

Risk management protocol

Definition of risk

Low risk = no indication of immediate or serious threat of severe harm or risk to life but either:

- clear evidence of high levels of distress
- or concerns for risk of harm or abuse towards participants or others (safeguarding risks)

High risk = clear evidence of immediate and serious risk to life or child welfare

How a risk will be identified

Risks will be identified in one of three ways

- System identifies “red flag” item in response to General Health Questionnaire (GHQ) or Relative’s wellbeing and Support Questionnaire (CWS) items and the Trial Manager (TM) is notified via the dashboard
- Risk is identified by the REACT Supporters through the forum or direct messaging
- Risk is identified by the TM when contacting non-responders for follow-up (NB This is with both arms and needs to follow strategies to ensure blinding is not broken)

How the risk will be managed

Risks will be responded to in one of the following ways

Low risk

Distress

- When system identifies risk from GHQ/CWS an automated email/text (see text below) is sent to participant (TM alerted that this has been sent)

OR

- When risk is identified via interaction on REACT site, REACT Supporter sends standardised email/text (see text below) to participant and cc’s REACT Supporter email in

OR

- TM sends standardised email/text (see text below) to participant and cc’s REACT email in

Safeguarding

- REACT supporter is the most likely person to identify safeguarding issues through interaction with participants. REACT supporter will ask for guidance from Steve Jones whilst maintaining blinding for trial manager
- REACT supporter will use NHS Trust safeguarding team to get advice on safeguarding risks (contact details below)

- Any safeguarding concerns **must** be reported to the relevant local authority (the local authority of the person for whom you have concern). It must be reported to the authority's safeguarding team (for adults) or children's social care team (contact details below).
 - Participant's name and address will be accessed via dashboard [add how to do this]
 - Phone calls to report concerns must be followed up in writing via whichever secure method is prescribed by the authority
 - NHS Trust policies for recording/reporting risk must also be followed

High Risk

- **If HIGH RISK e.g. immediate risk of severe harm or death then either the police (immediate risk to life) or social services (other risk to child) will be contacted as appropriate**
 - Participant's name and address will be accessed via dashboard [add how to do this]

Note – for any other concerns not covered above advice should be sought from Steve Jones (or other contacted listed under Training below)

Contacts

Steve Jones 07872464198

Sonia Johnson 07766220067

Bill Sellwood 07889 675 654

Naomi Fisher 07896414988

Fiona Lobban 07947833853

Police, Ambulance, Fire Brigade and Coastguard – **ring 999**

Safeguarding advice, Lancashire Care Foundation NHS Trust (HOST TRUST) – 01772 777220

Safeguarding reporting, local safeguarding teams

Safeguarding advice (Adults and Children), Lancashire Care Foundation NHS Trust (HOST TRUST) – 01772 777 153

Safeguarding reporting, local safeguarding teams

- Lancashire County Council Adult Social Care 0300 123 6721 or report online via <http://www.lancashire.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults.aspx>
- Blackburn with Darwen, Adults 01254 585949 (9am to 5pm)/ Children 01254 666400 (8:30am to 5:00pm, Monday to Friday) 01254 587547 (Emergency Duty Team)
- Liverpool Careline Children's Service: 0151 233 3700 (24 hours) / Careline Adult Services 0151 233 3800

- Blackpool , Adults 01253 477592 (9am to 5pm)/ Children 01523 477 299 / 01253 477600
(Emergency Duty Team)

The relevant local authority (i.e. where participant lives) should have information on how to report a safeguarding concern on their website.

Samaritans 08457 90 90 90 (UK)

TSC contacts:

Shirley Reynolds: s.a.reynolds@reading.ac.uk

Gillian Hardy: g.hardy@sheffield.ac.uk

Reporting

1. **Low risk events** should be documented on the 'risk database'
2. **High risk events** should be documented on the dashboard AND reported to the Steve Jones (SJ) within 1 working day. If SJ is unavailable contact Sonia Johnson (SJoh). If SJoh is unavailable then contact Bill Sellwood. If Bill is unavailable then contact Naomi Bacon.
 - SJ will collect relevant info about the event and forward this to TSC chair Shirley Reynolds (SR). If SR is unavailable contact TSC member, Gillian Hardy (GH).
 - SR will decide whether the high risk event is related or unrelated to the study.
 - IF RELATED then CI and TM will be unblinded.
 - The TM will report the high risk related event to TSC Chair, the Sponsor and the NHS REC within 15 days of the event.

Informing Participants

Wherever it is practical and safe to do so, the trial participant will be informed if confidentiality will be broken – this will only be these case for HIGH RISK events i.e. where there is clear evidence of immediate and serious risk of harm to an individual we will contact the police/social services.

Information Sharing

Information about participants will not be shared within or outside the research team unless necessary and proportionate to the risk identified. When thinking about sharing information, the risk of **not** sharing information must always be taken into account.

Safeguarding responsibilities

All of the research team have responsibilities to safeguard and protect vulnerable adults, young people and children from abuse and maltreatment. For the purposes of the trial, this responsibility will mainly be to recognise and report any safeguarding concerns that arise through online interaction with participants. Safeguarding adults, young people and children now explicitly includes the duty to

prevent radicalisation of vulnerable people into violent extremism. Please see PREVENT footnote for further information.

The research team does not have a duty to investigate risks of abuse but they do have a duty to

- **Recognise**
- **Respond**
- **Record** and
- **Refer**

Training

The trial manager and REACT Supporters will be trained by Steve Jones (clinical psychologist) to screen for risk and respond to risk issues. The REACT Supporters will have regular supervision with Steve Jones and ad hoc contact as required to discuss risk issues. If Steve Jones is unavailable, contact can be made with another co-applicant clinician (Sonia Johnson) to check correct response to risk issues raised during the trial. If contact with all these people fails and the REACT Supporters are very concerned FL will be unblinded.

REACT supporters, employed by the NHS, will also undertake safeguarding and risk management training in line with the relevant NHS trust training programme.

Automated email/text

Hi [can name be automatically inserted?]

- a) We've noticed that your responses to some of the questionnaire items indicate you might be feeling very distressed.*
- b) We've noticed that [you've posted something on the REACT Group forum / you've messaged the REACT Supporter something] that indicates you might be feeling very distressed.*
- c) You mentioned [in your email/in your text/when we spoke] something that indicates you might be feeling very distressed.*

We're emailing because we want to check you're ok and to point you in the direction of further support should you need it.

If you are already in contact with mental health services you might find it help to contact them. If you are not in contact with mental health services the following might be helpful:

Your own GP

Your local out of hours GP or A+E (visit <http://www.nhs.uk/pages/home.aspx> if you're unsure where to find the services)

For someone to talk to over the phone call *Samaritans* on 116 123 (UK)

If you feel there is a serious and immediate risk please call the emergency services on 999 (UK)

We really hope that you are ok.

Best wishes

The REACT Team
www.reacttoolkit.co.uk

Footnotes

Prevent

Prevent is part of the government's Counter-Terrorism strategy **Contest** and its aims are to stop people becoming terrorists or supporting terrorism. All organisations have a responsibility of protecting the UK and its residents against acts of terrorism and violent extremism. Prevent is the pre-criminal stage within the Counter-Terrorism strategy.

Prevent is part of existing safeguarding responsibilities for the health sector, not an additional role. It is about identifying possible exploitation of vulnerable people in a similar way to child sexual exploitation. Health workers have the opportunity to refer vulnerable individuals for support in the pre-criminal space by:

- Recognising adults at risk and children and young people who may be at risk of radicalisation;
- Working in partnership to reduce risk and protect the individual and
- Provide adequate and necessary support as part of a proportionate multi-agency response.

Recognise, understand and share concerns:

Everyone has a responsibility in helping to reduce the risk of someone being exploited by radicalisers and subsequently drawn into terrorist-related activity.

If you have concerns about anyone:-

- Showing violent expressions or behaviour that causes you to feel uncomfortable
- Or become aware of adults who may be at risk of becoming increasingly radicalised
- Or come across patients who have injuries that they are reluctant to give an explanation for them