



Tel: 07359 068 827
Email: info@strmsupport.co.uk
www.strmsupport.co.uk

Labyrinth House,
258 Westborough Road,
Westcliff, Essex SS0 9PT

Safeguarding policy statement

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1. POLICY STATEMENT

The purpose and scope of this policy statement is committed to ensuring the safeguarding of all the young people with which we work; to this end, our approach is always child-centred and considerate of what is best for each young person and their family.

We aim to achieve this by:

- protecting children and young people who receive Send the Right Message's services from harm. This includes the children of adults who use our services.



- providing staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection. This policy applies to anyone working on behalf of Send the Right Message's, including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.
- Continuing to keep knowledge and awareness current.

We believe that:

- Children and young people should never experience abuse of any kind.
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

We recognise that:

- the welfare of children is paramount in all the work we do and in all the decisions we take
- working in partnership with children, young people, their parents, carers and
- Other agencies are essential in promoting young people's welfare.
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual



orientation have an equal right to protection from all types of harm or abuse

- some children are additionally vulnerable because of the impact of previous
- experiences, their level of dependency, communication needs or other issues
- extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

Find out more about:

- safeguarding children who come from Black, Asian and minoritised ethnic communities
- safeguarding d/Deaf and disabled children and young people
- safeguarding LGBTQ+ children and young people
- safeguarding children with special educational needs and disabilities (SEND).

We will seek to keep children and young people safe by:

- valuing, listening to and respecting them
- appointing a nominated child protection lead for children and young people, a deputy, and a lead trustee/board member for safeguarding
- adopting child protection and safeguarding best practice through our policies, procedures, and code of conduct for staff and volunteers



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- providing effective management for staff and volunteers through supervision, support, training, and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made
- recording and storing and using information professionally and securely, in line with data protection legislation and guidance [more information about this is available from the Information Commissioner's Office: [ico.org.uk/for organisations](http://ico.org.uk/for-organisations)]
- sharing information about safeguarding and good practice with children and their families via leaflets, posters, group work and one-to-one discussions
- making sure that children, young people, and their families know where to go for help if they have a concern
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families, and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately



- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place.
- ensuring that we provide a safe physical environment for our children, young people, staff, and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people, and their families, treat each other with respect and are comfortable about sharing concerns.

This policy statement should be read alongside our organisational policies, procedures, guidance, and other related documents:

- dealing with disclosures and concerns about a child or young person
- managing allegations against staff and volunteers
- recording concerns and information sharing
- child protection records retention and storage
- code of conduct for staff and volunteers
- behaviour codes for children and young people
- photography and sharing images guidance



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- anti-bullying
- managing complaints
- whistleblowing
- health and safety

2. THE LEGAL AND PROCEDURAL FRAMEWORK FOR SAFEGUARDING CHILDREN

There is government guidance set out in Working Together (HMG, 2018) on how agencies must work in partnership to keep children safe. This guidance places a shared and equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi agency safeguarding arrangements.

In Essex, Southend, and Thurrock the statutory partners are the Councils, Essex Police and the Clinical Commissioning Groups covering the county. In Southend, the arrangements sit under the Southend Safeguarding Partnership (SSP), in Essex under the Essex Safeguarding Children's Board (ESCB) and in Thurrock under the Thurrock Local Safeguarding Children Partnership (TLSCP) In Essex, Southend and Thurrock all professionals must work in accordance with the SET Procedures (2019).



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References

Keeping Children Safe in Education

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

What is safeguarding?

<https://www.midandsouthessex.ics.nhs.uk/health/safeguarding/about-safeguarding-what-is-safeguarding/>

[Data Protection Act \(2018\)](#)

[Children Act \(1989\) Children Act \(2004\)](#)

[Working Together To Safeguard Children 2015](#)

[Department of Health SET Child Protection Procedures 2018,](#)

[Safeguarding Disabled Children: Practice Guidance 2009](#)

Fabricated or Induced Illness and Perplexing Presentations

https://www.basw.co.uk/system/files/resources/fabricated_or_induced_illness_-_a_practice_guide_for_social_workers.pdf



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3. STRM ACCOUNTABILITIES FRAMEWORK

This policy applies to all trustees, staff, students, and volunteers.

Any allegation or concern about abuse must be responded to. Safeguarding and promoting the welfare of children is everybody's responsibility although our individual roles in the process may be different. STRM staff understand that in line with the Children Act, children who are at 'significant risk of harm' must be protected. If a staff member has concerns about the attitudes and /or behaviours of a STRM colleague or volunteer, they have a duty to comply with STRM Whistle Blowing policy and procedures. A referral will be made to the Disclosure and Barring Service if there are concerns that a person in the employ or volunteering with STRM, or who has been dismissed or left during a safeguarding or disciplinary investigation, has caused harm, or poses a risk of harm to children or vulnerable groups.

4. TYPES OF ABUSE

Abuse is a form of maltreatment of a child.



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Somebody may abuse or neglect a child by inflicting harm, or my failing to act to prevent harm. Children may be abused in a family or institutional or community setting, by those known or not known to them (e.g., via the internet). They may be abused by an adult or adults, or another child or children.

Physical Abuse

May involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm.

Physical abuse can also be the fabrication or deliberate inducement of illness.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

This may involve conveying to the child they are worthless, unloved, or inadequate, seeing or hearing ill-treatment of another, and serious bullying (including cyber bullying)



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Sexual Abuse

Forcing or enticing a child or young person to engage in sexual activities, whether the child is aware of what is happening. This may involve physical contact, by penetration or non-penetrative acts. It may also include non-contact acts such as looking at or being involved in the production of sexual images, or grooming in preparation for abuse (including via the internet)

Neglect

The persistent failure to meet the basic physical or psychological needs of a child. E.g., failing to provide adequate food, shelter or clothing, failure to protect the child from physical and emotional harm or danger, or failure to ensure access to medical care.

Fabricated Illnesses and Perplexing Presentations

A perplexing presentation is described as when the actual state of the child's physical / mental health is not yet clear. A fabricated illness is a clinical situation where the child is likely to be harmed due to a parents' behaviour or action carried out to convince the practitioner that the child's physical or mental health is



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impaired. Where either of these are suspected, an onward referral would be made to statutory services, usually starting with the child's GP. There are clear guidelines.

MSBP/FII is an extremely rare pattern of behaviours (it is not a condition in itself) exhibited by a parent or carer with a mental illness of some description. Only a very experienced psychologist or even more appropriately, psychiatrist, can accurately diagnose such a pattern of behaviour. And an assessment for it should be a differential assessment also, to ensure the wrong outcome is not reached. This will of course mean ensuring the child does not have a health condition which may be rare or hard to diagnose or something classed as an invisible disability (such as neurodevelopmental conditions).

Self-Harm

Self-harm must also be taken seriously and may include self-mutilation, eating disorders, suicide threats and other gestures by a child. The possibility this may be caused by any form of abuse or neglect should not be overlooked. Individuals must always be seen as children in need and offered help via available services.



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Summary

A child may be experiencing abuse if he or she is:

- frequently dirty, hungry, or inadequately dressed
- left in unsafe situations or without medical attention
- constantly "put down", insulted, sworn at, or humiliated
- seems afraid of parents/carers
- severely bruised or injured
- displays sexual behaviour which does not seem appropriate for their age
- growing up in a home where there is domestic violence
- living with parents or carers involved in serious drug or alcohol abuse.

This list is not exhaustive and you may see other things in the child's behaviour or circumstances that worry you and may indicate child abuse.

5. PROCEDURE IN THE EVENT OF A DISCLOSURE

It is important that children are protected from abuse. All complaints, allegations or suspicions must be taken seriously. This procedure must be followed whenever an allegation is made that a child has been abused or



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when there is a suspicion that a child has been abused. If the complainant is the child, questions should be kept to the minimum necessary to understand what is being alleged.

- Any member of staff, volunteer or visitor who receives a disclosure or allegation of abuse, or suspects that abuse may have occurred must report it immediately (within 24 hours) to the designated safeguarding officer.
- An acknowledgement to Causes for Concern should be expected within 24 hours and if not received, this should be chased.
- Where there is risk of immediate harm, concerns will be referred by telephone to the Children and Families Hub and/or the Police.
- Less urgent concerns or requests for support will be sent to the Children and Families Hub via the Essex Effective Support portal or the MASH teams at Southend and Thurrock.
- STRM may also seek advice from Social Care or another appropriate agency about a concern, if unsure how to respond to it.



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- Wherever possible, safeguarding concerns, or an intention to refer a child to Children's Social Care, will be shared with parents or carers. However, not where it is felt that to do so could place a child at greater risk of harm or impede a criminal investigation.

Listening to the Child

DO

- Listen carefully
- Make accurate notes using the child's own words, sign, and date it and hand immediately to STRM's safeguarding officer
- Tell the child that they have done the right thing by telling you

DON'T

- Ask leading questions
- Use your own words to describe events
- Investigate
- Promise confidentiality It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred.



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That is the task for the professional child protection agencies, following a referral from STRM's designated child protection officer.

Any suspicion, allegation or incident of alleged abuse must be immediately reported to 's designated child protection officer.

Confidentiality

All matters relating to child protection are confidential. The designated person will disclose personal information about a child to other members of staff on a need-to-know basis. All staff and volunteers have a professional responsibility to share relevant information about the protection of children with other agencies. Staff cannot promise a child to keep secrets which might compromise the child's safety or well-being to that of another.

Consent

STRM should inform children, young people, and families on how information will be shared and seek their consent. If there is significant change in the way the information is to be used, or a change in the relationship between the agency and the individual,



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consent should be sought again. It must be remembered that individuals have a right to withdraw or limit consent at any time.

Informed consent means that the person giving consent needs to understand why information would be shared, who will see their information, what it will be used for and the implications of sharing that information.

Whose Consent Should be Sought?

Seeking consent principle should always be one of openness with both parents and children. Adults (but also young people over the age of 16) are presumed to have capacity to give or withhold their consent to sharing of confidential information, unless there is evidence to the contrary under the Mental Capacity Act.

A child, who can understand and make their own decisions, is able to give or refuse consent to share information. Every case should be assessed to gauge a child's understanding of consent explaining the information to the child in a way which is suitable for the child's age and likely understanding and through using their preferred method of communication.



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Where a child cannot consent, one person with parental responsibility should be asked to consent on behalf of the child. In these circumstances it remains important that practitioners seek the child's views as far as possible. When seeking parental consent, practitioners should ensure proper consideration is given to whose consent to seek.

For example, where parents are separated consent should be sought from the parent with whom the child resides. Where a child can give informed consent the staff member or volunteers must consider their consent or refusal even where a parent disagrees.

In such circumstances the practitioner must encourage the child to discuss the issue with their parents and agree how this will be managed.

Staff members or volunteers must not withhold any service on the condition that parents are informed.

When Consent Should not be Sought

Wherever possible staff & volunteers should seek consent to share information at their first contact whenever they are concerned about a child with



additional needs, a child in need or a child in need of protection. There may however be some circumstances where they should not seek consent initially but even so should obtain consent when it is appropriate to do so.

For example, if doing so would:

- place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult
- prejudice the prevention, detection, or prosecution of a serious crime
- lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult
- lead to the risk of loss of evidential material

Safeguarding Children and Young People with Disabilities

Any concerns about the welfare of a child or young person with disabilities should be acted upon in the same way as any other child/young person although there is a need for a greater awareness of the possible indicators of abuse and/or neglect. When considering whether a child/young person with disabilities has been abused and/or neglected, ensure that the disability does



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not mask or deter an appropriate investigation of child protection concerns.

Where a child or young person has disabilities, such as communication impairment or learning disabilities, special attention should be paid to communication needs, and to ascertain the child/young person's perception of events and their wishes and feelings. STRM's staff/volunteers must be alert to how a child/young person with disabilities may convey anxiety or duress through methods other than verbal communication.

Safeguarding Children and Young People Online

STRM promotes the safe use of technology and social media for staff and volunteers as well as children and young people who use technology during services at STRM.

Any photos/video of children will not be placed on any of STRM's social media accounts or website without the written permission of the child's parent/carer. Parents and carers are requested not to use cameras or other devices during the sessions without permission from other families and should not post photos/videos of



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other people's children on-line. Please refer to filming and photography policy.

6. RECORDS AND INFORMATION SHARING

Well-kept records are essential to good child protection practice.

STRM is clear about the need to record any concern held about a child or children within our organisation and when these records should be shared with other agencies.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm.

Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm.

Similarly, human rights concerns, such as respecting the right to a private family life would not prevent



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sharing information where there are real safeguarding concerns.

Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Any member of staff or volunteer receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it as soon as possible, noting what was said or seen, giving the date, time and location.

All records will be dated and signed and will include the action taken. This is then presented to the designated safeguarding Lead who will decide on appropriate action and record this accordingly.

All Cause for Concern forms are sent to Rachel King or Vicki Lamb vicki.lamb@strmsupport.co.uk
Any records related to child protection are kept on the young person's file.

All child protection records are stored securely and confidentially and will be retained for 7 years in line with our Data Retention guidelines.



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7. TRAINING

STRM is committed to training all staff and volunteers (including Trustees) as part of the induction process. In addition, they will be required to undertake refresher training.

The designated safeguarding lead undertakes Level 3 child protection training at least every two years.

8. WHISTLEBLOWING

The charity has a whistleblowing policy in place, to encourage employees and others with serious concerns to come forward. There are internal routes to enable this communication, and externally via the relevant Local Authority. Please also refer to the STRM Whistleblowing Policy.

9. Links to other STRM Policies

Via website

10. Appendices

Sources of Further Information/Contact Details



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- Essex Safeguarding Children Board – website: www.escb.org.uk Telephone: (01245) 435167 Fax: (01245) 434715 Email: escb@essex.gov.uk
- The ESCB website has a wide range of information relating to Safeguarding Children and Child Protection, and types of abuse/significant harm, particularly: SET Child Protection Procedures 2019 can be downloaded from ESCB website.
- Essex County Council Protection of Children and Vulnerable Adults – Making a referral/enquiry by telephone: Normal telephone enquiries/referrals: 0845 603 7627

Where there are concerns about the immediate welfare or safety of a child/young person (in working hours):

Tel: 0845 603 7634

Out of hours: (5.30pm – 9.00am Monday – Thursday, 4.30pm Friday – 9.00am Monday and Bank holidays)

Tel: 0845 606 1212 (professionals only) Fax: 0845 601 6230 [All contact details, referral forms etc. are on the ESCB website: www.escb.org.uk]



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Southend Safeguarding Partnership – website:
www.safeguardingsouthend.co.uk

Making a referral in Southend: Telephone: 01702
215007 option 1 for the Multi Agency Safeguarding Hub
(MASH) Team Email: mash@southend.gov.uk Out of
hours: 0345 606 1212

NSPCC Helpline 0808 800 5000



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CAUSE FOR CONCERN FORM

CAUSES FOR CONCERN:	
Disclosure Physical Abuse	
Emotional Abuse	
Sexual Abuse	
Neglect	
Other	

- Causes for concern must be recorded no matter how small or great they may seem.
- Causes for concern may range from poor personal hygiene to a disclosure of abuse.
- All Causes for concern should be noted and passed to the designated safeguarding lead.

All staff members must not discuss cause for concern forms or any disclosures and must adhere to STRM's Confidentiality Policy.



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Name(s) and position(s) of the person(s) completing this form:	
Date	
Name of the child(ren)/young person(s):	
Please write in your own words a summary of your concern:	



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Signature of person(s) completing the form:	
Date Witnessed:	
Action taken:	



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Contact details

Nominated child protection lead

Name: Maggie Cleary

Phone/email: 07787 521667
maggie.cleary@strmsupport.co.uk

Trustee/Senior lead for safeguarding and child protection

Name: Rachel King
Phone/email: rachelking570@gmail.com / 07709
348256



Tel: 07359 068 827
Email: info@strmsupport.co.uk
www.strmsupport.co.uk

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We are committed to reviewing our policy and good practice annually.

This policy was adopted by SEND the Right Message Charity	31 August 2021
Date to be reviewed	31 August 2022
Signed on behalf of the provider	
Name of signatory	Vicki Lamb
Role of signatory	Chair of Trustees
Next Review August 2023	31st August 2023