Registered Charity No. 1077787

CHILD PROTECTION POLICY

Contents

The purpose of this policy is to outline the duty and responsibility of all staff, volunteers and Trustees working for SNAP in relation to safeguarding children's procedures. This policy is reviewed every year as part of SNAPs annual safeguarding audit.

Our current safeguarding officers Karen Boath, Rachel Franklin Natalie South and Pam Kinsella access the NHS Safeguarding App to monitor updates throughout the year to ensure ongoing compliance.

The policy works alongside a clear procedure that will be implemented where safeguarding issues arise.

We recognise that:

- The welfare of the child/young person is paramount.
- All children have the right to equal protection from all types of harm or abuse.
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.
- Disabled children are children first.

We will seek to safeguard children and young people by:

- Valuing them, listening to and respecting them
- Recruiting staff and volunteers safely, ensuring all necessary checks are made (see SNAP's safer recruitment policy)
- Sharing information about child protection and good practice with children, parents, staff and volunteers
- Sharing information about concerns with agencies who need to know and involving parents and children appropriately.
- Providing effective management for staff and volunteers through supervision, support and training
- Cultural sensitivity - SNAP seeks to work in ways which are culturally sensitive and that respect the diverse nature of people.

Supervision

Supervision by appropriately trained staff should provide opportunities for staff and volunteers to:

- Discuss any issues concerning children's development or well-being.

- Identify solutions to address issues as they arise.
- Staff and volunteers to receive training to improve their personal effectiveness.
- To afford staff the opportunity to share difficult issues and enable problem solving and the chance to debrief.

1. Definitions in Relation to Safeguarding and this Policy.

- **A Child** - anyone who has not yet reached their 18th birthday. 'Children' and 'young people' are used throughout this guidance to refer to anyone under the age of 18.
- **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.

2. The Role of Staff, Volunteers and Trustees

All staff, volunteers, counsellors, tutors and Trustees work on behalf of SNAP have a duty to promote the welfare and safety of children. Staff, volunteers and Trustees may receive disclosures of child abuse and observe children who are at risk. This policy will enable staff/volunteers to make informed and confident responses and decisions to any child protection issues that may arise.

3. What is Child Abuse?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or failing to prevent harm. Children 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. Children may be abused by an adult or adults, or another child or children *(for more information refer to Working Together to Safeguard Children 2018).*

The 'Working Together to Safeguard Children' guidance defines five categories of abuse as follows:

1. **Physical abuse** – This may involve hitting, shaking, throwing, poisoning, scalding, burning, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
2. **Emotional abuse** – This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
3. **Sexual abuse** – This type of abuse involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware what is happening.
4. **Neglect** - This is the persistent failure to meet the child's basic physical or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. It can include failing to provide adequate food, clothing and shelter, protection from physical and emotional harm or danger, adequate supervision or failing to provide medical help when needed.
5. **Child Sexual Exploitation** – This is a form of child sexual abuse. It occurs where an individual or 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.

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.

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

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

- frequently dirty, hungry or inadequately dressed.
- left in unsafe situations or without medical attention.
- constantly "put down", insulted, sworn at or humiliated.
- seems afraid of parents/carers.
- severely bruised or injured, in accordance with the SET Bruising Protocol
- displays sexual behaviour which doesn't seem appropriate for their age.
- growing up in a home where there is domestic violence.
- living with parents or carers involved in serious drug or alcohol abuse.
- living with parents with mental health illness
- ‘Toxic trio’; where a domestic violence, substance abuse and parental mental ill health are all present

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.

4. 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.

5. County Lines

This term is 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.

6. CE/CSE –

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.

7. 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.

8. 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.

9. 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]

10. 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.

11. Gangs Youth Violence

A child 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.

12. Modern Slavery

If professionals have concerns that a child 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.

13. 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.

14. 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.

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 may seek an inappropriate diagnosis for the child such as attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD).
- Material gain includes financial support for care of the child, 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's health (e.g., nutrition, allergies, treatments).
- This can include a mistaken belief that their child needs additional support at school and an Education Health and Care Plan (EHCP).
- The parent/carer may be misinterpreting or misconstruing aspects of their child'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. 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's 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.

Whilst recognising that an underlying medical condition may be present, children 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 is subject to Fabricated or Induced Illness or has a Perplexing Presentation and this child may initially have had a genuine illness which began the relationship between the parent/carer and health professionals. In other families, several children 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, 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 and independent observations of the child, implausible descriptions and unexplained findings or parental behaviours. Alerting signs may be recognised within the child 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 has an underlying illness.

The most important question to be considered is whether the child 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 social care stating concerns for a child 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's 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 needs immediate protection and measures taken to reduce immediate risk. Unless there is an identified risk of significant harm to the child the parents/carers should be notified of the referral to children'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 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 is currently suffering from significant harm or likely to suffer significant harm then a referral to children'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.

15. Missed Appointments

Missed appointments should not only be a cause of concern in relation to antenatal care, but also in relation to children's education and health, and indicate neglect or parents 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.

16. 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.

17. 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. Looked after children are also often referred to as children in care, a term which many children and young people prefer.

In general, looked after children are:

- living with foster parents
- living in a residential children's home or
- living in residential settings like schools or secure units.

There are a variety of reasons why children and young people enter care.

- The child's parents might have agreed to this – for example, if they are too unwell to look after their child or if their child has a disability and needs respite care.
- The child could be an unaccompanied asylum seeker, with no responsible adult to care for them.
- Children's services may have intervened because they felt the child was at significant risk of harm. If this is the case the child is usually the subject of a court-made legal order.

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.

18. SET CAMHS (previously known as Emotional Wellbeing Mental Health Services EWMHS)

The service is for anybody aged between 0-18 living in the Southend, Essex and Thurrock areas and is free at the point of entry. The service is also for young people with special educational needs (SEN) up to the age of 25. This service can be accessed by seeing your GP.

You may be referred if you have one or more of the conditions listed below:

- Mood and anxiety disorders
- Behavioural and conduct disorders.
- Emerging personality and attachment disorders
- Eating disorders
- Psychotic disorders
- Deliberate self-harm and suicidal thoughts
- Substance misuse
- Autistic spectrum disorder (ASD)
- Attention-deficit hyperactivity disorder (ADHD)
- Neurodevelopmental disorders
- Prolonged bereavement problems

19. Procedure in the Event of a Disclosure

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

If the complainant is the child, questions should be kept to the minimum necessary to understand what is being alleged.

Listening to the Child	
DO	**DON'T**
• Listen carefully. • Make accurate notes using the child's words. • Tell the child they have done the right thing by telling you. • Inform SNAP's designated child protection officer	• 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 for the professional child protection agencies, following a referral from SNAP's designated child protection officer.

Any suspicion, allegation or incident of alleged abuse must be immediately reported to SNAP's designated child protection officer. No professional has the right or responsibility to withhold information or to respect a child/young person's wish for confidentiality.

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

20. Safeguarding Children and Young People with Disabilities

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

When considering whether a child/young person with disabilities has been abused and/or neglected, ensure that the disability does not mask or deter an appropriate investigation of chid protection concerns.

Where a child or young person has disabilities, such as communication impairment or learning disabilities, special attention should be paid to communication needs, and to ascertain the child/young person's perception of events and their wishes and feelings. SNAP staff/volunteers must be alert to how a child/young person with disabilities may convey anxiety or duress through methods other than verbal communication. *(For more information refer to Safeguarding for disabled children: practice guidance, 2009)*

21. Role of Designated Child Protection Officer

The role of the designated child protection officer is to deal with all instances involving child protection that arises within SNAP. They will respond to all child protection concerns and enquiries.

The designated child protection officers for SNAP are Natalie South, Rachel Franklin, Pam Kinsella, Karen Boath or a senior manager. They are supported by designated safeguarding Trustees Paul Deller Ray and Denise Lagdon.

The designated child protection officer responsibilities are:

- To refer suspected cases/allegations to Social Care/Police, ensuring that full explanation of any needs of the child/young person specific to their disability are supplied (include communication issues, how the disability affects the child/young person on a day-to-day basis etc) and to follow up cases as appropriate.
- To be a source of expertise and advice
- Induction and ongoing training for all staff at least every three years
- To ensure SNAP's child protection procedure is updated and understood by all employees and volunteers.
- To know how ESCB (Essex Safeguarding Children's Board) and case conferences work and attend and contribute as required.
- When the Local Authority undertakes a Section 47 Enquiry - SNAP will provide any relevant information or advice in order to support the allocated social worker with that enquiry.
- Keep clear child protection records.
- Attend relevant or refresher training at least every three years.
- To report any incidents to safeguarding Trustees, Denise and Paul
- To ensure that families know they can talk to Karen, Natalie, Rachel or Pam about any concerns or worries during sessions.

In the case of police involvement in a safeguarding issue SNAP will provide them with any relevant information or advice in order to support their investigation.

22. Record Keeping

Good record keeping for all child protection issues is essential. Decisions made not to refer must also be recorded.

- Complete an internal 'SNAP Safeguarding Incident Report Form'.
- Detailed child information (name (aka), address, dob, those with parental responsibility, primary carers, emergency contacts)
- Up to date chronology including all concerns, discussions, decisions, actions taken (signed, dated and timed)
- Key contacts in other agencies

- Disclosures: Make brief notes in child's own words at the time and write them up as soon as possible
- **Do not destroy original notes (hand-written) recorded during meeting with the child/carer.**
- Records should be objective, and evidence based and be a statement of facts and observable things.
- Non-verbal behaviours
- Keep separate from other information on the family, in a locked cabinet.

23. 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.

If the designated child protection officer now agrees the case doesn't meet the guidelines but feel that the family may still need help, they can monitor and review the process. On the other hand, if the designated child protection officer doesn't agree with the decision made by Social Care, the case can be re-referred to Social Care. Consideration should also be made to re-refer to other agencies such as the Children & Families Hub (previously called the Family Operations Hub).

SNAP's designated child protection officers will always ensure the well-being of the child is paramount and will also continue to offer support to the child and family during and after the referral process regardless of the outcome.

24. Confidentiality

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

25. Consent

SNAP should inform children, young people and families on how information will be shared and seek their consent. If there is significant change in the way the information is to be used, or a change in the relationship between the agency and the individual, consent should be sought again. It must be remembered that individuals have a right to withdraw or limit consent at any time.

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

26. Whose Consent Should be Sought?

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

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

Where a child cannot consent, one person with parental responsibility should be asked to consent on behalf of the child. In these circumstances it remains important that practitioners seek the child's views as far as possible. When seeking parental consent, practitioners should ensure proper consideration is given to whose consent to seek. For example, where parents are separated consent should be sought from the parent with whom the child resides.

Where a child is able to give informed consent, the practitioner must consider their consent or refusal even where a parent disagrees. In such circumstances the practitioner must encourage the child to discuss the issue with their parents and agree how this will be managed. Practitioners must not withhold any service on the condition that parents are informed.

- A child of sufficient age and understanding (Fraser guidelines)
- Any person with parental responsibility, providing they have the capacity to do so.
- The local authority when the child is the subject of a care order (though the parent should be informed)
- The local authority when the child is accommodated under s20 of the Children Act 1989, and the parent/s have abandoned the child or are physically or mentally unable to give such authority.
- The High Court when the child is a ward of court.
- A family proceedings court as part of a direction attached to an emergency protection order, an interim care order or a child assessment order.

27. When Consent Should not be Sought

Wherever possible practitioners should seek consent to share information at their first contact whenever they are concerned about a child with additional needs, a child in need or a child in need of protection. There may however be some circumstances where they should not seek consent initially but even so should obtain consent when it is appropriate to do so. For example, if doing so would:

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

28. 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.

29. Information Sharing

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

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

30. Read Codes / Alerts / Icons for:

- CP
- LAC
- Vulnerable Child
- Adults with Care and Support Needs

In the RAG rating SNAP will have regard of the ICB's READ codes and apply them as necessary in referencing at risk families where appropriate and as a particular need applies such as a requirement for multi-agency working with a specific child and family. We will then on our database place an alert and flag the family/ child/ Young Person as vulnerable and requires multi agency liaison and communication.
This will reduce the risk of something being missed and that all agencies are aware of the same families.
It is SNAPS policy and responsibility is to communicate concerns to the relevant statutory agencies and liaise as required.

31. Safeguarding Children and Young People Online

SNAP promotes the safe use of technology and social media for staff and volunteers as well as children and young people who use technology during services at SNAP. Children and young people are supervised by SNAP staff/volunteers when they are using technology (such as iPads/IT Suite computers) 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 (e.g. 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 a full copy of SNAP's social media and IT policy please contact SNAP.

SNAP's Code of Conduct policy outlines that employees and volunteers must not carry or use a personal video or still camera devices during sessions, interviews and events with children, young persons and vulnerable adults. 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.

32. Video calls and meetings

To ensure safe practice whilst using the Zoom app (or other similar web-based video system) staff must follow strict processes for both internal and external group video calls.

- Either Karen Boath, Natalie South, Rachel Franklin or Pam Kinsella will commence all meetings.
- Once the meeting is set up, a member of staff with Safeguarding Level 2 will be present in all C&YP and parent sessions on zoom, with a member of staff with Level 3 on standby. There will always be a minimum of 2 staff and/or Tutor in each session.
- All staff, tutors and volunteers present in a zoom session will have an up-to-date DBS
- All meetings require a password to enter, and the password and meeting ID will only be sent out to those attending.
- All attendees are held in a waiting room before the meeting starts so no one can access the meeting without the hosts permission.
- Once everyone from the waiting room is in the meeting, it is locked so that no-one else can enter.
- If the call goes into breakout rooms, then a SNAP member of staff or a tutor will be present in each room.
- If it is a meeting with C&YP then we ask the parents to be nearby if there are any issues for them – we will also have the parent/carers contact numbers in case of emergency.
- The host retains control and can remove anyone from the group or end the call immediately if necessary.

33. 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

34. Uncollected Children and Young People

Parents remain with children and young people at The SNAP Centre for most sessions but there are a few exceptions. Staff must ensure that children are collected by an authorise parent, carer, or designated adult. No child is to 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.

35. Whistleblowing Policy

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.

If staff believe the matter should be dealt with formally, they have access to SNAP's Whistleblowing Policy and so they feel confident to voice concerns about any child protection issues.

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

If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by SNAP, they should report the matter to the local authority designated officer (LADO).

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

36. Allegations of Child Abuse Made Against Staff or Volunteers of SNAP

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.

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

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.

37. Consideration of Suspension

- The possible risk of harm posed by an accused person needs to be effectively evaluated and managed. In some cases, this will require SNAP to consider suspending the person.
- 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 for any child 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 child/ren and the adult involved.
- Any suspensions will be carried out in accordance with SNAP's disciplinary procedure.

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 any child/ren that made 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.

38. Disciplinary Procedures

Any disciplinary process must be separated from child protection enquiries. Child protection 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 child protection procedures, but which may still need to be considered under the disciplinary procedures.

39. Safer Recruitment

(Speak to a member of staff for a full copy of SNAP's safer recruitment policy contact SNAP)

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

In line with legislation including the Children Act 2004, in order to help safeguard and promote the welfare of all children, SNAP is committed to a thorough and consistent safer recruitment policy, comprising of the following recruitment and vetting checks:

References; Previous Employment History; Identity Checks; DBS Disclosure; Medical Fitness; Overseas Checks

All new members of staff undergo an induction that includes familiarisation with SNAP child protection policy and identification of their child protection 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 child abuse.

They will be made aware of and work within the guidelines of the SET (Southend, Essex and Thurrock) Child Protection Procedures as outlined by the Essex Safeguarding Children Board. A copy of the SET safeguarding and child protection procedures 2022 is available to all staff and volunteers on the Essex Safeguarding Children Board website www.escb.co.uk.

SNAP's child protection procedure uses the 'Children & Families Hub Partner Access Map' from Essex Safeguarding Children Board.

40. Diversity and Equality

Please speak to a member of staff for a full copy of 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. 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. 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.

43. 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	Helpline Manager	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
Denise Lagdon	Safeguarding Trustee	Safeguarding Children Level 3	01277 211300

44. Related Policies and References

SNAP Policies

- Safeguarding Adults Policy and Procedure 2023
- Diversity and Equality Policy 2023
- Whistleblowing Policy 2023
- Complaints Policy and Procedure 2023
- Disciplinary Procedure 2023
- Grievance Procedure 2023

External References

- Children Act 1989 (Amended Children's Act 2004)
- SNAP's Child Protection Procedure
- Working Together to Safeguard Children 2018
- Department of Health
- SET Child Protection Procedures 2022, ESCB

Safeguarding Disabled Children: Practice Guidance 2009
SET Bruising Protocol: https://www.escb.co.uk/media/2760/set-protocol-management-of-suspicious-unexplained-injuries-bruising-in-children-may-2022.pdf

45. 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.