



**DEERVIEW EQUINE INTERVENTIONS (DEI)  
SAFEGUARDING and CHILD PROTECTION POLICY**

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## **POLICY STATEMENT**

DEI recognises our responsibility to safeguard and protect the welfare of all children, young people and adults at risk, and is committed to practice which protects them.

## **CONTACTS**

All safeguarding concerns must be reported to the DEI's DSL, or in their absence the trustee with responsibility for safeguarding – details below:

DEI Designated Safeguarding Lead (DSL) - CEO and Approved TheHorseCourse Facilitator, Joanne Tucker (level 3 safeguarding training, DSL training, safer recruitment training). Contact details 07341 041045 or email [info@deerviewequineinterventions.org](mailto:info@deerviewequineinterventions.org)

DEI trustee with responsibility for safeguarding - Claire Kellaway-Moore (Deputy safeguarding lead in a school, has level 3 safeguarding training and holds safeguarding responsibility at board level). Contact details [cfairy178@gmail.com](mailto:cfairy178@gmail.com)

### **If concerns need to be raised outside the organisation report to:**

#### ***For Children and Young people in Bournemouth, Christchurch, Poole (BCP) locality***

Local Authority Designated Officer (LADO) within one working day of the incident

Email: [LADO@bcpcouncil.gov.uk](mailto:LADO@bcpcouncil.gov.uk)

01202 817 600

If you believe a child is at risk of significant harm you should also contact children's social care as a priority

Multi-Agency Safeguarding Hub (MASH)

Email: [childrensfirstresponse@bcpcouncil.gov.uk](mailto:childrensfirstresponse@bcpcouncil.gov.uk) ([childrensoohs@bcpcouncil.gov.uk](mailto:childrensoohs@bcpcouncil.gov.uk) - out of hours)

First Response Team Tel: 01202 123334 (or 01202 738256 - out of hours)

#### ***For Adults at Risk in BCP locality***

Adult Social Care

Tel: 01202 123654 or Dorset Police 101 (or 0300 1239895 - out of hours)

Email: [asc.contactcentre@bcpcouncil.gov.uk](mailto:asc.contactcentre@bcpcouncil.gov.uk)

#### ***For children and young people in Dorset locality***

Children's Advice and Duty Service (ChAD) 01305 228558 (including out of hours) – professionals number only

#### ***For Adults at Risk in Dorset locality***

Dorset Safeguarding Adults board 01305 221016 (01305 858250 - Out of Hours)

### **The Professionals Online Safety Helpline**

This is available for any professionals working with young people for support and assistance in dealing with internet safety incidents involving young people, staff or volunteers.

Tel: 0844 381 4772

[helpline@saferinternet.org.uk](mailto:helpline@saferinternet.org.uk)

**If you believe a child, young person or adult is in immediate danger, then please call 999.**

## PERSONNEL DEFINITIONS, TRAINING LEVELS AND SUPERVISION REQUIREMENTS

*(duplicated in SR policy)*

### *Staff and Trustees*

**Staff:** Anyone who is employed by DEI to work for the organisation in a paid capacity (employed or self-employed contractor) will go through a full safer recruitment process, including DBS checks and references. They will complete minimum level 2 safeguarding training before working unsupervised, which will be updated, as a minimum, every 3 years.

**Trustees:** are members of the community who sit on our board, governing all aspects of the organisation. All trustees on the board will go through a safer recruitment process, including DBS checks, have a minimum of level 1 safeguarding training, updated, as a minimum, every 3 years; any who have unsupervised contact with children/young people or adults at risk must undertake level 2 training, updated, as a minimum, every 2 years, and the designated Safeguarding Trustee must have level 3 safeguarding training, updated as a minimum every 2 years and will have a strong professional connection with safeguarding.

**Volunteers:** Volunteers who have no/supervised contact with children/young people or adults at risk will have level 1 safeguarding training updated, as a minimum, every 3 years; those who have unsupervised contact with children/young people or adults at risk must undertake level 2 training, updated, as a minimum, every 2 years.

### *Visitors and Service Users*

**Participants:** service users (adults or children) receiving intensive staff support. *Participants* will be supervised at all times by a member of *Staff*.

**Children:** any child or young person under the age of 18 years. We will require children under 8yrs old to be supervised by a carer at all times. Children and young people from 8-18yrs old will be supervised at all times by *Staff*.

*Group sizes and supervision ratios:* Children and young people will always be supervised whilst in DEI's care, as are *Participants*. The maximum number of participants to *Staff* will be 6:1, however we would more typically have a 3:1 or 1:1 ratio. Groups will be dynamically risk assessed on a continual basis taking account of individual needs and vulnerabilities, and groupings and/or support altered accordingly. Individuals with specific vulnerabilities will be provided with 1:1 support if a group setting is difficult for them.

## **SAFEGUARDING CHILDREN**

As an organisation DEI must:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers, or potential abusers, may pose to children;
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Take part in regularly reviewing the outcomes for the child against specific plans;
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.
- Work collaboratively with local partners to identify and prevent extra-familial harm.

DEI's procedures are in line with the PDSCP policies and procedures manual and follow **Working Together to Safeguard Children Guidance 2018** and the **Keeping children safe in education Guidance 2022**. [Working together to safeguard children](#) sets out what should happen in any local area when a child or young person is believed to be in need of support. Effective safeguarding arrangements should aim to meet the following two key principles:

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

Safeguarding children is defined in [Working together to safeguard children](#) as:

- Protecting children from maltreatment;
- Preventing impairment of children's mental and physical health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

### **SIGNS AND SYMPTOMS OF ABUSE**

Common signs and symptoms of abuse are as follows:

- unexplained changes in behaviour or personality
- becoming withdrawn/secretive
- seeming anxious
- becoming uncharacteristically aggressive
- lacks social skills and has few friends, or disengages from exiting social networks
- Secrecy around new associations
- Additional mobile phone/s or concerning use of technology
- Sexual health problems/unplanned pregnancy
- Involvement in criminal activity
- poor bond or relationship with a parent
- knowledge of adult issues inappropriate for their age
- running away or going missing
- unexplained money or gifts
- always choosing to wear clothes which cover their body.
- Pain or discomfort
- Unexplained injuries
- Poor personal cleanliness

This list is not exhaustive and doesn't necessarily mean that a child is being abused, there could be other things happening in their life which are affecting them, but it is important to notice and take the appropriate action if there is a concern of abuse.

### **Parental behaviour**

Sometimes a parent's demeanour or behaviour sends red flags about child abuse. Warning signs may include a parent who:

- Shows little concern for the child
- Appears unable to recognise physical or emotional distress in the child

- Blames the child for the problems
- Consistently belittles or berates the child, and describes the child with negative terms, such as "worthless" or "evil"
- Expects the child to provide attention and care to the parent
- Uses harsh physical discipline
- Demands an inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all
- Repeatedly brings the child for medical evaluations or requests medical tests, such as X-rays and lab tests, for concerns not seen during the health care provider's examination.

## DEFINITIONS

### **The Concept of Significant Harm**

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm. The law says a child or young person is at risk of significant harm ( ROSH ) if there are current concerns for their safety, welfare or wellbeing because of one or more of the following: if their basic needs are not met — for example, they don't have enough food or clothing, or don't have a safe or secure place to live.

### **Early Help**

Early help, also known as early intervention, is support given to a family when a problem first emerges. It can be provided at any stage in a child's life, from the early years through to the teenage years.

### **Definitions of Child Abuse and Neglect Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children 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. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Assault of children is against the law.; and if any adult causes physical or psychological injury to a child, or mistreats a child, they could be prosecuted for committing a criminal offence.

#### *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 or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child 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 (The current definition of [Sexual Abuse](#) in Working Together to Safeguard Children is also relevant as it recognises that abuse can be perpetrated by children as well as adults)

#### *Neglect*

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's 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 care-givers); or
- Ensure access to appropriate medical care or treatment.

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

#### *Children with special educational needs and disabilities*

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Being more prone to peer group isolation than other children;
- The potential for children with SEN and disabilities to be disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

#### *Child Sexual Exploitation*

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They might be invited to parties and given drugs and

alcohol before being sexually exploited. They can also be groomed and exploited online. Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

#### *Child trafficking*

Involves recruiting and moving children who are then exploited. Traffickers use grooming techniques to gain the trust of a child, family or community. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Children may be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation.

#### *Female Genital Mutilation (FGM)*

(FGM), comprises of “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” A harmful practice with no health benefits, FGM can cause long-lasting physical, emotional and psychological trauma; and in some cases, death. Any known case of FGM must be reported to the police.

#### *Peer on peer abuse*

This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying);
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence and sexual harassment;
- Sexting (also known as youth produced sexual imagery); and
- Initiation / hazing type violence and rituals

#### *Digital media abuse*

This can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual. Types of online abuse are:

- Cyberbullying - Cyberbullying or online bullying is any type of bullying that happens online.
- Emotional abuse
- Grooming
- Sexting - Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexual messages. It's online abuse if a child or young person is pressured or coerced into creating or sending these types of images.
- Sexual abuse - Sexual abuse can happen online - for example, a child could be forced to make, view or share child abuse images or videos or take part in sexual activities on conversations online.

- Sexual exploitation - When a child is sexually exploited online they may be persuaded or forced to create sexually explicit photos or videos or have sexual conversations

#### *Gang Activity, Youth Violence and Criminal Exploitation Affecting Children*

Street gangs and organised crime groups pose a safeguarding risk to children and young people. A street gang will engage in criminal activity and violence and have some form of identifying structure featuring a hierarchy. An organised criminal group is a group of individuals normally led by adults for whom involvement in crime is for personal gain. This involves serious and organised criminality by a core of violent gang members who exploit vulnerable young people and adults. This may also involve the movement and selling of drugs and money across the country, known as 'county lines'.

#### *Exploitation by Radicalisation*

Encouraging extreme views including justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. Contact will be made with Dorset Police regarding any individuals identified who present concern regarding violent extremism.

#### *Child Criminal Exploitation*

Child Criminal Exploitation occurs 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. 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. Criminal exploitation often happens alongside sexual or other forms of exploitation.

#### **Self-harm and Suicidal Behaviour**

Definitions from the Mental Health Foundation (2003) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. Self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident.

#### **Domestic Violence or Abuse**

The issue of domestic violence and abuse will only ever be raised with a child or mother when they are safely on their own and in a private place. Information from the public, family or community members will be taken seriously. DEI will never assume that somebody else will take care of domestic violence and abuse issues. If we receive a disclosure this may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action – we will make the appropriate referral.

#### **Potential Risk of Harm to an Unborn Child**

In some circumstances, DEI may be in a position to 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). We will refer any such concerns.



## OUR RESPONSE

### Overview

DEI has a clear Code of Conduct, which promotes a clear commitment from everyone in the organisation to treat everyone fairly and with respect. DEI volunteers and staff must take an active role in safeguarding and:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to identify potential or actual harm to children;
- Report and record concerns appropriately

DEI will 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 will 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 needs immediate protection prompt action will be taken.

DEI will contact the relevant organisation listed on page 2 of this document or the police about their concerns directly.

### Hearing and Observing the Child

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns without questioning the child;
- Offer re-assurance about how the child will be kept safe if this is known and is certain;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse. If the child can understand the significance and consequences of making a referral to Children's social care, they should be asked for their views. It should be explained to the child that whilst their view will be taken into account, we have a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

### Parental Consultation

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to Children's social care **unless** seeking agreement is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions. If in doubt, we will seek advice from the relevant Children's Social Care listed on page 2 of this document. Where parental permission has not been sought before making a referral to Children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to Children's social care. Consultation should be made, with the person responsible for safeguarding or trustee with responsibility for safeguarding, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to Children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

### **Urgent Medical Attention**

If a child is suffering from a serious injury, DEI will seek medical attention immediately from accident and emergency services and must inform Children's social care, and the duty consultant paediatrician at the hospital.

### **Responding to Peer on Peer Abuse**

DEI will provide appropriate supervision of all the young people in our care to prevent peer abuse from happening. All children and young people in our care are expected to adhere to our behaviour policy; any allegations will be recorded in safeguarding records, and reported appropriately; we will offer appropriate support to any victim and will not tolerate abuse or pass it off as “banter”, “just having a laugh” or “part of growing up”. Safeguarding issues can manifest themselves via child on child abuse

### **Responding to Child Sexual Exploitation concerns**

Any concerns that a child or young person is being sexually exploited, or is at risk of sexual exploitation, we will refer to the [CE Screening Tool and Pan-Dorset Guidance](#) to inform our next steps.

### **Responding to Peer on Peer Harmful Sexual Behaviour**

Where there is a disclosure the DSL will undertake and record an initial risk assessment and consider three factors:

- The victim, especially their protection and support;
- The alleged perpetrator; and
- The risk to any other children (and, if appropriate, adults).

Concerns about the behaviour and the welfare and safety of the child/ren will be discussed with Children's Social Care which may require a referral and further assessment (see contacts on page 2 of this document)

### **Responding to Abuse through Digital Media**

Where there is suspected or actual evidence of anyone accessing or creating indecent images of children, this must be shared with the Police and Children's social care in line with the referral procedure. It is essential that the materials are not forwarded as part of a referral or for the purpose of capturing evidence. In doing so a further offence would be committed. Where there are concerns about a child being groomed, exposed to pornographic material or contacted by someone inappropriately, via the internet or other ICT tools like a mobile phone, referrals should be made to the Police and to Children's Social Care in line with the referral procedure.

### **Responding to Self-harm and Suicidal Behaviour**

Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention should be offered at the earliest point. Any employee, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with the child or young person without delay following the PDSCP policies and procedures manual [Self Harm and Suicidal Behaviour \(proceduresonline.com\)](https://www.proceduresonline.com)

### **Responding to Children and Young People Vulnerable to Violent Extremism**

Any employee who believes a crime is being committed or planned, or is aware of any terrorist activity, should contact the police immediately. A multi-agency assessment meeting will determine the appropriate response and level of support to the family. Consideration of referrals to the Channel programme may be appropriate in some cases. Response should be proportionate, with the emphasis on supporting vulnerable children and young people, unless there is evidence of more active involvement in extremist activities.

### **Responding to Gang Activity, Youth Violence and Criminal Exploitation Affecting Children**

Any employee who has concerns that a child may be at risk of harm as a consequence of gang activity including child criminal exploitation should contact Children's Social Care or the police for the area in which the child is currently located (see page 2). The [Referrals Procedure](#) should be followed. An Early Help Assessment may be crucial in the early identification of children and young people who need additional support due to risk of involvement in gang activity.

### **Responding to Child Criminal Exploitation**

If an employee identifies that a child is involved in, or at risk of involvement in CCE they should respond following DEI's procedures on page 2 of this document alongside any specific local guidance for identifying and responding to CCE.

### **Reporting a Concern and Making a Referral**

All safeguarding concerns, including suspicion, allegation or incident, should be recorded and discussed with the DSL, if this person is not available then the individual must seek guidance from the DEI Trustee responsible for Safeguarding. It is their responsibility, or the individual's to inform the appropriate organisation (see contacts on page 2 of this document)

Referrals should be made to Children's social care for the area where the child is living or is found. DEI will keep our own records of referrals made and any communication.

Children's social care should within **one working day** of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress. Professional disagreements will be rare but if we do not agree with action taken by the contacted organisation we should follow the multi-agency escalation policy which can be found at [Escalation Policy \(proceduresonline.com\)](#)

### **Concerns Raised by a Member of the Public**

When a member of the public telephones or approaches us with concerns about the welfare of a child or an unborn baby, we will:

Gather as much information as possible, to be able to make a judgement about the seriousness of the concern;

Take basic details:

1. Name, address, gender and date of birth of child;

2. Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), practitioners providing other services, a lead practitioner for the child.
  - Decide whether to:
    1. Make a referral to Children's social care;
    2. Make a referral to the lead practitioner, if the case is open and there is one;
    3. Make a referral to a specialist agency or practitioner e.g. educational psychology or a speech and language therapist;

Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

Offer a face to face meeting or interview to the member of the public to clarify information. The member of the public will also be given the number for their local Children's social care and encouraged to contact them directly. We will however **always** make a referral to Children's social care and to the lead practitioner if there is one, in case the member of the public does not follow through (which can happen).

Some people may prefer not to give their name to Children's social care, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, we will respect the referrer's request for anonymity. However we will not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

### **Safeguarding Children whilst working with Adults**

DEI will consider our adult service users' role as a parent. We will consider the impact of the adult's condition or behaviour on:

- A child's development;
- Family functioning;
- The adult's parenting capacity.

If we have concerns about the parent's capacity to care for the child and consider that the child is likely to be harmed or is being harmed, we will immediately refer the child to the police or Children's social care.

Requests for information about a child, from Children's Social Care will be directed to the correct member of staff and not dealt with by administrative staff or intermediaries.

### **Absence reporting and missing children**

If children expected to attend our service are absent, we will make prompt enquiries, and liaise with the appropriate agencies, being more vigilant for example where it is a child in care, a child referred by social care, a child known to be high risk (CSE, county lines, DV etc), or a young carer.

Where a young person is with us on a regular basis for Additional Provision we will keep a 'Need to Know' record for each individual noting any additional risk factors to inform our response to absences.

If a child goes missing whilst in our care, we will try to locate the child. If they cannot be located we will inform the police, the emergency contacts as given on our consent form, and the referring professional. Useful information to report to the police include: - the child's name, date of birth, description and a recent photograph if we have one - any details of where and when the child was last seen, who they were with, etc.

## **SAFEGUARDING ADULTS**

The key principles which inform the ways in which DEI work with adults are as follows:

- Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- Prevention: wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- Proportionate: response appropriate to the risk presented; least intrusive response where possible
- Protection: support and representation for those in greatest need.
- Partnership: local solutions through services working with the individuals communities. Ensure engagement with local communities to prevent, detect and report abuse.
- Accountability: transparency in delivering safeguarding and of a quality that is worthy of scrutiny, i.e. the Courts or Peer Reviews

### **‘Wellbeing’ principle**

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies to adults with care and support needs and their carers. “Wellbeing” is a broad concept, and relates to the following areas in particular:

- personal dignity (including treating people with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including care and support and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual’s contribution to society

Promoting “wellbeing” means actively seeking improvements for the adult with care and support needs (regardless of whether they have eligible needs or not) and informal carers.

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect and the purpose of this document is to ensure we identify and respond appropriately when adults may be at risk of harm, abuse or self-neglect.

### **Definitions**

*Harm:* For the purpose of these Procedures, harm is defined as:

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed.
- Self-neglect

This can mean:

- Ill treatment (including sexual harm and forms of ill treatment which are not physical).

- The impact of not providing care, providing inappropriate care or other actions which are detrimental to health, wellbeing, maintaining independence and choice
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.
- Allegations against people in positions of trust

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the person and the harm or risk of harm to that individual. Harm can take place anywhere. Harmful acts may also be crimes and informing the Police must be a key consideration.

### **Categories of Harm**

#### *Physical abuse*

Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

#### *Domestic violence and abuse*

New definition: The cross-government definition of domestic violence and abuse is; any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional
- Controlling behaviour: 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: 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.

#### *Forced Marriage*

Forcing someone into a marriage and/or luring someone overseas for the purpose of marriage.

#### *Exploitation by radicalisation*

See definition on page 6

#### *Sexual exploitation*

The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes. People with learning disabilities may be led into harm because of perceptions they are being offered friendships.

#### *Psychological abuse*

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

*Financial or material abuse*

Including theft, fraud, internet scamming and/or coercion in relation to an adult's financial affairs or arrangements.

*Modern Slavery*

Includes human trafficking, forced labour and debt bondage, sexual exploitation, criminal exploitation, domestic servitude, descent-based slavery, child labour, slavery in supply chains, and forced and early marriage.

*Discriminatory abuse*

Including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

*Internet/cyberbullying*

See definition on page 6

*Organisational abuse*

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in a person's own home. This may be a one off incident or on-going ill-treatment.

*Neglect and acts of omission*

Includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

*Self-neglect and hoarding*

This includes a broad spectrum of behaviour. The Care Act 2014 statutory guidance defines self-neglect as: "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding". A decision on whether a response is required through safeguarding will depend on an adult's ability to protect themselves by controlling their own behaviour.

*Homelessness*

This does not necessarily make people at risk and it is therefore not a defined category of harm. However circumstances such as homelessness may exacerbate other conditions and impact negatively upon individual's ability to care for their health and to protect themselves.

*Cuckooing*

Controlling and coercive criminal activity. This involves gangs using adults at risk to move, store and deliver drugs.

**When DEI will raise a concern**

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self-neglecting where there is a significant risk to their health or wellbeing. Urgent actions will be taken to safeguard anyone at risk of immediate harm if any of the following concerns are apparent:

- active abuse is witnessed, or

- an active disclosure is made by an adult or third party, or
- there is suspicion or fear that something is not right or there is evidence of possible abuse or neglect.

Any suspicion, allegation or incident should be recorded and dealt with appropriately. It is the responsibility of the person responsible for safeguarding, the trustee responsible for safeguarding or the individual to inform the appropriate Safeguarding Adults board (see contacts) without delay if deemed appropriate.

### **Urgent Action**

In circumstances where there are serious immediate risks a response from Safeguarding Adult services or the police will be provided the same day. Whilst reporting a concern to the local safeguarding team it is important that we also consider if the risk or experience of immediate serious harm is so severe that urgent action is required to prevent this.

### **Raising a Concern**

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. Self-neglect can be reported as a concern.

### **Actions to be taken when harm is directly observed or disclosed by the individual**

When harm to an adult is directly observed, effort will be made by the observer to ensure the individual is safe and then urgent steps taken to report to the Local Authority. Also, the Police if a crime appears to have been committed. It is vital to listen carefully to what the person is saying, reassure them they will be involved in decisions about what will happen and get as clear a picture as possible but avoid asking too many questions at this stage. We must make sure that the individual is safe from harm or any further harm. This may mean contacting any/all of the emergency services.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can make a record.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person or others that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

Careful consideration will need to be given regarding who else needs to know about the concern. The concern should not be discussed with the person alleged to have caused harm.



### **Making a Written Record**

As soon as possible on the same day, the referrer of the safeguarding concern should make a chronological written record of what has been seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

The written record will need to include:

- the date and time of the disclosure, or when you were told about or witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.
- Remember to:
- Wherever possible and practicable seek the persons consent to raise the concern. Where
  - the person raises objections and there are significant risks, or if other adults or children could be at risk, it may be necessary to override their expressed wish not to consent.
- include as much detail as possible,
- make sure the written record is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the record and that it is signed and dated,
- keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.
- Information from another person should be clearly attributed to them.
- keep the record/s confidential, storing them safely and securely following DEI's data protection policy and procedures.
- Information sharing should always be necessary, proportionate, relevant, accurate, timely and secure. A record should be kept of what has been shared, with whom and for what purpose and the reasoning behind it.

### **When a Crime is suspected**

If a crime is suspected it is critical that the Police are informed.

### **WHISTLEBLOWING**

Abuse can occur in any situation, and it is important that those within the DEI organisation are aware of this. If a member of staff witnesses or are concerned by any behaviour from another member of staff they deem inappropriate and a safeguarding concern, they must report this to the DSL. In the event that the DSL is not available, or they are the person there is a concern with, then the report must be made to the trustee with responsibility for safeguarding (details on page 2)

To avoid potential safeguarding breaches no member of DEI will:

- Fail to act upon and record allegations that a child/adult at risk makes;
- Visit a child/adult at risk in their home without another adult being present;

- Transport a child in their car unless prior arrangements have been made with the parent/referrer or in case of an emergency;
- Make any comments with sexual overtones, even in humour, or partake in any “horse play”
- Allow a child/adult at risk into their home;
- Engage in rough physical games;
- Engage in sexually provocative games;
- Allow or engage in inappropriate touching in any form;
- Allow children to use inappropriate language unchallenged;
- Do things of a personal nature, that they can do themselves;
- Take photographs of a child/adult at risk without parent/guardian/their (if over 16) consent;
- Use personal phone/camera/equipment to take/store images of children/adults at risk.

### **Managing Allegations**

DEI should be informed of all allegations that are made against anyone in the organisation. Allegations may be about poor practice rather than abuse. Advice can be sought from the appropriate organisation (see contacts)

DEI would like to assure everyone that it would fully support and protect anyone who, in good faith, reports his or her concerns that a member of the DEI organisation is or may be abusing a child or an adult at risk. This would include concerns that they have:

- Behaved in a way that has, or may, cause harm to a child or adult at risk
- Possibly committed a criminal offence against or related to a child or adult at risk;
- Behaved in a way that indicates they may pose a risk of harm to children or adults at risk;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children or adults at risk.

All allegations must be recorded and passed to our person responsible for safeguarding or the trustee responsible for safeguarding.

Primary consideration will be given to supporting the child, young person or adult at risk and the person making the allegation.

It may also be necessary to contact the Local Authority Designated Officer

([lado@dorsetcouncil.gov.uk](mailto:lado@dorsetcouncil.gov.uk) or [LADO@bcpcouncil.gov.uk](mailto:LADO@bcpcouncil.gov.uk)) to discuss the concerns – NB: this will not apply in the case of adults at risk of abuse, only children and young people. The Designated Officer must have the management and oversight of any allegations against people who work with children.

Where there is a complaint of abuse against a member of staff there may be three types of investigation.

1. A criminal investigation
2. A child/adult at risk protection investigation
3. A disciplinary or misconduct investigation

There will be circumstances when these procedures may be used concurrently with other procedures such as Disciplinary and Complaints. In these circumstances the safeguarding process takes precedence over the others. Results of the police and social services investigation may well influence a disciplinary investigation, but not necessarily.

Every effort will be made to ensure confidentiality for everyone concerned.

If the person responsible for safeguarding is the subject of the suspicion/allegation the report must be made to the Safeguarding Trustee. They are then responsible for taking the appropriate action. Issues of misconduct will be dealt with by a panel appointed by the Board of Trustees. The Board has the right to suspend DEI member/s during or following investigations. In instances of allegations of abuse DEI will refer to the Pan-Dorset Multi-Agency Safeguarding Policies and Procedures Manual.



#### **Review of policies, procedures and actions**

- DEI's child protection and safeguarding policies and procedures are audited and reviewed annually
- Necessary changes that are identified in the interim period, as a result of amendment to legislation or necessary improvement in practice will be made as required.
- The DSL reviews all safeguarding actions following a safeguarding concern with the trustee with responsibility for safeguarding.
- Safeguarding and Child Protection is a standing item on DEI's quarterly board meetings with reviews and changes to procedure if deemed necessary.



**Safeguarding Concern Form**

<b>Deerview Equine Interventions Record of Safeguarding Concern</b>	
Name of person reporting:  Name of person disclosing:	Reporter's position and Location:
Date of concern/disclosure:	Time of concern/disclosure:
Details of concern/disclosure:	
How was the concern/disclosure responded to?	
Persons/organisation the concern/disclosure was reported to?	
Outcome:	
Feedback given to person reporting the concern	
Any follow up action taken?	

Where the person of concern was referred to DEI by a social worker or other professional, they may be the most appropriate first point of contact by the DSL.