



SEND the Right Message
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| Document Title: | Safeguarding Children and Young People Policy |
| Document Purpose: | The purpose and scope of this policy statement are committed to ensuring the safeguarding of all the young people with whom we work; to this end, our approach is always child-centred and considerate of what is best for each young person and their family. |
| Document Statement: | We believe that: <ul style="list-style-type: none">• Children and young people should never experience abuse of any kind.• We are responsible for promoting the welfare of all children and young people, keeping them safe and practising in a way that protects them. |
| Document Application: | Organisation wider- all staff, volunteers, and Trustees. |
| Responsible for Implementation: | Designated Safeguarding Lead (Maggie Cleary) Trustee with responsibility for Safeguarding (Rachel King) |
| Author: | Tricia Cowdrey |
| Effective date: | 1st January 2024 |
| Review/Expiry date: | 31st December 2025 |
| Associated Documents Data Protection Policy Code of conduct for staff and volunteers Complaints, comments and complements policy. Whistleblowing policy Health and safety policy Safer Recruitment Policy Staff and Volunteer Handbooks SET procedures | |

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/>

[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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1. POLICY STATEMENT

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

1.2 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.
- Provide staff, volunteers, children, young people, and their families with the overarching principles guiding our approach to child protection. This policy applies to anyone working for 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.

1.3 We believe that:

- Children and young people should never experience abuse of any kind.
- We are responsible for promoting the welfare of all children and young people, keeping them safe and practising in a way that protects them.

1.4 We recognise that:

- the welfare of children is paramount in all the work we do and in all the decisions we make
- working in partnership with children, young people, their parents, carers
- 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 or trauma, their level of dependency, communication needs or other issues
- extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

1.5 We aim to be informed about the following:

- 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).



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

- valuing, listening to and respecting them
- appointing a Designated Safeguarding Lead for children and young people and a lead trustee/board member for safeguarding
- adopting child protection and safeguarding best practices through our policies, procedures, and code of conduct for staff and volunteers
- Provide 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, 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]
- 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
- Use our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know and involve children, young people, parents, families, and carers appropriately
- use 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 by the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people, and their families treat each other respectfully and are comfortable sharing concerns.

2. THE LEGAL AND PROCEDURAL FRAMEWORK FOR SAFEGUARDING CHILDREN

2.1 Government guidance is 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.



2.2 In Essex, Southend, and Thurrock, the statutory partners are the Councils, Essex Police, and the Clinical Commissioning Groups, which cover 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).

3. STRM ACCOUNTABILITIES FRAMEWORK

Any allegation or concern about abuse must be responded to. Safeguarding and promoting the welfare of children is everybody's responsibility, although our roles in the process may differ. 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 must 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.
- 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, 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.

4.1 Physical Abuse

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

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

4.2 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 severe bullying (including cyberbullying)

4.3 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)



4.4 Neglect

The persistent failure to meet a child's basic physical or psychological needs. 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.

4.5 Fabricated Illnesses and Perplexing Presentations

A perplexing presentation is described as when the actual state of the child's physical/mental health is unclear. A fabricated illness is a clinical situation where the child is likely to be harmed due to a parent's behaviour or action carried out to convince the practitioner that the child's physical or mental health is impaired. Where either is 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, a psychiatrist, can accurately diagnose such a pattern of behaviour. An assessment should also be a differential assessment 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).

4.6 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 any form of abuse or neglect may cause this should not be overlooked. Individuals must always be seen as children in need and offered help via available services.

Summary

A child may be experiencing abuse if they are:

- 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 severe 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

5.1 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 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 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 lead.
- An acknowledgement of Causes for Concern should be expected within 24 hours; if not received, this should be chased.
- Where there is a risk of immediate harm, concerns will be referred by telephone to the Southend Single Point of Contact (C-SPOC@southend.gov.uk 01702 215007 option 1) for Essex County Council phone 0345 603 7627 in either case, call the Police.
- Less urgent concerns or requests for support will be sent to the C-SPOC
- STRM may also seek advice from Social Care or another appropriate agency about a concern if unsure how to respond.
- Wherever possible, safeguarding concerns or an intention to refer a child to Children's Social Care will be shared with parents or carers. However, it is felt that to do so could place a child at greater risk of harm or impede a criminal investigation.

5.2 Listening to the Child

DO

- Listen carefully.
- Make accurate notes using the child's own words, sign them, date them and hand them immediately to STRM's Designated Safeguarding Lead
- Tell the child 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.

That is the task of 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 the STRM Designated Safeguarding Lead.



6. CONFIDENTIALITY AND DATA PROTECTION

6.1 All matters relating to safeguarding children are confidential. The designated person will disclose personal information about a child to other staff members 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.

6.2 Consent

STRM should inform children, young people, and families how information will be shared and seek their consent. If there is a significant change in how the information is to be used or the relationship between the agency and the individual, consent should be sought again. It must be remembered that individuals can 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.

6.3 Whose Consent Should Be Sought?

The seeking consent principle should always be open to both parents and children. Adults (but also young people over the age of 16) are presumed to have the capacity to give or withhold their consent to sharing 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 suitable for the child's age and likely understanding and using their preferred method of communication.

6.4 Where a child cannot consent, one person with parental responsibility should be asked to consent on behalf of the child. In these circumstances, practitioners must 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, when parents are separated, consent should be sought from the parent with whom the child resides. When a child can give informed consent, the staff member or volunteers must consider their consent or refusal, even when a parent disagrees.

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

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

6.5 When Consent Should Not Be Sought.

Wherever possible, staff and 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 be some circumstances where they should not seek consent initially, but even so, they 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 enquiring about allegations of significant harm to a child or serious harm to an adult.
- lead to the risk of loss of evidential material

6.6 RECORDS AND INFORMATION SHARING

6.6.1 Well-kept records are essential to good child protection practice. STRM is clear about the need to record any concern about a child or children within our organisation and when these records should be shared with other agencies.

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

6.6.3 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.

6.6.4 Similarly, human rights concerns, such as respecting the right to a private family life, would not prevent sharing information where there are real safeguarding concerns.

6.6.5 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.

6.6.6 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 and giving the date, time and location.

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

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

7. SAFEGUARDING CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

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

7.2 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.



8. SAFEGUARDING CHILDREN AND YOUNG PEOPLE ONLINE

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

8.2 Any photos/video of children will not be placed on any of STRM's social media accounts or websites 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 different families. They should not post photos/videos of other people's children online. Please refer to the filming and photography policy.

9. TRAINING

10.1 STRM is committed to training all staff and volunteers (including Trustees) during the induction process. In addition, they will be required to undertake training relevant to their role, which is refreshed at a minimum of two yearly.

The designated safeguarding lead will undertake Level 3 child protection training every two years.

10. WHISTLEBLOWING

11.1 The charity has a whistleblowing policy to encourage employees and others with serious concerns to come forward. Internal routes enable this communication, and the relevant local authority provides external routes. Please also refer to the STRM Whistleblowing Policy.

11. FURTHER INFORMATION

11.1 Sources of Further Information/Contact Details

- 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, which can be downloaded from the 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: (5.30 pm - 9.00 am Monday - Thursday, 4.30 pm Friday - 9.00 am 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]

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

Making a referral in Southend: Southend Single Point of Contact (C-SPOC@southend.gov.uk 01702 215007 option 1) Out of hours: 0345 606 1212

NSPCC Helpline 0808 800 5000



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Appendix 1- Cause for concern form

CAUSE FOR CONCERN FORM

| | |
|---------------------------|--|
| CAUSE 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 disclosing 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 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 the person(s) completing the form: | |
| Date Witnessed: | |
| Action taken: | |



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Contact details

Designated Senior Lead for Safeguarding Level 3

Name: Maggie Cleary

Phone/email: Ceo@strmsupport.co.uk

Trustee for Safeguarding Level 3

Name: Rachel King

Phone/email: rachelking570@gmail.com/ 07709 348256



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