



ESSENTIAL DRUG & ALCOHOL SERVICES SAFEGUARDING YOUNG PEOPLE AND VULNERABLE ADULTS

Date of Adoption: May 2019 – Board Meeting 4

Signed: Lynda Clarke (EDAS Chair)

Date of next review: Board Meeting 4 - 2021

By Whom: EDAS Board of Trustees

To be read in conjunction with:

1.1G Safer Recruitment, Equal Opportunities & Dignity at Work

2.4 Workforce Development Policy

INTRODUCTION

EDAS is committed to help support young people and adults to achieve their full potential by reducing the harm caused by substance misuse. It recognises that all young people and vulnerable adults have a fundamental right to be protected from harm. Personnel within EDAS should be able to recognise and know how to act upon indications that a vulnerable person's wellbeing, or safety, may be at risk.

EDAS recognises the right of young people to grow up in a caring and safe environment, and that all vulnerable people have the right to be protected from all types of abuse and to expect that adults in a position of responsibility will do everything possible to foster those rights. EDAS operates under the policy that the vulnerable peoples' concerns will be listened to and acted upon to safeguard them from significant harm.

EDAS recognises the promotion of effective liaison with other agencies in order to work together for the protection of all vulnerable people.

EDAS will ensure that within four weeks of commencement of employment all employees are booked onto the next a relevant level mandatory available Safeguarding Young People & Vulnerable Adults Training session and ensure that this training is updated every two years in line with the Pan Dorset Workforce Development Criteria.

AIM

These Safeguarding Policies have been produced in accordance with the Pan Dorset Inter-Agency Procedures for Safeguarding Children & Young People full details can be found at: <http://pandorsetscb.proceduresonline.com/contents.html> and Safeguarding Adults which can be found at <https://www.bcpsafeguardingadultsboard.com/>

The aim of these policies is to give clear and precise guidance on procedures for EDAS personnel in their working practice in relation to Safeguarding Young People and Vulnerable Adults. These policies also aim to raise the awareness of all staff on the importance of the protection of Young People and Vulnerable Adults and of their responsibilities for identifying and reporting actual or suspected abuse. All personnel should ensure appropriate referrals and co-operation with the Local Safeguarding Children and Adults Boards.

These policies are working documents for all parties working within EDAS

Definitions of Abuse and Neglect

The following definitions are based on those identified in Working Together to Safeguard Children July 2018:

Abuse

A form of maltreatment of a child or vulnerable adult. Somebody may abuse or neglect a child or vulnerable adult by inflicting harm, or by failing to act to prevent harm. Children or vulnerable adults may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, not necessarily involving a high level of violence, whether the child or vulnerable adult is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Neglect

The persistent failure to meet a child's or vulnerable adults basic physical and/or psychological needs, likely to result in the serious impairment of health or development. Neglect may occur during

pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
Protect a child from physical and emotional harm or danger;
Ensure adequate supervision (including the use of inadequate caregivers); or
Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child Criminal Exploitation

Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

CAROLE

CAROLE stands for Children at Risk Of or Linked to Exploitation and the CAROLE model is the way all partners in Bournemouth, Dorset and Poole are working together to improve the effectiveness of the multi-agency response to child exploitation.

All workers have a role in making this work. Leaders will provide oversight, focus and resource across the partnership and a tactical group will use data, intelligence and knowledge to make sure we provide effective responses. Most importantly, professionals who work directly with children that are experiencing or at risk of exploitation will be provided with the tools to make sure that multi-agency plans are in place, regularly updated and effective.

The role of professionals

Anyone working with or in regular contact with children and young people must be aware of the signs and symptoms of exploitation and is expected to respond.

The Child Exploitation toolkit should be used in any instance where you are concerned that a child is being exploited, through sexual or criminal means. The Screening Tool and Risk Assessment helps you to identify and evaluate the cause of your concerns and reflect on whether further safeguarding investigations are needed. The tool should also be used to evidence improvement when you are working with a child and risk is assessed to be reduced. The toolkit is now available to use and replaces all previous CSE Tools.

The Child Exploitation toolkit documents, guidance and more information on the training programme can be found at <http://www.dorsetPan-Dorset Multi-Agency Safeguarding Policies and Procedures.co.uk/working-with-children/child-exploitation/>

Domestic Violence and Abuse

Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16- and 17-year olds have been found in recent studies to be increasingly affected

by domestic violence in their peer relationships and Adolescent Parental Violence is also now recognised.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse (2013) is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Please refer to the Pan-Dorset Multi-Agency Safeguarding Policies and Procedures [Domestic Abuse, Teenage Relationship and Interfamilial Violence Procedure](#).

Potential Risk of Harm to an Unborn Child

In some circumstances, agencies or individuals can anticipate the likelihood of significant harm with regard to an expected baby (e.g. where there is information known about domestic violence, parental substance misuse or mental ill health).

These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken, and support offered to enable the parent/s (wherever possible) to provide safe care to the baby. Please refer to the Pan-Dorset Multi-Agency Safeguarding Policies and Procedures [Protecting the Unborn Child Procedure](#).

Practitioner/Agency Response

All practitioners, whether paid or voluntary, within EDAS, where they come in to contact with children, young people vulnerable adults, or similarly, all those who work in some way with adults, who may be parents or carers, should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children and vulnerable adults;
- Be alert to the impact on the child or vulnerable adult of any concerns of abuse or maltreatment;
- Be able to gather and analyse information as part of an assessment of the child or vulnerable adults needs.

If a practitioner suspects abuse, spots signs or indicators of abuse they must:

1. Make an initial record of the information
2. Report it to the Line Manager and/or the Designated Safeguarding Lead (DSL) (Michele Lyall) immediately.
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available.
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions in which they were involved.
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken
 - Any actual words or phrases used by the child
5. In the absence of the DSL or the Line Manager practitioners should be prepared to refer directly to the MASH or Adults safeguarding Team (and the police if appropriate) if there is the potential for immediate significant harm.

Following a report of concerns the DSL must:

1. Decide whether there are enough grounds for suspecting significant harm in which case a referral must be made to the MASH or the DAST (Drug & Alcohol Safeguarding Team) and the police if it is appropriate
2. Normally the practitioner should try to discuss any concerns about a child's or vulnerable adults' welfare with the family or significant others and where possible to seek their agreement before making a referral to the MASH or the DAST. However, in accordance with guidance, this should only be done when it will not place the child or vulnerable adult at increased risk or could impact a police investigation. The child's or vulnerable adults' views should also be considered.
3. If there are grounds to suspect a child or vulnerable adult is suffering, or is likely to suffer, significant harm the DSL (or Line Manager) must contact the relevant MASH or Adults Safeguarding Team (see contact details in Appendix 1) and make a clear statement of:
 - the known facts including any scores and summaries from screening tools
 - any suspicions or allegations
 - whether or not there has been any contact with the child's or vulnerable adults' family

If the DSL feels unsure about whether a referral is necessary, they can phone the MASH or DAST (Drug & Alcohol Safeguarding Team) to discuss concerns. All conversations, advice and actions to be taken must be recorded on the risk assessments and case notes held within HALO.

4. If there is not a risk of significant harm, the DSL will either actively monitor the situation or in respect of a child consider the Early Help process

5. The DSL must confirm any referrals in writing to the MASH, within 24 hours, including the actions that have been taken. The written referral must be made using the MASH Inter-Agency Referral Form (MIARF) which will provide Children's Social Care with the supplementary information required about the child and family's circumstances. (The MIARF can be accessed via the following link: <https://www.dorsetscb.co.uk/working-with-children/applying-thresholds-and-reporting-concerns/>)
6. If a child is in immediate danger and urgent protective action is required, the Police must be called. The DSL must also notify the MASH of the occurrence and what action has been taken
7. Where there are doubts or reservations about involving the child's family, the DSL should clarify with the MASH/ Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.

All practitioners within EDAS who have contact with children and members of their families must make a referral to Children's social care if there are signs that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect;
- Is likely to suffer significant harm in the future.
- The timing of such referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm.

Urgent Concerns

Where a child or vulnerable adult needs immediate protection, prompt action should be taken.

Practitioners should contact the local MASH team, DAST or the police about their concerns directly and to complete the appropriate referral form, if there are urgent concerns.

In such circumstances a formal referral to the MASH or the DAST the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the safeguarding children lead, or the completion of an assessment.

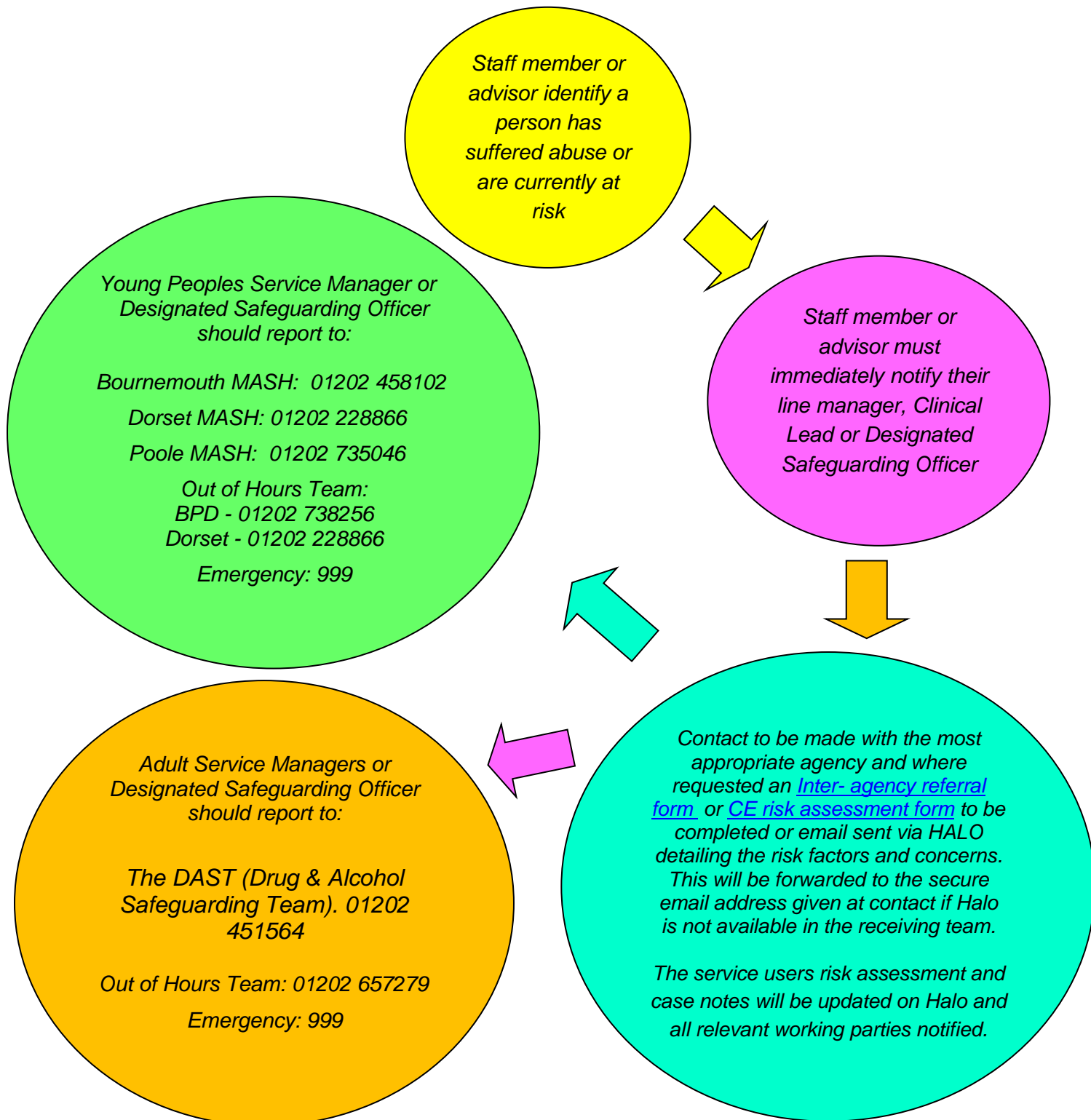
In urgent situations, out of office hours, the referral should be made to the Police or Out of Hours Social Services. (See numbers listed in Appendix 1).



Safeguarding Young People & Vulnerable Adults

Appendix 1

Reporting Concerns



Allegations against adults who work with children

Procedure

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in EDAS, or another adult who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

In dealing with allegations or concerns against an adult, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Chief Executive Officer (CEO) as soon as possible
- If an allegation is made against the CEO, the concerns need to be raised with the Chair of Trustees as soon as possible. If the Chair of Trustees is not available, then the *Local Authority Designated Officer (LADO) should be contacted directly.
- There may be situations when the CEO or Chair of Trustees will want to involve the Police immediately if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the Chief Executive or Chair of Trustees, they will contact the LADO on or as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to

In liaison with the LADO, EDAS will determine how to proceed and if necessary, the LADO will refer the matter to Children's Social Care and/or the police. See Flowchart at Appendix 3 for full details.

** This LADO role is undertaken by Dorset Council and you can contact them directly on 01305 221122.*

