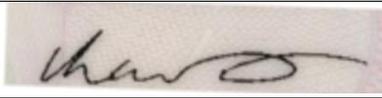




Document Title:	Safeguarding Children and Young People Policy
Document Purpose:	The purpose and scope of this policy statement are committed to ensuring the safeguarding of all the young people with whom we work; to this end, our approach is always child-centred and considerate of what is best for each young person and their family.
Document Statement:	<p>We believe that:</p> <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
<p><u>Associated Documents</u></p> <p>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/</p>	

[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

Signed



Chair of Trustees: Vicki Lamb

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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.

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 & 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, 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

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.

Name(s) and position(s) of the person(s) completing this form:	
Date	



STRM - SEND the Right Message
Registered Charity 113339

Name of the child(ren)/young person(s):	
Please write in your own words a summary of your concern:	
Signature of the person(s) completing the form:	
Date Witnessed:	
Action taken:	



STRM - SEND the Right Message
Registered Charity 1133572

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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



Document Title:	Safeguarding Adults Policy
Document Purpose:	SEND The Right Message (STRM) is committed to ensuring the health, safety and wellbeing of adults they come into contact with
Document Statement:	<p>This document aims to ensure that there is an overarching approach to adult safeguarding STRM and that there is a culture where the reporting of concerns of abuse and neglect is encouraged and that staff, volunteers and members of the public feel supported to do so. This document provides a consistent framework so that adults are safeguarded from abuse and neglect and to ensure that each adult is supported to maintain:</p> <ul style="list-style-type: none"> • Wellbeing. • Choice and control. • Safety. • Good health. • Independence. • Dignity and respect. <p>whilst ensuring that:</p> <ul style="list-style-type: none"> • The human rights of any adult(s) who is experiencing, or who is at risk of, abuse or neglect are maintained. • The needs and interests of the adult(s) are always respected. <ul style="list-style-type: none"> • A proportionate, timely, professional and ethical response is offered. • All decisions and actions are proportionate and taken in line with the statutory framework related to adult safeguarding.
Document Application:	Organisation wide- 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



STRM - SEND the Right Message
Registered Charity 1193522

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 Safeguarding procedures
Safeguarding Children Policy

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- 1. Introduction**
- 2. Purpose**
- 3. Scope**
- 4. Policy**
- 5. Schedule of Responsibilities**
- 6. Definitions**
- 7. Duty to Report**
- 8. Procedures to be followed following an Allegation or Suspicion of Abuse**
- 9. The Designated Person**
- 10. Consent**
- 11. Confidentiality**

1. Introduction

1.1 SEND The Right Message (STRM) is committed to ensuring the health, safety and wellbeing of adults they come into contact with. An adult is defined as an individual over the age of 18 and it is the responsibility of all staff, volunteers and trustees to abide by this commitment.

1.2 The Care Act 2014, which came into force on 1st April 2015, is the most significant legislation on care and support in England for over fifty years. The principles that underpin the Care Act are that of promoting the wellbeing of individuals and of making sure that we always recognise that each person's needs are different and respond accordingly.

1.3 Living a life that is free from harm and abuse is a fundamental right of every person, all of us need to sign up to this principle and to follow it in acting as good neighbours and citizens. STRM is committed to preventing abuse and neglect, raising safeguarding concerns and putting adults at the centre of our work.

2. Purpose

2.1 This document aims to ensure that there is an overarching approach to adult safeguarding STRM and that there is a culture where the reporting of concerns of abuse and neglect is encouraged and that staff, volunteers and members of the public feel supported to do so. This document provides a consistent framework so that adults are safeguarded from abuse and neglect and to ensure that each adult is supported to maintain:

- Wellbeing.
- Choice and control.
- Safety.
- Good health.
- Independence.
- Dignity and respect.

whilst ensuring that:

- The human rights of any adult(s) who is experiencing, or who is at risk of, abuse or neglect are maintained.
- The needs and interests of the adult(s) are always respected.
- A proportionate, timely, professional and ethical response is offered.
- All decisions and actions are proportionate and taken in line with the statutory framework related to adult safeguarding.

2.2 The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the adult throughout this document.

3. Scope

3.1 This policy and procedure is designed to enable everyone who works for STRM H to understand and carry out their responsibilities for safeguarding adults who need care and support and are at risk of, or experiencing, abuse.

4. Policy

4.1 STRM's Safer Recruitment Policy puts in place procedures to ensure that appropriate checks are made prior to appointment of staff, volunteers and external/agency personnel, in order to prevent, as far as is possible, anyone from using their position to abuse adults who need care and support.

4.2 A structured programme of induction is provided for all new staff that takes account of their level of knowledge about adults at risk. Induction will ensure that employees and volunteers know what behaviour is and is not acceptable, understand what might constitute abuse and who should be informed if abuse is suspected.

4.3 STRM supports staff and volunteers to deliver safe services by providing regular supervision, training and development.

4.4 All STRM services will ensure that every service user, or others on their behalf, are actively encouraged to provide feedback on the service they receive, and take any comments or complaints seriously.

4.5 All staff and volunteers that come into regular contact with service users will be made aware of the vulnerability of our service users and will be taught to recognise and appropriately respond to suspicions or allegations of abuse. Abusive staff, volunteers or practices will not be accepted or tolerated and action will be taken using the framework of the STRM Disciplinary and/or Whistle Blowing policies.

5. Schedule of Responsibilities

5.1 Trustees

- To ratify policy
- To have an awareness of the issues relating to service users and abuse
- To read and understand Charity Commission Guidance 'Safeguarding and Protecting People for Charities and Trustees 2017' Updated in 2022

5.2 Chief Executive

- Act as Designated Person in relation to Safeguarding.
- At the discretion of the Chief Executive, a Senior Manager may be made responsible for carrying out a staff disciplinary investigation into abuse.
- To create and review policy
- To authorise and monitor any actions resulting from an investigation

To follow Data Protection and Information Sharing policy and decide upon what information should be shared with individuals and agencies during the course of and following an investigation into abuse

- To deploy staff in a way that deters collusive relationships and opens up opportunities for disclosure
- To enforce the policy and procedures
- To ensure all staff and volunteers receive adult safeguarding training commensurate with their role and responsibilities
- To report any alerted allegation or suspicion of abuse to the registering authority
- To carry out an initial assessment of any allegation or suspicion of abuse
- To report any allegation or suspicion of abuse to the LADO
- To know the Southend Essex and Thurrock procedures for reporting and investigating allegations or suspicions of abuse for each service within their responsibility
- To produce a written report following an investigation for the Trustees together with any recommendations for action

5.3 **All Employees and volunteers**

- To personally uphold STRM's Statement of Values and Code of Conduct
- To be aware of abuse as an issue and to alert their or another Manager of any concerns, suspicions or allegations of abuse
- To maintain a service user's safety and wellbeing at all times. They should secure the service user's immediate safety where possible and ensure immediate medical attention if required.
- To ensure their duty to alert overrides any desire to keep a confidence
- To make clear and detailed written records when abuse is disclosed, witnessed or alleged

6. **Definitions**

6.1 What is adult safeguarding?

Safeguarding is a term that refers to our duty to protect an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

An Adult at Risk is a term that refers to any adult aged 18 years or over who:

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

An adult at risk may therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks mental capacity to make particular decisions and is in need of care and support

All staff need to recognise that safeguarding is everyone's responsibility, irrespective of the role they undertake.

6.2 There are two key parts to this process:

Preventing abuse from happening. This includes safe recruitment, to ensure that unsuitable people are not employed, and an organisational culture in which all staff and volunteers are empowered to play a part in preventing and ending abuse.

Protecting people who may be experiencing, or at risk of, abuse. This includes empowering people to know their rights and to access the right support to enable them to achieve the outcomes that they want.

6.3 What is abuse?

Abuse and neglect can take many forms. Organisations should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

The main forms of abuse set out in the Care Act 2014 (Chapter 14) are as follows):

- Physical abuse – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
- Sexual abuse – including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- Financial or material abuse – including theft, fraud, internet scamming,

coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude
- Discriminatory abuse – including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion
- Organisational abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home
- Neglect and acts of omission – including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Self-neglect – a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

6.3 Abuse is difficult to assess; situations are rarely as tidy or straightforward as these categories suggest. Many situations may involve a combination of abusive elements.

7. Duty to Report

7.1 However difficult it may seem, all staff and volunteers have a duty to make known their suspicions of abuse. Failure to do so is a failure in our duty of care. Remember, an individual may not be able to alert anyone themselves, perhaps through failure to understand that the activity is abusive or through poor communication skills or through fear.

7.2 Reporting is not easy and often takes a great deal of personal strength and courage. Staff who have reported incidents have already been exposed to disturbing information that could leave them feeling a range of emotions from sadness to anger and even guilt that they could not prevent the alleged abuse.

7.3 Managers must be aware of these issues when receiving a report and ensure that staff are appropriately supported according to their individual needs.

8. Procedures to be followed following an Allegation or Suspicion of Abuse

8.1 The minimum requirement for all staff and volunteers is that they know how to:

- Recognise, record and report abuse
- Take any immediate action to protect further harm
- Access help and advice for the adult at risk

These guidelines follow four procedural stages:

- Alerting



STRM - SEND the Right Message
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Reporting

- Investigating
- Monitoring

8.1.1 Alerting

Any member of staff working with service users may be alerted to the possibility of abuse.

Alerting could mean that you witness an act of abuse, a person saying that abuse has occurred, or suspicions raised by indicators listed in these guidelines. In carrying out these procedures the person alerted must keep detailed records of the initial cause for concern. Note down exactly what the complainant or alleged victim has said or indicated to you or what you have witnessed. Any such records must clearly separate factual information from expression of opinion. The member of staff must be aware that the report may be required later as part of legal or disciplinary action.

If the disclosure is made by a Service User, staff must accept what the person is saying and never make a decision without consulting with their line manager to ignore or suppress a disclosure because it is thought to be fantastic or improbable. Do not make comments other than to be comforting and sympathetic.

9. The Designated Person

9.1 The Designated Person is the Chief Executive who is the safeguarding lead for STRM. Incidents and allegations of abuse must be reported to the Designated Person. The Designated Person will ensure correct completion of any referral form as appropriate to the Local Authority to be contacted.

9.2 If you have any concerns at all about the possible abuse of an adult who needs care and support, and are not sure what to do, you should immediately contact the Designated Person for Safeguarding. If an urgent concern arises outside of office hours or when you cannot make contact with the Designated Person, you should report it without delay to the relevant Social Care department:
Southend- Telephone: 01702 215008 email: accessteam@southend.gov.uk
Essex- Telephone: 0345 603 7630 |
mail: businesssupportadultsovas@essex.gov.uk
or to the Police (via 999) if it is an emergency situation.

9.3 All staff should be aware of STRM's Whistle Blowing policy. If a member of staff believes that an adult safeguarding allegation or concern is not being dealt with appropriately, or is suspected of perpetrating abuse, and they have exhausted all other reasonable approaches, this policy should be used to escalate those concerns.

9.4 In any case of suspected abuse, staff have a responsibility to ensure the service user's immediate safety. This may involve immediately challenging the person abusing the service user, even though this may be difficult to do, and trying to persuade him or her to stop. Ensure immediate medical attention is arranged if necessary (e.g. physical injury/trauma, reports of severe pain). Inform any examining doctor of the suspicion of abuse and that a written report will be required which may be used in legal proceedings.

9.5 Every effort must be made to preserve and note evidence by:

- Placing any material evidence in a safe place.
- Not allowing vital evidence to be destroyed by lack of forethought or the passage of time (for example, evidence of a sexual assault could be destroyed if the victim takes a bath before he/she has been medically examined).
- Noting carefully any pertinent comments relating to the alleged abuse

10. Consent

10.1 It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in relation to the investigation. If they are, their consent should be sought. This includes an awareness of the risks of disclosing that an investigation is being undertaken.

10.2 Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected.

10.3 The adult at risk must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

10.4 If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is a public interest, for example, not acting will put other adults or children at risk
- there is a duty of care to intervene, for example, a crime has been or may be committed

However, consent may need to be considered in relation to the adult at risk's participation in activity that may be abusive. If consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded with a safeguarding adults investigation going ahead in response to the concern that has been raised.

11. Confidentiality

11.1 All staff must be aware of the sensitivity for all concerned in matters of abuse. Strict confidentiality must be adhered to on a 'needs to know' basis, according to the reporting procedures contained herein. **ALL DOCUMENTS STORED OR SENT ELECTRONICALLY MUST BE PASSWORD PROTECTED**