



**At SiT we are committed to Trauma informed principles, which apply to all areas of our work and inform all of our policies and practice.**

## Safeguarding Children Policy

SiT acknowledges it has a duty of care to safeguard and promote the welfare of children (under the age of 18) and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice.

SiT aims to ensure that all team members comply with all legal, contractual, and professional standards and responsibilities in their work with children and adults – whether in a group work setting or on an individual basis. High-quality recording, record keeping, and records management are essential in this context, and procedures for these are contained within this policy.

SiT continually strives to strengthen its ways of working to ensure all team members feel safe to raise any safeguarding concerns and are fully supported if this occurs.

The Department for Education (DfE) is responsible for child protection in England. It sets out policy, legislation and statutory guidance on how the child protection system should work. Legislation provides the framework for safeguarding and child protection in England. It makes clear the expectations and requirements around duties of care to children and creates accountability for these. The main legislation in England is the Children Act 1989, the Children Act 2004 and the Children and Social Work Act 2017.

Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their daily lives. Abuse can take a variety of different forms, including:

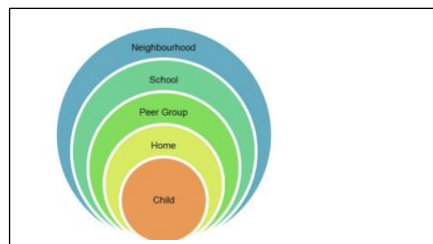
- sexual, physical, emotional abuse
- neglect fabricated or induced illness (FII)
- exploitation by criminal gangs and organised crime groups
- trafficking and modern slavery
- online abuse
- sexual exploitation

- influences of extremism leading to radicalisation
- domestic abuse
- financial abuse
- female genital mutilation (FGM) *The Female Genital Mutilation (FGM) Act 2003 provides a mandatory duty for reporting FGM. This legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties are informed by a girl under 18 years that an act of FGM has been carried out on her; or observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.*
- discriminatory abuse organisational abuse.

SiT team members also acknowledge and recognise the principles of contextual safeguarding, recognising that the different relationships that young people form in their communities, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

Contextual safeguarding can refer to (but not an exhaustive list)

- Criminal exploitation
- Sexual exploitation
- Radicalisation
- Gangs (incl County Lines)
- Modern slavery
- Child-on-child abuse



It is important to remember that technology can be used to facilitate contextual safeguarding abuse online and lead to abuse offline.

**Safeguarding children** is defined in Working together to safeguard children 2018 as:

- protecting children from maltreatment
- preventing impairment of children's mental and physical health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

**Child Protection** is defined in Working together to safeguard children 2018 as: Part of safeguarding and promoting welfare. This refers to activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

### **Responsibilities and processes**

Actions taken by SiT will be consistent with the principles of children's safeguarding ensuring that any action taken is prompt, proportionate and person centred. If a team

member is informed about or concerned about the abuse of a child, young person, they must take the following approach:

- Always place the child's welfare and interests as the paramount consideration.
- Make safeguarding personal using a person-led and outcomes- focused approach. Team members must talk with the child or young person (if appropriate) about how best to respond to their safeguarding situation in a way that enhances their involvement, control, and choice throughout the process.
- Team members should be mindful of and aware of issues related to power, privilege and oppression. Self-awareness and reflection are critical in this process to ensure that one's own values, beliefs and judgements are not imposed. It is important to recognise that our own lens and experiences can play out in actions and behaviours.
- Team members should listen carefully and actively to the person in order to know enough to assess immediate and current risk, but should not ask probing questions to gather evidence. Let the person guide the pace.
- The December 2020 update to Working Together clarifies that the Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

## Responsibilities & processes

We acknowledge that children's safeguarding can be a difficult area and because of this recommend that you have an informal conversation with your Team Lead in the first instance and at your earliest opportunity, unless there is an immediate risk. You may be concerned about a casual remark by a client or another party or a growing awareness on your part that something isn't right. **Don't ignore this.**

### Key contacts:

**Our children's designated safeguarding lead is: Clare Wilson**

[clare.wilson@survivorsintransition.co.uk](mailto:clare.wilson@survivorsintransition.co.uk)

**Phone: 07974 771946**

**Our safeguarding trustee is: Vanessa Webb**

[Vanessa.Webb@nurturehealthandcare.co.uk](mailto:Vanessa.Webb@nurturehealthandcare.co.uk)

**Phone: 07739 171911**

We have also introduced a **Safeguarding Lead Duty Day** which includes DSL trained individuals taking responsibility for safeguarding concerns on a rota so there is a named person available every day of the week to discuss concerns with, no matter how insignificant they may seem.



<p><b>No / extremely low risk</b></p>	<p>peers, without the need to refer to Team or Safeguarding Leads. Children at this level are achieving expected outcomes.</p> <p>There are no unmet needs or need is low level and can be met with some limited advice or guidance. Children, parents, and carers are able to access services directly.</p> <p>No action/grey on SiT Suicide Decision Tool.</p>	<p>eg – a mother we are supporting says her ex-partner is not returning the children to her care on time, all other professionals involved are aware</p>
<p><b>2 Low risk</b></p>	<p>Concerns can be met / addressed by a discussion held with Team Lead.</p> <p>Children’s needs can / will be met through additional support that is available</p> <p>Staying safe action/green on SiT Suicide Decision Tool</p>	<p>eg – a father we are supporting tells us he smokes weed when he has his children in the house</p> <p>eg – client discloses their abuser was grandfather who may have access to children but doesn’t know where he lives / any details</p>
<p><b>3 Medium Risk</b></p>	<p>Concerns can be met via escalated discussion with Safeguarding Lead and possible discussion with MASH Professional helpline.</p> <p>Children at this level have diverse and complex needs and targeted multi-agency support services are required and are supported by a clear co-ordinated action plan with the need for statutory social work intervention</p> <p>Intermediate risk/amber on SiT Suicide Decision Tool</p>	<p>eg – client discloses that her child repeatedly returns from partners care hungry, tired, dirty / neglected and you are the first person she’s told</p> <p>eg – client says child is displaying sexualised behaviour</p>
<p><b>4</b></p>	<p>High Risk. Immediate risk of abuse / harm and/or a criminal offence is taking place</p> <p>Seek immediate support from Children’s Safeguarding Lead</p> <p>Call 999 with support of Children’s Safeguarding Lead</p>	<p>eg – client tells us that child came back from visiting relative complaining of ‘being touched there’ or ‘playing wrestling game naked’ or ‘had to touch private area’</p> <p>eg – father tells us that his son was sexually assaulted by boxing coach last night</p>

<p>Immediate referral to MASH within 24 hours of disclosure.</p> <p>Multi agency response required (s.47)</p> <p>Emergency action/red on suicidal ideation on Tracklist Tool.</p>	
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- All level 3 and 4 concerns to be recorded on safeguarding spreadsheet, all other concerns below level 3 to be recorded on client file along with clear rationale.

We have introduced SiT's SiT's **Safeguarding Decision Making Group (SDMG)** which includes team members including the Safeguarding trustee, executive lead, practitioners and or external safeguarding professionals) brought together if / when:

- Level 4 issue
- Both adult & child/children involved
- Referral meets MASH thresholds but needs internal discussion / learning / reflection
- Either safeguarding lead can't decide / grey area / unsure

**This process is designed to be:**

- Supportive / collaborative
- Non-judgmental & safe
- Learning / reflective space


**Recruitment & Training**

SiT will follow Safer Recruitment processes including obtaining verified references and evidence of qualifications for successful job applicants and volunteers. SiT will also utilise the interview process and the probationary period to ascertain suitability and competence for working at SiT, including in relation to safeguarding children. All successful (following interview) applicants will be required to complete a Disclosure and Barring Service (DBS) enhanced check whether or not they are directly delivering services. Team members are selected on their suitability to meet the job/role-related requirements and responsibilities and their ability to demonstrate that they can work safely and uphold safeguarding.

During induction all team members will be required to attend mandatory training, including Suffolk County Council's Children's Safeguarding Training and further identification of training needs.

Awareness and identification of further training or support around children's

safeguarding practice will continue to be addressed via regular opportunities provided through clinical and management supervision, mandatory Continued Professional Development (CPD).

Policy Monitoring Matrix	
Original Policy Prepared by:	F Ellis
Policy ref:	P025
Date of 1 <sup>st</sup> Issue	12/2010
This Version	13.0 – supersedes all previous versions
Last Date Reviewed & Board Ratified	October 2025  K Hughes (Chair)
Short description of any changes / amendments since last review	<ul style="list-style-type: none"> <li>• Significant update to include SiT safeguarding levels / SDMG</li> <li>• Rewritten through trauma informed principles lens, language / terminology &amp; roles updated</li> </ul>
Trauma Informed Principles:	Safety <input checked="" type="checkbox"/> Trustworthiness & Transparency <input checked="" type="checkbox"/> Peer Support <input checked="" type="checkbox"/> Collaboration & Mutuality <input checked="" type="checkbox"/> Empowerment, Voice & Choice <input checked="" type="checkbox"/> Cultural, Historical & Gender Issues <input checked="" type="checkbox"/>
Further information and relevant legislation to assist with implementation of this policy	<b>Children Act 1989 &amp; 2004</b> <b>Children &amp; Social Work Act 2017</b> <b>Safeguarding Vulnerable Groups Act 2006</b> <b>Working Together to Safeguard Children 2015</b> <b>Suffolk Safeguarding Partnership</b> <a href="https://suffolksp.org.uk">https://suffolksp.org.uk</a>  <a href="https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding">https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding</a>  <a href="https://www.contextualsafeguarding.org.uk">https://www.contextualsafeguarding.org.uk</a>
Distribution and scope	The term ‘team members’ applies to all volunteers, employees, training placements, sub contracted therapists and trustees at SiT who have signed a compliance statement stating they have read and will adhere to this policy / procedure and acknowledge that failure to comply with SiT policies and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.