Registered Charity No. 1077787

SAFEGUARDING ADULTS' POLICY

Contents

1. Aims

This policy sets out the roles and responsibilities of SNAP in working together with other agencies in promoting welfare of adults and safeguarding them from abuse and neglect. It is intended to support staff working within SNAP. It does not replace, but is supplementary to the Southend, Essex, Thurrock (SET) Safeguarding Adults Guidelines 2020 (available at Essex Safeguarding Adults Board | Essex SAB)

This policy is reviewed every year as part of SNAPs annual safeguarding audit. All designated safeguarding leads, currently Karen Boath, Rachel Franklin, Natalie South and Pam Kinsella have the NHS Safeguarding app to monitor updates throughout the year.

SNAP is committed to:

- Ensuring that the welfare of adults is paramount at all times.
- Maximising people's choice, control and inclusion and protecting human rights.
- Working in partnership with others in order to safeguarding vulnerable adults
- Ensuring safe and effective working practices are in place.
- Supporting staff within the organisation

2. Definitions in Relation to Safeguarding and this Policy.

A vulnerable adult is defined as:

- any person aged 18 or over.
- who is or may be in need of extra support by reason of disability, age or illness?
- and who is or may be unable to take care of him or herself or unable to protect him or herself?

- **A Child** - anyone who has not yet reached their 18th birthday.
- **Child in Need** - is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

- **Child Protection** - Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.
- **Significant Harm** - The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes Significant Harm, but consideration should be given to the following:
- The severity of ill-treatment which may include the degree and extent of physical harm including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- The duration and frequency of abuse and neglect;
- The extent of premeditation.
- **Looked After Children** - a child who is looked after by a local authority by reason of a care order or being accommodated under section 20 of the Children Act 1989.
- **Private Fostering** - an arrangement between families/households, without the involvement of a local authority, for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative (close relatives are parents, stepparents, siblings, siblings of a parent and grandparents) for 28 days or more.
- **Young carers** - is anyone who is under 18 and helps to look after a relative with a disability, illness, mental health condition, or drug or alcohol problem.
- **Adults with Care and Support needs** - Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers.
- **Making Safeguarding Personal (MSP)** - is an approach to Safeguarding that aims to ensure that the Person (adult at risk) and/or their advocate in relation to the safeguarding enquiry, are fully engaged and consulted throughout and that their wishes and views are central to the final outcomes as far as is possible.
- **Advocacy** - to be provided with advocacy to assist the child/young person in putting forward their views.
- **Human Rights** - Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life.

3. Supervision

Supervision by appropriately trained staff should provide opportunities for staff and volunteers to:
Discuss issues, particularly those concerning the development or well-being of SNAP families.
Identify solutions to address issues as they arise.
Staff and volunteers to receive training to improve their personal effectiveness.

4. The Role of Staff, Volunteers and Trustees

All staff, volunteers and Trustees work on behalf of SNAP have a duty to promote the welfare and safety of vulnerable adults. Staff, volunteers and Trustees may receive disclosures of abuse

and observe those who are at risk. This policy will enable staff/volunteers to make informed and confident responses and decisions to any safeguarding issues that may arise.

5. What is Abuse?

Abuse and neglect are forms of maltreatment of a person. Somebody may abuse or neglect a person by inflicting harm or failing to prevent harm. People may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Abuse can include physical abuse, emotional abuse, sexual abuse, neglect, financial/material abuse and/or institutional abuse.

Self-harm must also be taken seriously and may include self-mutilation, eating disorders, suicide threats and other gestures. The possibility this may be caused by any form of abuse or neglect should not be overlooked.

The 10 categories of abuse for adults are:

- **Physical Abuse** - may include hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate sanctions.
- **Domestic Violence** - any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality; may include psychological, physical, sexual, financial, emotional abuse; so-called "honour" based abuse and forced marriage.
- **Sexual Abuse** - may include rape and sexual assault, or sexual acts to which the adult has not consented, or could not consent, or where pressure was applied to secure their consent.
- **Psychological Abuse** - may include verbal abuse, emotional abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks.
- **Financial Abuse** - may include theft, fraud, exploitation, pressure in connection with wills, property of 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, and sexual exploitation.
- **Discriminatory Abuse** - including forms of harassment, slurs, or unequal treatment; because of race, gender and gender identity, age, impairment, disability, sexual orientation or religion.
- **Organisational Abuse** - Involves the collective failure of an organisation to provide an appropriate and professional service to adults with care and support needs. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.
- **Neglect (including 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, food and drink and heating**.**

- **Self-neglect** - covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It involves no other perpetrator.

Other forms of abuse include the influences of extremism leading to radicalisation; domestic abuse including controlling or coercive behaviour; exploitation by criminal groups; trafficking and online abuse.

6. Hidden Harms

Hidden harm is harm or abuse that is usually hidden from public view occurring behind closed doors, often not recognised or reported. The emphasis is about spotting signs early and helping to prevent the risk escalation.

7. County Lines

The term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 years. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation doesn't always involve physical contact; it can also occur through the use of technology.

Child Criminal Exploitation is broader than just county lines and describes children and vulnerable adults who are coerced and manipulated into criminal activities; for example, this includes children forced into cannabis farms or to commit theft.

8. Child Exploitation/Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or a group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

9. Forced Marriage

Suspicions that a child may be forced into marriage may arise in a number of ways, including:

- A family history of older siblings leaving education early and leaving the country suddenly without returning or marrying early.
- Depressive behaviour including self-harming and attempted suicide.
- Unreasonable restrictions such as being kept at home by their parents ('house arrest') or being unable to complete their education.

- A child being in conflict with their parents.
- A child going missing/running away.
- A child always being accompanied including to their education setting and doctors' appointments.
- A child talking about an upcoming family holiday that they are worried about, fears that they will be taken out of education and kept abroad, or
- A child directly disclosing that they are worried s/he will be forced to marry. Information about a forced marriage may come from one of the child's peer groups, a relative or member of the child's local community, from another professional or when other family issues are addressed, such as domestic abuse between parents.

10. Female Genital Mutilation (FGM)

The World Health Organisation (WHO) defines female genital mutilation as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996). FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 extended the prohibition making it also illegal to take a child abroad to undergo FGM, whether or not it is lawful in that country. It is illegal to aid, abet, counsel or procure the carrying out of FGM. A child for whom FGM is planned is likely to suffer significant harm through physical abuse and emotional abuse, which is categorised by some also as sexual abuse.

Any information or concern that a child is at immediate risk of, or has undergone, female genital mutilation should result in a child protection referral to local authority children's social care. Where a child is thought to be at risk of FGM, professionals should be alert to the need to act quickly - before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

11. Radicalisation

The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified. Potential indicators include:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology.

The guidance in the attached link should be referred to for further information.

Prevent | Essex SAB

12. Human Trafficking

A person commits an offence if the person arranges or facilitates the travel of another person ("V") with a view to V being exploited. It is irrelevant whether V consents to the travel (whether V is an adult or a child). A person may arrange or facilitate V's travel by recruiting V, transporting or transferring V, harbouring or receiving V, or transferring or exchanging control over V. A person arranges or facilitates V's travel with a view to V being exploited only if— a. the person intends to exploit V (in any part of the world) during or after the travel, or b. The person knows or ought to know that another person is likely to exploit V (in any part of the world) during or after the travel. "Travel" means— a) arriving in, or entering, any country, b) departing from any country, c) travelling within any country.

13. Gangs Youth Violence

A child/young person who is affected by gang activity or serious youth violence may have suffered, or may be likely to suffer, significant harm through physical, sexual and emotional abuse or neglect. Defining a gang is difficult, however it can be broadly described as a relatively durable, predominantly street-based group of children and/or adults who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.

14. Modern Slavery

If professionals have concerns that a child/adult may be a potential victim of modern slavery or human trafficking, a referral should be made to the National Referral Mechanism by First Responder organisations, as soon as possible.

15. Domestic Abuse

The Domestic Abuse Act 2021, explicitly states that children are victims of domestic abuse if they see, hear or experience the effects of the abuse and the child is related to either the victim or the abuser. The impact of domestic abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances. The three central imperatives of any intervention for children living with domestic abuse are:

- To protect the child/ren
- To support the carer (non-abusive partner) to protect themselves and their child/ren, and
- To hold the abusive partner accountable for their violence and provide them with opportunities to change.

The Domestic Abuse Act 2021 defines domestic abuse as: When both parties are aged 16 or over and are personally connected to each other, and the behaviour is abusive, if it consists of any of the following; physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse and it does not matter whether the behaviour consists of a single incident or a course of conduct.

16. Fabricated or Induced Illness / Perplexing Presentations

Children and young people with perplexing presentations often have a degree of underlying illness, and exaggeration of symptoms is difficult to prove and even harder for health professionals to manage and treat appropriately.

An adult who lacks capacity to make decisions about their health and its management, and adults who are under the 'control' of family members may experience similar issues to children and be at risk of unnecessary examinations and treatments.

Fabricated or Induced Illness is based on the parent's/carer's underlying need for their child to be recognised and treated as ill or more unwell/more disabled than the child actually is (when the child has a verified disorder, as many of the children do). Fabricated or Induced Illness may involve physical, and/or psychological health, neurodevelopmental disorders, and cognitive disabilities. There are two possible, and very different, motivations underpinning the parent's/carer's need: the parent/carer experiencing a gain and the parent's/carer's erroneous beliefs. It is also recognised that a parent/carer themselves may not be conscious of the motivation behind their behaviour. Both could be present at the same time. In the first, the parent/carer experiences a gain (not necessarily material) from the recognition and treatment of their child as unwell. The parent/carer is thus using the child to fulfil their needs, disregarding the effects on the child.

Some parents/carers benefit from the sympathetic attention which they receive; they may fulfil their dependency needs for support, which might include the continued physical closeness of their child.

Parents/carers who struggle with the management of their child/vulnerable adult may seek an inappropriate diagnosis for the child/vulnerable adult such as attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD).

Material gain includes financial support for care of the child/vulnerable adult, improved housing, holidays, assisted mobility and preferential car parking. The second motivation is based on the parent's/carer's incorrect beliefs, extreme concern, and anxiety about their child/vulnerable adult's health (e.g., nutrition, allergies, treatments).

This can include a mistaken belief that their child needs additional support at school/higher education and an Education Health and Care Plan (EHCP).

The parent/carer may be misinterpreting or misconstruing aspects of their child/vulnerable adult's presentation and behaviour.

In pursuit of an explanation, and increasingly aided by the internet, the parent/carer develops a belief about what is wrong with their child/vulnerable adult. In contrast to typical parental concern, the parent/carer exhibiting such behaviour cannot be reassured by health professionals or negative investigations.

More rarely, parents/carers may develop fixed or delusional psychotic beliefs about their child/vulnerable adults state of health. The parent's/carer's need here is to have their beliefs confirmed and acted upon, but to the detriment of the child/vulnerable adult.

Whilst recognising that an underlying medical condition may be present, children and vulnerable adults should not be subject to unnecessary investigations or medical interventions. Consideration should be given that verified illness and fabrication may both be present.

In some families, only one child/vulnerable adult is subject to Fabricated or Induced Illness or has a Perplexing Presentation and this child/vulnerable adult may initially have had a genuine illness which began the relationship between the parent/carer and health professionals. In other families, several children and or vulnerable adults may be affected by Fabricated or Induced Illness or have a Perplexing Presentation simultaneously or sequentially. Siblings who are not subject to Fabricated or Induced Illness or have a Perplexing Presentation may become very concerned and distressed by the apparent ill-health of their affected sibling or may feel and be neglected and the impact on their wellbeing must be considered within any investigation/assessments.

Alerting signs are not evidence of Fabricated or Induced Illness but possible indicators and, if associated with possible harm to the child/vulnerable adult, they amount to general safeguarding concerns. Some alerting signs are initially recognised by community or primary health care professionals such as health visitors, GPs, or community paediatricians, or by education settings. Others are first noted by hospital-based paediatricians or the SET Child and Adolescent Mental health Service (SET CAMHS). Family members, e.g., father or grandparent, may also raise a concern.

The essence of alerting signs is the presence of discrepancies between reports, presentations of the child/vulnerable adult and independent observations of the child/vulnerable, implausible descriptions and unexplained findings or parental behaviours. Alerting signs may be recognised within the child/vulnerable adult or in the parent's/carer's behaviour. A single alerting sign by itself is unlikely to indicate possible fabrication or induction. Paediatricians/ consultants/professionals must look at the overall picture which includes the number and severity of alerting signs. If an alerting sign is identified then it is essential to look for others, alerting signs by themselves do not amount to fabrication but indicate the need for further investigation to ascertain whether the child/vulnerable adult has an underlying illness.

The most important question to be considered is whether the child/vulnerable adult may be at immediate risk of serious harm, particularly by illness induction. This is most likely to occur when there is evidence of deception, interfering with specimens, unexplained results of investigations suggesting contamination or poisoning or actual illness induction. In this situation, the following are important considerations: A referral to the police and children's or adult's social care stating concerns for a child/vulnerable adult who is being significantly harmed or likely to suffer significant harm due to suspected or actual Fabricated or Induced Illness. (The referral needs to include a health multi-disciplinary chronology and minutes of any meetings outlining the concerns that it is Fabricated or Induced Illness if these have taken place and are available.

The safety of siblings also needs to be considered. Referral, and assessment section

Securing any potential evidence (e.g., feed bottles, nappies, blood/urine/ vomit samples, clothing, or bedding if they have suspicious material on them).

Documenting concerns clearly and factually within the child/vulnerable adults health records (including who attended appointments with the child, what was reported by whom, how often etc) This is especially important in case the child is seen by other practitioners who are not aware of the concerns.

Considering whether the child/vulnerable adults need immediate protection and measures taken to reduce immediate risk. Unless there is an identified risk of significant harm to the child/vulnerable adult the parents/carers should be notified of the referral to children's/adult's social care. The professionals should also consider the likelihood / possibility of evidence destruction and interference with criminal investigation in some of these cases.

Once a referral has been received by children's/adult's social care outlining concerns and risk of significant harm, consideration will be given to convening a strategy meeting based on the identified risk. Alerting signs with no immediate serious risk to the child.

At any stage during this process, should new information come to light to suggest that the child/vulnerable adult is currently suffering from significant harm or likely to suffer significant harm then a referral to children's/adult's social care and/or the police must be made, alongside the process outlined in this guidance. The urgency with which this is done and whether parents/carers are informed about the referral before a professional multi-agency discussion will vary according to the circumstances of each case.

SNAP staff should report any concerns regarding fabricated or induced illness to the Designated Safeguarding Leads (Karen, Rachel Natalie, or Pam) for support in making a plan to manage these concerns. This plan should include liaising with professionals involved in the child's care (health visitor, GP, paediatrician, dietician, school etc) for joint management.

17. Missed Appointments

Missed appointments should not only be a cause of concern in relation to antenatal care, but also in relation to children's/vulnerable adult's education and health and indicate neglect or parents/carers are struggling. Failing to attend appointments also reduces the opportunities for families to be seen, behaviour monitored and where necessary challenged. Consideration should be given to hold a strategy meeting/discussion when the parent is a looked after child.

18. Chaperones

A chaperone may be provided to help protect and enhance the patient's comfort, safety, privacy, security, and/or dignity during sensitive examinations or procedures. The chaperone is frequently also present to provide assistance to the health professional with the examination, procedure or care.

19. Looked After Children

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child.

A child stops being looked after when they are adopted, return home or turn 18. However local authorities in all the nations of the UK are required to support children leaving care at 18 until they are at least 21. This may involve them continuing to live with their foster family.

20. Reporting Abuse

If staff have a concern relating to the safeguarding of an adult, they must refer to policy 23b for advice.

It is expected that all staff follow the SET Safeguarding Adults Guidelines (for full set of procedures see www.essexsab.org).

If staff suspect abuse or a risk of abuse, they are expected to report concerns to a line manager (unless they suspect that the line manager is implicated – in such circumstances the whistle blowing policy should be followed).

If at any time staff feel the person needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.

If at the time staff have reason to believe the vulnerable person is in immediate and serious risk of harm or that a crime has been committed the police must be called.
The SET SAF (Safeguarding Adult Concern Form) form must be completed where there are allegations of abuse and sent to the relevant Social Care area. SET SAF should be completed within two working days of the concern being raised. Completion of SET SAF must not delay immediate action being taken where necessary to ensure the safety of the vulnerable adult and the preservation of evidence if it is suspected that a crime has been committed. Guidance notes are available on www.essexsab.org.

All referrals will be supplemented by asking for a Care Assessment in order to get the person or family in the system.

All service users need to be safe. Throughout the process the service users' needs remain paramount. This process is about protecting the adult and prevention of abuse.

SNAP will continue to offer support to the family during and after the referral process regardless of the outcome.

If the police are involved in a case, then SNAP staff will refer to them any information or advice in order to support their investigation.

21. Alleged abuser and victims who are both service users.

It is important that consideration be given to a co-ordinated approach and partnership working, where it is identified that both the alleged abuser and alleged victim are service users. Where both parties are receiving a service, staff should discuss cases and work together, however meetings with both the alleged abuser and alleged victim in attendance, are not considered appropriate.

22. Safeguarding Adults with Disabilities

Any concerns about the welfare of an adult with disabilities should be acted upon in the same way as any other adult although there is a need for a greater awareness of the possible indicators of abuse and/or neglect.

When considering whether an adult with disabilities has been abused and/or neglected, ensure that the disability does not mask or deter an appropriate investigation of safeguarding concerns.

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

23. Responsibilities of SNAP

The designated safeguarding leads for adults at SNAP are Karen Boath and Pam Kinsella. Designated safeguarding officers are Natalie South and Rachel Franklin (or a senior manager). They are supported by designated safeguarding Trustees Paul Deller Ray and Stewart McArthur.

- To take action to identify and prevent abuse from happening.
- Respond appropriately when abuse has or is suspected to have occurred.
- Ensure that the agreed safeguarding adults' procedures are followed at all times, these are available at www.essexsab.org
- Provide support, advice and resources to staff in responding to safeguarding adult issues.
- Inform staff and volunteers of any local or national issues relating to safeguarding adults.
- Ensure staff and volunteers are aware of their responsibilities to attend training and to support staff in accessing these events.
- Ensuring that the organisation has a dedicated staff member with an expertise in safeguarding adults.
- Ensuring staff have access to appropriate consultation and supervision regarding safeguarding adults.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Ensure that all employees who come in contact with vulnerable adults have a DBS (Disclosure and Barring Service) check.

24. Responsibilities of all Staff

- Follow the safeguarding policies and procedures at all times, particularly if concerns arise about the safety or welfare of a vulnerable adult.
- Participate in training and maintain current working knowledge.
- Become familiar with the SET Safeguarding Adults Guidelines.
- Discuss any concerns about a vulnerable adult with their line manager.
- Contribute to actions required including information sharing/attending meetings.
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Remain alert at all times to the possibility of abuse.

- Recognise the impact that diversity, beliefs and values of people who use services can have.
- To report any incidents to safeguarding Trustees, Paul and Stewart

25. Record Keeping

Good record keeping for all safeguarding issues is essential, therefore the following principles will be followed:

- Decisions made not to refer must also be recorded.
- Complete an internal 'SNAP Safeguarding Incident Report Form'.
- Detailed information (name, aka, address, dob, Primary carers, emergency contacts)
- Ensuring that full explanation of any needs of the vulnerable adult specific to their disability are supplied (include communication issues, how the disability affects them on a day-to-day basis)
- All concerns, discussions, decisions, actions taken (signed, dated and timed)
- Up to date chronology
- Key contacts in other agencies
- Disclosures: Make brief notes in person's own words at the time and write them up as soon as possible
- Do not destroy original notes (hand-written) recorded during meetings.
- Should be objective and evidence based.
- Statement facts and observable things
- Non-verbal behaviours
- Separate from the main file, in a locked cabinet.
- To report any incidents to safeguarding Trustees, Paul and Stewart

26. Confidentiality and Information Sharing

All matters relating to safeguarding are confidential. The designated person will disclose personal information about a vulnerable adult 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 vulnerable adults with other agencies. Staff cannot promise to keep secrets which might compromise the vulnerable adult's safety or well-being to that of another. Confidentiality must never be confused with secrecy.

When sending any SET SAF form by email or any other documentation connected to the forms, this must be done adhering to national guidance and legislation.

No Secrets' [*DH 2000*] states that the government expects organisations to share information about individuals who may be at risk from abuse. This is also stressed by Safeguarding Adults [*ADSS 2005*] the framework for good practice. It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with in a timely manner. Staff and volunteers have a duty to share information relating to suspected abuse with Social Care and Essex Police.

Internal investigations will not be commenced or continued if doing so may compromise criminal or regulatory investigations by relevant authorities.

When deciding how much detail you should share with Social Care and/or Police, there are seven golden rules for information sharing:

- Remember that the Data Protection Act is not a barrier to sharing information.
- Be open and honest with the person (unless it is unsafe or inappropriate)
- Seek advice if you are in any doubt, without disclosing the identity of the individual involved where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information.
- Consider safety and well-being.
- Necessary, proportionate, relevant, accurate, timely and secure
- Keep a record of your decision and the reasons for it – whether it is to share information or not.

27. Consent

Staff and volunteers wherever possible should seek to gain the consent. The starting point must always be to assume that a person has the capacity to make a specific decision. As a matter of good practice staff and volunteers at SNAP are encouraged to inform all family members 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, consent should be sought again. 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.

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 2005. The principles of the Mental Capacity Act should be followed at all times where lack of capacity of an individual is assessed.

Consent is not required to breach confidentiality (capacity issues must be considered) and make a safeguarding referral where:

- A serious crime has been committed.
- Where the alleged perpetrator may go on to abuse other adults
- The vulnerable adult or other vulnerable adults are at risk.
- There is a statutory requirement e.g. Children's Act 1989, Mental Capacity Act 2005, Care Standards Act 2000
- The public interest overrides the interest of the individual.
- Staff of a statutory service, a private or voluntary service or a volunteer is the person accused of abuse, malpractice or poor professional standards.

If a worker has any doubt about the legality of sharing information, they must in the first instance consult their line manager.

28. Professional Disagreements

When there are professional concerns or disagreements over another professional's decision, actions or lack of actions in relation to a referral, an enquiry or assessment/intervention, the repercussions can be extremely serious for the child/young person concerned.

If a case is closed too quickly and the designated child protection officer does not agree with the outcome made by Social Care, SNAP can fully question their decision and ask to be talked through how the decision was made.

All agencies are responsible for ensuring their staff are competent and supported to escalate appropriately intra and inter-agency concerns and disagreements about a child's wellbeing. Agencies / professionals should not be defensive if challenged and should always be prepared to review decisions and plans with an open mind and revise decisions in light of new information. Differences in status / knowledge and experience may affect individuals' ability to challenge and all professionals should seek advice and support from the safeguarding lead in their organisations.

Refer to the SET Procedures for full guidance regarding the process on professional disagreement escalation.

29. Fraser Guidelines / Gillick Competence

Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health. They may be used by a range of healthcare professionals working with under 16-year-olds, including doctors and nurse practitioners.

30.Safeguarding Vulnerable Adults Online

SNAP promotes the safe use of technology and social media for staff and volunteers as well as families who use technology during services at The SNAP Centre.

SNAP staff/volunteers supervise all use of technology (such as iPads/IT Suite computers) in sessions to ensure they are used in an appropriate and safe manner.

Computers/iPads require log in codes to be accessed and iPads have restricted use so only SNAP staff can buy/download apps. SNAP's web server security blocks inappropriate sites, and sites that have been deemed unsuitable by SNAP staff (egg YouTube) have also been **individually** blocked. Any sites or apps which can be accessed but are considered inappropriate must be reported to a senior member of staff. For full details refer to SNAP's 'Communication, Social Media and IT' policy.

SNAP's Code of Conduct policy outlines that employees and volunteers must not carry or use personal video or camera devices during sessions. There may be instances when with permission photos/ videos may be taken by staff using SNAP devices. Visitors to the centre, including families, are requested not to use cameras or other devices during the sessions without permission from other families.

31.Contextual Safeguarding

SNAP recognises the risks from Contextual Safeguarding which seeks to identify harmful extra-familial risks and the ways in which professionals, adults and young people can change the social conditions wherever possible to reduce the harm or risk of harm.

Examples of risks around Contextual Safeguarding include:

- Peer on peer relationship abuse
- Criminal exploitation (including county lines)
- Sexual exploitation/online abuse
- Risks associated with gangs/groups.
- Radicalisation
- Safeguarding in public spaces
- Trafficking and modern slavery

32.Uncollected Vulnerable Adults

Parents stay at The SNAP Centre for most of the sessions but there are a few exceptions. SNAP staff must always ensure that all children and vulnerable adults are collected by an authorise parent, carer or designated adult. Under no circumstances will a child or vulnerable adult be taken to the home of a member of staff, or away from the Centre unless absolutely necessary. For full details refer to SNAP's Uncollected Children policy.

33. Allegations of abuse made against staff or volunteers of SNAP.

Any allegation of abuse made against staff or volunteers must be dealt with fairly, quickly and consistently to provide effective protection for the alleged victim and at the same time supports the person who is subject to the allegation.

If an allegation is made, the Senior Management Team must inform the local authority designated officer (LADO) within one working day of the allegation and before any further investigation takes place. Then refer to SET Procedures for further guidance.

The initial consideration/discussion is to consider the nature, content and context of the allegation and agree a course of action. Where an allegation is made against a member of staff or a volunteer, then they must be informed of the allegation as soon as possible. They should also be:

- Advised at the outset to seek relevant advice e.g. from CAB or a solicitor.
- Treated fairly and honestly and helped to understand the concerns expressed, processes involved and the possible outcomes.
- They must be kept clearly informed of the progress of the case and clearly informed of the outcome of any investigation and the implications for disciplinary or related processes.
- Provided with appropriate support during the case.
- Be kept informed about workplace developments if suspended.

34. Consideration of Suspension

The possible risk of harm posed by an accused person needs to be effectively evaluated and managed. In some cases this may include suspension.

A decision to suspend or to temporarily re-deploy staff is made without prejudice. Suspension should not be automatic, but should be considered in any case where:

- Not to suspend may continue or increase the risk of significant harm or
- Not to suspend may hamper investigations or
- The allegation warrants investigation by the police or
- The allegation is so serious that it might be grounds for dismissal.
- Where suspension is not appropriate, consideration should be given to putting safeguards in place to protect all those involved.

If a suspended person is to return to work appropriate help/support must be considered e.g. phased return and/or provision of a mentor and how to manage the person's contact with anyone involved in the allegation.

All investigations into allegations should be completed and the outcome recorded, regardless of whether the person involved resigns his/her post, responsibilities or position of trust even if the person refuses to co-operate with the process. 'Compromise agreements' where a person agrees to resign without any disciplinary action and agreed future reference, must not be used in these cases.

35. Disciplinary Procedures

Any disciplinary process must be clearly separated from safeguarding enquiries.

Safeguarding enquiries take priority over any disciplinary investigations and will determine whether investigations can be carried out concurrently.

It may be that the allegation was prompted by inappropriate behaviour, not considered sufficiently harmful under the safeguarding procedures, but which may still need to be considered under the disciplinary procedures.

36. Whistleblowing Policy

All staff should be made aware of SNAP's Whistleblowing Policy and feel confident to voice concerns about the attitude or actions of colleagues. If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by their organisation, they should report the matter to the LADO.

SNAP is committed to the highest standards of openness, probity, and accountability. In line with that commitment, we encourage employees, volunteers and others with serious concerns about any aspect of SNAP's work to come forward and voice those concerns. It is recognised that some cases will have to proceed on a confidential basis. This policy document makes it clear that employees and volunteers can do so without fear of reprisals.

An individual can report things that aren't appropriate, are illegal or raise concerns where someone is taking actions detrimental to the Charity and disregarding their duties as well as SNAP's procedures and policies, including:

- any risk to children/young people, volunteers or staff members (e.g. safeguarding, bullying or harassment)
- someone's health and safety are in danger.
- damage to the environment.
- a criminal offence
- the company isn't obeying the law (like not having the right insurance)
- covering up wrongdoing

For a copy of SNAP's Whistleblowing Policy please ask a member of staff.

37. Training

All staff working with vulnerable adults should receive a basic safeguarding adult's awareness training at a level according to their role and as stated within the Essex Safeguarding Adults Board Training Strategy. This should be refreshed as a minimum every three years.

38. Safer Recruitment

Full details are contained in SNAP's Safer Recruitment Policy.

SNAP operates procedures that take account of the need to safeguard and promote the welfare of children and vulnerable adults, including arrangements for checks on new staff, volunteers and Trustees.

SNAP is committed to a thorough and consistent Safer Recruitment Policy which comprises of the following recruitment and vetting checks; references, previous employment history, identity checks, DBS disclosure (enhanced), medical fitness, overseas checks.

All new members of staff undergo an induction that includes familiarisation with SNAP's safeguarding policy and identification of their training needs. All staff and volunteers working on behalf of SNAP will be given a copy of this policy within their staff handbook or volunteers pack and also be alerted to the procedure for reporting concerns over abuse.

39. Funding Requirements

SNAP's designated safeguarding officers will alert any funder who requires notification of safeguarding issues as part of their terms and conditions/contracts of funding.

SNAP's insurance company will be notified of any safeguarding incident in which SNAP could be. deemed as liable.

40. Diversity and Equality

Full details are contained in SNAP's Diversity & Equality Policy.

SNAP aims to ensure that its services and activities are open to all Essex families who have children and young people with special needs and disabilities. We are committed to promoting equality and diversity within our policies, practices, and procedures.

SNAP will not discriminate by association in relation to sexual orientation, religion/belief, race, gender, disability, or age.

41. An equality impact assessment (EIA)

The equality impact assessment is a systematic and evidence-based tool, which enables us to consider the likely impact of work on different groups of people. Completion of equality impact assessments is a legal requirement under race, disability and gender equality legislation. Each and every one of our services does not intentionally discriminate or exclude.

42. Contact Details for Safeguarding Leads

Name	**Job Title**	**Training Completed**	**Contact Number**
Karen Boath	CEO	Designated Person Level 3	01277 211300
Rachel Franklin	Services Manager	Designated Person Level 3	01277 211300
Kate Batson	Family & Information Manager	Designated Person Level 3	01277 211300
Pam Kinsella	Senior Family Support Adviser	Designated Person Level 3	01277 211300
Natalie South	Family Support Adviser	Designated Person Level 3	01277 211300
Paul Deller Ray	Safeguarding Trustee	Safeguarding Children Level 3	01277 211300

43. Useful Contact Numbers

- Southend - 01702 215008 (Adult Social Services) 0345 606 1212 (Out of hours)
- Essex - 0345 603 7630 (Social Care Direct) 0345 606 1212 (Out of hours)
- Thurrock - 01375 511000 (Safeguarding Adults) 01375 372468 (Out of hours)
- Police - 999 (Emergency) 101 (Non-emergency number)
- NHS – 999 (Emergency) 111 (Non-emergency number)

44. Related Policies

- Child Protection Policy and Procedure 2023
- Whistleblowing Policy 2023
- Diversity and Equality Policy 2023
- Complaints Policy and Procedure 2023
- Grievance Procedure 2023

45. References

- Children Act 1989 (Amended Children's Act 2004)

- Working Together to Safeguard Children 2018
- Care Act 2014
- Department of Health
- SET Safeguarding Adult Guidelines

46. DBS Referrals

As a regulated activity supplier, SNAP has a duty to refer an individual to the DBS if it is believed the person has caused harm or poses a future risk of harm to vulnerable groups, including children.

For some groups there is a legal duty to refer. Under the provisions of the Safeguarding Vulnerable Groups Act 2006, the following groups have the power to make a referral to the DBS:

Duty to Refer: Regulated activity suppliers (employers and volunteer managers) and personnel suppliers.

Power to Refer: local authorities (safeguarding role); education and library boards; health and social care (HSC) trusts (NI); keepers of registers e.g., General Medical Council, Nursing and Midwifery Council; supervisory authorities e.g., Care Quality Commission, Ofsted.