters
Professional Boundaries Procedure	Policies and Procedures	RedRoom
Lone working and personal safety risk assessment	Health and Safety Home Page	Redroom – search GUD/LNE/031
Procedure for reporting accidents, incidents ,clinical incidents and near misses	Health and Safety Home Page	Redroom– search
Foundation Training Programme	Learning and Development Programme	SAVI
Risk Assessment Form	Health and Safety Home Page	Redroom – search FRM/RA/007
Risk Assessment Guidance	Health and Safety Home Page	Redroom – search GUD/RA/003
Safeguarding Adults at risk Policy	Safeguarding Adults	RedRoom
Safeguarding Adults Procedures and Guidance	Safeguarding Adults	RedRoom
Safeguarding Adults Awareness and Safeguarding Children and Young People workshops	Learning and Development Programme	SAVI–
Safeguarding Children and Young People Policy	Policies and Procedures	Redroom

Safeguarding Children and Young People Procedures and Guidance	Policies and Procedures	Redroom
Safe System of Work Blank Form.	Health and Safety Home Page	Redroom – search FRM/SSW/022
Confidentiality Policy and Guidance	Policies and Procedures	Redroom
Supporting Staff Exposed to Intense Events Guidance	Policies and Procedures	Redroom
Colombia Suicide Severity Rating Scale	Resource	Annex 1 (including link)

For more information on resources and references go to the [Psychosocial and Emotional Support](#) pages on Red Room.

Annex 1: COLUMBIA-SUICIDE SEVERITY RATING SCALE, Screener/Recent – Self-Report¹¹

	In The Past Month	
Answer Questions 1 and 2	YES	NO
1) <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>		
2) <i>Have you actually had any thoughts about killing yourself?</i>		
If YES to 2, answer questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <i>Have you thought about how you might do this?</i>		
4) <i>Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</i>		
5) <i>Have you started to work out or worked out the details of how to kill yourself?</i> <i>Do you intend to carry out this plan?</i>		
	In the Past 3 Months	
6) <i>Have you done anything, started to do anything, or prepared to do anything to end your life?</i> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <i>In your entire lifetime, how many times have you done any of these things?</i>		

¹¹ http://www.cssrs.columbia.edu/scales_practice_cssrs.html