



## **Safeguarding and Child Protection Policy**

### **1. Safeguarding policy statement**

Open Door Exmouth, through its work with children and vulnerable adults is committed to the protection and well-being of all who are in contact with the Open Door Exmouth projects. Open Door Exmouth is concerned about the safety and welfare of all young people and vulnerable adults associated with our projects and will endeavour to protect them from physical, sexual, and emotional harm to the best of our ability.

Open Door Exmouth is committed to creating a safe environment in which young people and vulnerable adults can feel comfortable and secure whilst they are engaged in any of our sessions, activities, events, or workshops. Staff and volunteers should at all times show respect and understanding for individual rights, safety and welfare and conduct themselves in a way that reflects the ethos and principles of the organisation. All members of staff and volunteers are aware of the part they play in safeguarding the people involved in Open Door Exmouth, and they are required to familiarize themselves with this policy document in the course of their induction training.

The trustees of Open Door Exmouth accept the legal responsibilities that arise from this work, but are, in addition, committed to ensure that the staff members and volunteers who work on the Open Door Exmouth projects value and relate effectively to those who they meet in the course of this work. The trustees are also concerned that the staff members and volunteers are properly supported and trained. This policy is intended to lay down clear guidelines and procedures that deal with any form of abuse that may be encountered in the running of the projects.

Christian communities should be places where all people of whatever age feel welcomed, respected and safe from abuse. Open Door Exmouth is particularly called by God to support those at the margins, those less powerful and those without a voice in our society. Staff members and volunteers can work towards creating a safe and non-discriminatory environment by being aware of some of the particular situations that create vulnerability. Consideration must be given to both the physical environment and the attitudes of workers. A person who might be considered vulnerable has the right to:

- be treated with respect and dignity.
- have their privacy respected.
- be able to lead as independent a life as possible.
- be able to choose how to lead their life.
- have the protection of the law.
- have their rights upheld regardless of their ethnicity, gender, sexuality, impairment or disability, age, religion, or cultural background.
- be able to use their chosen language or method of communication; and to be heard.

## **2. Safeguarding children and young people**

This guidance reflects the principles contained within the United Nations Convention on the Rights of the Child (UNCRC) ratified by the United Kingdom in 1991 and the Human Rights Act 1998. The Children's Act 1989 sets out the legislative framework for safeguarding and promoting the welfare of children and the Children's Act 2004 underpins the Every Child Matters, Change for Children programme.

- In all dealings with children, the welfare of the child is paramount.
- No child or group of children must be treated any less favourably than others in being able to access services which meet their particular needs.
- All children without exception have the right to protection from abuse, regardless of gender, ethnicity, disability, sexuality, or beliefs.
- All workers and volunteers who are in contact with children and young people through Open Door Exmouth must refer to the policy document relating to these activities.
- This policy applies to all staff, workers, volunteers, and trustees of Open Door Exmouth.

### **What do we mean by 'children and young people'?**

For the purpose of this document, a child is defined as a person under the age of 18 (The Children's Act 1989). All children have the right to protection from all forms of abuse including exploitation, neglect, physical and mental abuse regardless of their age, gender, disability, culture, language, racial origin, religious beliefs or sexual orientation.

### **The role of staff, volunteers and trustees**

All staff, volunteers and trustees working on behalf of Open Door Exmouth have a duty to promote the welfare and safety of children.

Staff and volunteers may receive disclosures of child abuse and observe children who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific child protection issues.

All staff and volunteers working with children at an Open Door project will be required to undergo an Enhanced DBS Check. No staff or volunteers will have unsupervised access to children or young people in the course of their duties unless they have first been vetted through the DBS.

Open Door Exmouth will aim to provide training in Child Protection issues for any staff or volunteers directly engaged with children or young people on a regular basis. We will also

encourage all members of staff to develop an awareness of these issues.

### **Guidelines for Interacting with Children and Young people**

These guidelines are intended to protect both staff/volunteers and children:

- Treat all children and young people equally and with respect
- Avoid being alone in an unobserved position with a child or young person
- Avoid close physical contact, maintain a safe and appropriate distance
- Only provide physical support/assistance if it is necessary and the child or young person is unable to cope without physical assistance
- Do not take the child or young person into a private vehicle or house without written consent from a parent or guardian
- Do not use physical or verbal chastisement, including shouting, swearing and humiliating behaviour
- Do not use any images of children or young people in displays, publications or in any other way without written permission from a parent or guardian

### **Definition of Abuse**

These definitions of abuse are commonly accepted throughout England and Wales, both by local authorities and by private sector agencies.

- **Neglect:** The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in a significant impairment of the child's health or development, including non-organic failure to thrive.
- **Physical Injury:** Actual or likely physical injury to a child, or the failure to prevent physical injury or suffering to a child.
- **Sexual Abuse:** Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or emotionally immature.
- **Emotional Abuse:** Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill treatment.

These definitions, of necessity clinical and stark in their language, may be amplified by further reading. For the present purpose the Open University syllabus on Child Abuse and Neglect offers useful comment.

**Neglect** occurs when those responsible for caring for a child "fail to meet the basic essential needs of children, like adequate food, clothes warmth and medical care." Leaving young children alone and unsupervised is another example of neglect. Non-organic failure to thrive may result from, "refusing or failing to give adequate love and affection", and is defined as emotional neglect.

**Physical abuse** may not result in visible injury. Some abusers take great care to avoid leaving outward signs of their activities. Those activities are still abuse but lie on the border between physical and emotional injury. However the damage is experienced such abuse occurs when a responsible person, adult or older child, "physically hurts, injures or kills a child." This can involve hitting, shaking, squeezing, burning or biting. It also involves giving a child poisonous substances, inappropriate drugs or alcohol, and attempted suffocation or

drowning. It includes the use of excessive force when carrying out tasks like feeding or nappy changing.

**Sexual abuse** occurs “when adults (or older children, often siblings) seek sexual gratification by using children.” This includes any kind of sexual activity from fondling to sexual intercourse. It also includes exposing children to “sexually explicit behaviour or pornographic material.” It is widely believed that the motivations of those who sexually abuse children arise as much from a need to dominate as from a sexual interest. Understanding abusers of this kind is very difficult, especially for those who have never suffered from addictions or compulsive behaviour themselves. A great deal of work is done in this field both by those involved in the reintegration of offenders and those concerned with ministry to them during their imprisonment.

It may help us to recognise three general types of person. There are those who could not, under any circumstance, sexually abuse a child. There are those who do abuse children sexually. There are those who, although they have the potential within themselves to abuse in this way, have faced their compulsion in such a manner that abuse does not occur. Sadly the mores of our society may not really allow such a process of self discovery to take place until the need for it is evidenced by abusive behaviour.

**Emotional abuse** results from persistent lack of love and affection, or threats, verbal attacks or even just shouting. The effects may be as devastating as any other form of abuse. Sometimes more so. It is impossible to imagine any form of abuse which does not include some element of emotional abuse. Emotional abuse may occur on its own, however, without evidence of other forms. It is also important to note that most abusive acts, of whatever kind, are carried out by adults very close to the child, primarily by parents and relatives but also by others who stand in a comparable relationship of intimacy and trust within the child’s circle of adult contacts. This is true in around 90% of all reported cases.

The effects of all forms of abuse are long term and may lie hidden for many years. The psychological damage may be buried so deeply that it only emerges half a lifetime later, and then with devastating effects on home and family.

### **How can abuse be recognized?**

***The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.***

#### **Physical signs of abuse**

- Any injuries not consistent with the explanation given for them
- Injuries that occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which have not received medical attention
- Under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc. which may indicate that the child is being neglected
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises, bites, burns, fractures etc. which do not have an accidental explanation
- Cuts/scratches/substance abuse

### **Indicators of possible sexual abuse**

- Any allegations made by a child concerning sexual abuse
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders – anorexia, bulimia

### **Signs of emotional abuse**

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depression/aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

### **How to respond to a child wanting to talk about abuse**

Where a disclosure is made to a volunteer the matter should immediately be referred to the Project Leader or Projects Director of Open Door Exmouth.

It is not easy to give precise guidance, but the following may help:

### **General points**

- Show acceptance of what the child says (however unlikely the story may sound) and reassure them that that have done the right thing in telling you
- Keep calm
- Listen carefully to what is being said
- Allow the child to continue at his/her own pace
- Tell the child you will need to let someone else know – don't promise confidentiality – but it will only be disclosed to those who need to know about it
- Ask questions for clarification only, and at all times avoid asking leading questions
- Record in writing what was said as soon as possible, using the child's own words
- Even when a child has broken a rule, they are not to blame for the abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen, but immediately report this conversation to the Project Leader or Projects Director of Open Door Exmouth.

### **Helpful things to say**

- I believe you (or showing acceptance of what the child says),
- Thank you for telling me
- It's not your fault
- I will help you

### **Don't say**

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"

### **Concluding**

- Again reassure the child that they were right to tell you and show acceptance
- Let the child know what you are going to do next and who you will share the information with

### **What to do next**

When a child confides a story of abuse, that child has already suffered much, not only from the abuse but from fighting through the taboos and fears and the need for secrecy which may well have been instilled by the abuser. Therefore the way in which the allegation is received at the initial stages is very important.

After such an interview the child may well need reassurance and may want to be in frequent contact with you, or with whoever received the allegation. Be available but make sure that someone else knows of any contact that follows as it occurs. It is not our role to check the veracity of an allegation of this nature. That is the task of the Social Services or the Police.

As well as being told by a child, an allegation of abuse may be made in a variety of ways and from different sources. It may come from another child who is concerned. A member of the child's family may share their fears and suspicions with you. A colleague of the suspect may express concern. However it reaches you the person making the allegation deserves the same consideration as if the abuse were directed at them personally. Unless the allegation is malicious (which may happen) the person making it is likely to be doing so at great cost to them. If the allegation is spurious you will have lost nothing by showing proper concern. If it turns out to be true you will have helped the process of detection.

### **Follow this procedure:**

1. It is important that children are protected from abuse. All complaints, allegations or suspicions must be taken seriously.
2. Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the child.
3. If the complainant is a child, questions should be kept to the minimum necessary to understand what is being alleged and leading questions should be avoided. The use of leading questions can cause problems for the subsequent investigation and any

court proceedings.

4. A volunteer must at the earliest possible opportunity inform the Project Leader of that session or Projects Director, making sure that what is said is confidential and cannot be overheard by anyone else.
5. Whoever receives the allegation of abuse must complete a Safeguarding Recording Form (Appendix) as soon as possible (preferably within an hour of being told), writing down exactly what the child said and what you said in reply to the child. Safeguarding Reporting Forms are available from your Project Leader or any other member of staff. Describe the circumstances of the disclosure (e.g. the nature of the alleged abuse, description of activity, any observed injuries), and record the date and time of the event as well as the time when you made the record. Record as many details as you can on the form but do not make up or guess any information that you do not know, leave these sections blank. These notes may be required in any prosecution.
6. The written report must be handed to the Project Leader or Projects Director as soon as it has been written.
7. The Project Leader must contact the Projects Director by phone at the earliest possible time and pass on the written report as soon as practicable.
8. The Projects Director and Open Door Safeguarding Officer will consider whether or not it is safe for the child to return home to a potentially abusive situation. On rare occasions it may be necessary to take immediate action to contact Social Services and/or Police to discuss putting into effect safety measures for the child so that they do not return home.
9. In any event the Open Door Safeguarding Officer will pass the report on to MASH. It is not the duty of any staff member, volunteer or the Open Door Safeguarding Officer to investigate any allegation of abuse or suspected abuse. That investigation is the responsibility of Social Services under the Children Act 1989.
10. All members of staff and volunteers must be aware of the strict duty of confidentiality and any information concerning abuse or suspected abuse must not be shared with any person or organization other than MASH and/or the Police.

### **3. Safeguarding vulnerable adults**

Open Door Exmouth has a moral and legal duty to ensure that it functions with a view to safeguarding and promoting the welfare of vulnerable adults. We are committed to fulfilling the requirements of the relevant legislation aimed at the protection of vulnerable adults.

Open Door Exmouth recognizes that adults can be harmed because they are vulnerable for various reasons whether permanently or on a temporary basis and this abuse can take place in their own homes, in residential care, at work or in activities including those provided by Open Door Exmouth. Some adults, who do not see themselves as 'vulnerable' under this definition, may still find themselves exploited, bullied or abused. The safeguarding of adults when harm occurs is the responsibility of everyone. Awareness of the ways people can suffer harm enables us to be vigilant during the activities of Open Door Exmouth.

There is a particular responsibility for staff members and volunteers working for Open Door Exmouth to ensure that all people are treated with respect and that any complaints are

dealt with promptly and fairly. Safeguarding adults is based on sound pastoral care and good practice.

Open Door Exmouth aims to enhance wellbeing by: listening to service users and, when possible and within project boundaries, responding appropriately to their needs and requests; creating a positive partnership through the use of good communication and active listening skills; and by enhancing self belief and worth by encouraging, enabling and supporting service users.

To help us focus on those people for whom Open Door Exmouth should have a particular care, a recognized definition of vulnerability is:

*Any adult aged 18, or over, who, by reason of mental, or other disability, age, illness, or other situation is permanently, or for the time being unable to take care of him or herself, or to protect him, or herself against significant harm, or exploitation.*

Mistreatment is further defined in as '*a violation of an individual's human and civil rights by any other person, or persons*'.

The term covers abuse, bullying and harassment. Harm is what results from mistreatment and abuse.

### **Who might harm adults?**

Adults may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

It is a matter of particular concern when someone in a position of power or authority uses his or her position to dominate or harm a vulnerable adult. Open Door Exmouth has a responsibility to all vulnerable adults who have been abused and may also have responsibilities in relation to some perpetrators of abuse.

Depending on the context of the abuse a different kind of response may be appropriate. This may necessitate involving external agencies.

### **How might harm to adults happen?**

Abuse of adults may occur on a single occasion or on multiple occasions. Those adults who are particularly vulnerable due to their circumstances (especially those within residential or institutional care settings) may benefit from additional safeguards that assist to prevent the potential for abuse.

Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- serial abusing in which the perpetrator seeks out and 'grooms' vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial abuse.
- long term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations.
- opportunistic abuse such as theft occurring because money has been left around.

- situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour.
- neglect of a person's needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems.
- institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing, and an insufficient knowledge base within the service.
- unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over-medication;
- failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice.
- failure to access key services such as health care, dentistry, prostheses.
- misappropriation of benefits and/or use of the person's money by other members of the household.
- fraud or intimidation in connection with wills, property or other assets.

### **What is abuse of adults?**

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. The following are taken from 'No Secrets':

**Physical Abuse** may include hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**Sexual Abuse** may include rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.

**Psychological Abuse** may include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial/Material Abuse** may include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect (and acts of omission)** may include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Discriminatory Abuse** may include racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

**Institutional/Organised Abuse** may occur where there is poor professional practice in a setting. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems.

**Spiritual Abuse** may occur when inappropriate expectations are imposed upon adults. It may involve conveying to them the dire consequences of sinfulness so causing them to accept what someone is preaching /teaching /saying through bullying and causing them to be fearful. Spiritual abuse may occur as a form of bullying, exploitation of emotions, manipulation of frail minds and a corruption of the Gospel message.

### **How can abuse of adults be recognized?**

It may not always be obvious that an adult is being subjected to mistreatment or abuse and it may not be appropriate to question them at the time. However, there may be general indicators that something is amiss and that the adult is unhappy about their situation. Marked change in their behaviour or disclosure of concerns should be discussed with the Projects Director or Safeguarding Officer.

Some general indicators that may be noticed about the vulnerable person:

- covering up or rationalising, injuries or demeaning behaviours towards them
- confusion and / or denial that anything is amiss despite marked deterioration
- withdrawal from things that they normally engage with or do
- not being allowed to speak for themselves, or see others without permission
- flirtatious, precocious, or expressive sexual behaviour out of character
- indications of unusual confinement e.g. closed off in a room

Behaviours that may be observed about the partner, carer, or family member or the person close to the adult at risk include:

- getting the vulnerable person to pay for their (i.e., partner's) shopping/petrol/ tickets
- taking advantage of their naivety or trust
- attitudes of indifference or anger towards the vulnerable person
- blaming or chastising them e.g., that soiling themselves was deliberate
- aggressive or harsh behaviour (threats, insults, harassment)
- inappropriate display of affection or care
- social isolation or restriction of activity
- obvious absence of assistance or attendance

### **What to do next**

Follow this procedure:

1. A volunteer must at the earliest possible opportunity inform the Project Leader of that session or Projects Director, making sure that what is said is confidential and cannot be overheard by anyone else. Remember to have regard for your own safety. Leave the situation if it is not safe for you.
2. Whoever receives the allegation of abuse must complete a Safeguarding Recording Form (Appendix) as soon as possible (preferably within an hour of being told), writing down exactly what the adult said and what you said in reply to the adult.

Safeguarding Recording Forms can be obtained from any member of staff. Describe the circumstances of the disclosure (e.g., description of activity), and record the date and time of the event as well as the time when you made the record. Record as many details as you can on the form but do not make up or guess any information that you do not know, leave these sections blank. These notes may be required in any prosecution.

3. The written report must be handed to the Project Leader or Projects Director as soon as it has been written.
4. The Project Leader must contact the Projects Director by phone at the earliest possible time and pass on the written report as soon as practicable.
5. The Open Door Projects Director and Safeguarding Officer will consider what further action Open Door Exmouth can take. On rare occasions it may be necessary to take immediate action to contact Social Services and/or Police to discuss putting into effect safety measures for the adult so that they do not suffer further abuse.
6. In any event the Open Door Safeguarding Officer will pass the report on to Care Direct. It is not the duty of the Open Door Projects Director, or any staff member, volunteer, or the Open Door Safeguarding Officer to investigate any allegation of abuse or suspected abuse. That investigation is the responsibility of Devon County Council Social Services.
7. If concerns relate more generally to the individual's well being, help and advice should be sought from the Project Leader, Projects Director or Open Door Safeguarding Officer.
8. All members of staff and volunteers must be aware of the strict duty of confidentiality and any information concerning abuse or suspected abuse.

#### **4. Use of photographic/video equipment**

When taking and using photographs and videos of children and vulnerable adults, the following guidelines should be adhered to:

- Avoid using the person's names (first or surname) in photograph captions. If the person is named in an article or online, avoid using his or her photograph. If the person is in the photograph, avoid using his or her name in the article or online.
- Always seek permission from the person in the photograph/video. For children, use a parental permission form to obtain consent as well as seeking permission from the child.
- Only use images of people in suitable dress to reduce the risk of inappropriate use. Some activities – swimming, drama, gymnastics and athletics for example – present a much greater risk of potential misuse.
- These guidelines will be passed on to professional photographers and the press if they are invited to an event, making clear the organisation's expectations of them in relation to safeguarding. Photographers will not be granted unsupervised access to children or vulnerable adults and no photography sessions will be arranged for outside the project / event, or at a person's home.

#### **5. Confidentiality**

Safeguarding raises issues of confidentiality which should be clearly understood by all.

- Staff and volunteers have a professional responsibility to share relevant information about the protection of children with other agencies, particularly investigative agencies.
- Clear boundaries of confidentiality will be communicated to all. All personal information regarding a child will be kept confidential except when it is suspected that they are the victim of abuse.
- If a child confides in a member of staff or volunteer and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies for their own sake.
- Within that context, however, the child should be assured that the matter will be disclosed only to people who need to know about it.
- If a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect their wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances their wishes may be overridden in favour of consideration of safety. Decisions should be made following discussion with the appropriate line manager.

For Open Door Exmouth's full Confidentiality policy, see page 16.

## **6. Crisis Protocol for working with Vulnerable Children and Adults**

Through Open Door Exmouth we provide some level of support for vulnerable children and adults. Situations may occasionally arise where service users are experiencing a crisis and need additional support or information **during work hours**.

Although Open Door Exmouth does not undertake to provide one-to-one crisis support and is not an on-call service, nevertheless it has a duty of care to its clients, staff and volunteers and must be seen to be acting responsibly, appropriately and with integrity.

Depending upon the nature of the crisis, different actions and/or information may be appropriate.

**IN THE EVENT THAT THE SERVICE USER IS ACTING IRRATIONALLY AND/OR THREATENING VIOLENCE AGAINST SELF OR OTHERS, PRIORITY SHOULD BE GIVEN TO ENSURING THE SAFETY OF YOURSELF AND ALL OTHERS PRESENT.**

**IF AT ANY TIME YOU FEEL THERE IS AN IMMEDIATE RISK OF THE SERVICE USER HARMING THEMSELVES OR OTHERS, DIAL 999 AND ASK FOR THE POLICE STRAIGHTAWAY.**

1. Encourage the service user to ring their GP or another person of their choice **if this is an appropriate action in the circumstances**. This may be a family member or their specified emergency contact. If there is a difficulty with them ringing their GP or other person, ask for permission to ring their preferred contact on their behalf.

2. If the above approaches appear to be unsuccessful, encourage the service user to make their own way to A&E for further support (if appropriate to the age of the person and the nature of the issue). If they are willing but unable to, dial 999 and request an ambulance or pay for a taxi to Exmouth Hospital if an ambulance is unnecessary.

3. If the service user indicates that they don't intend to go to A&E, and still appears to be presenting a potential risk to themselves or others, dial 999 and ask for the Police.

**Other useful contacts:**

- Police – non-emergency: 101
- Crisis Resolution & Home Treatment Team: 0300 555 5000
- Children & Adolescent Mental Health Services (CAMHS): 01392 208600
- Exmouth Hospital (til 10pm): 01395 279684
- Devon Doctors: 111 (urgent out of hours calls)

Out of hours Emergency Duty Service - Devon: 0345 6000388

(The Emergency Duty Service will discharge Devon County Council's statutory social care responsibilities whilst ensuring public safety, by providing an emergency social care crisis response outside of normal working office hours, and can be contacted by adults, children, service users with mental health issues of learning disabilities, their families and carers plus concerned other parties such as neighbours or individuals wishing to report important information or social care concerns about Devon residents or social care users.)