



## Sirlute Safeguarding Policy

**This policy was last reviewed:** 3rd February 2026

**Next review date:** 2nd February 2027

### Our safeguarding policy

This policy applies to all staff, including senior managers and the boards, paid staff, volunteers, sessional workers, agency staff, students, interns or anyone else working on behalf of Sirlute.

The purpose of this policy:

- To protect children and young people who receive Sirlute's services. This includes the children of adults who use our services.
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection;

Sirlute believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practising in a way that protects them.

### Legal framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years – Statutory guidance for organisations which work with and support children and young people who have special educational needs and disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2015

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This policy should be read alongside our policies and procedures on:

- Recruitment, induction and training
- Safer recruitment
- Role of the designated safeguarding officer
- Dealing with disclosures and concerns about a child of young person
- Managing allegations against staff and volunteers
- Recording and information sharing
- Code of conduct for staff and volunteers
- E-safety
- Anti-bullying
- Complaints
- Whistleblowing
- Health & Safety
- Training, supervision and support
- Lone working policy and procedure
- Quality assurance

## **We recognise that:**

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm and abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

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

- Valuing them, listening to and respecting them
- Having clear guidance on photography, filming and image sharing, including gaining consent and using and storing images safely
- Appointing a Designated Safeguarding Officer (DSO) for children and young people
- Adopting children protection and safeguarding practices through procedures and a code of conduct for staff and volunteers
- Setting and promoting clear behaviour codes for children, young people, staff and volunteers in all our activities and spaces
- Developing and implementing an effective e-safety policy and related procedures
- Providing effective management for staff and volunteers through supervision, support, training, and quality assurance measures
- Recruiting staff and volunteers safely, ensuring all necessary checks are made (ie. DBS Checks)
- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters one-to-one discussions
- Ensuring appropriate adult-to-child supervision ratios, based on age, needs and activity, in line with current safeguarding best practice
- Using our safeguarding procedures to share concerns and relevant information with authorities who need to know, and involving children, young people, parents, families and carers appropriately

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- Using our procedures to manage any allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying and, safe environment by ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- Ensuring that we have effective complaints and whistleblowing measures in place
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.

**Contact details:**

<b>Designated Safeguarding Officer (DSO)</b>	<b>Email</b>	<b>Phone</b>
Jermaine Ricardo (JR) Josephs	<a href="mailto:jr@sirlute.com">jr@sirlute.com</a>	07493605689

We are committed to reviewing our policy and good practice annually.

This policy was last reviewed on: 1st February 2025

**Signed:**

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## Sirlute Safeguarding Procedure

This procedure applies to **any** paid member of staff or volunteer who may be concerned about the safety and protection of a child or young person.

### Purpose and aim of this procedure

We aim to ensure that children or young people who attend Sirlute's workshops or Pepper st. Studio, and any other/young people who may come to the attention of Sirlute, receive the protection and support they need if they are at risk of abuse.

This procedure provides clear direction to staff and volunteers at Sirlute if they have concerns that a child or young person is in need of protection.

### Different types of abuse

**Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, spitting, 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/young person.

**Emotional abuse** is the persistent emotional maltreatment of a child such as, to cause severe and persistent adverse effects on the child's emotional development.

- It may involve conveying to children that they are worthless and unloved or inadequate.
- It may include not giving the child/young person opportunities to express their views, deliberately silencing them, 'making fun' of what they say or how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on a child/young person. These may include interactions that are beyond the child's/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person to participate in normal social interaction.
- It may involve witnessing the ill-treatment of another.
- It may involve serious bullying (including online bullying), causing children/young people to frequently feel frightened or in danger, or the exploitation or corruption of a child/young person. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual abuse** involves forcing or enticing a child/young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

- The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing.
- They may also include non-contact activities, such as involving children/young people in looking at, or in production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

- Neglect may occur during pregnancy as a result of material substance abuse.
- Once a child is born it may involve a parent or carer failing to provide adequate food, clothing, and shelter, including exclusion from home or abandonment
- Failure to protect a child/young person from physical harm or danger
- Failure to ensure adequate supervision, including the use of adequate care takers
- Failure to ensure access to appropriate medical care or treatment.
- It may also include neglect of unresponsiveness to a child's basic emotional needs.

There are also emerging types and methods of child abuse, including:

- Sexual exploitation
- Female genital mutilation (FGM)
- Trafficking of children in order to exploit them sexually, financially, via domestic servitude, or via the involvement in activity such as the production and sale of illegal drugs
- Abuse linked to beliefs such as spirit possession or witchcraft
- Radicalisation and the encouragement of coercion to become involved in terrorist activities
- Abuse via online methods e.g. from adults seeking to develop sexual relationships with children or to use sexual or abusive images of them
- Domestic violence (either witnessing violence between adult family members, or, in the case of older young people, being subjected to coercion or violence in an intimate relationship in the same way as an older person)

## **Indicators of abuse in children and young people**

Many of the signs that suggest abuse may also be caused by other issues, and often it is a case of investigating agencies needing to build up a picture of the child's life by piecing together the information held by different individuals and organisations

It is also important to point out that children and young people can be going through different types of abuse at the same time. For example, all abuse involved and element of emotional abuse, and neglect often occurs in context where children are also being subjected to physical or sexual abuse

There are normally physical signs that indicate such abuse such as:

- Bruises, other injuries or health problems that are cannot be explained
- Gifts or additional mobile devices that are cannot be explained
- Poor upkeep of hygiene
- Health problems that are not treated and keep reoccurring
- Young children not meeting their developmental milestones (particularly if there is no disability)
- Being left alone
- An unsuitable home environment e.g. cold, dirty, physically unsafe
- Pregnancy, sexually transmitted infections or anal/virginal soreness
- Any signs that a child/young person is at risk of being subjected to forced marriage or Female Genital Mutilation

A child's/young person's behaviour can also help to indicate that they are being abused. It can be helpful to be aware of behaviour that you might normally associate with an older or younger child. Signs to look out for that a child is unsettled or unhappy:

- Withdrawn
- Sudden change in behaviour
- Anxiety
- Clingy
- Depressed
- Aggressive
- Change in friends
- Problems sleeping
- Eating disorder
- Wets the bed
- Soils clothes
- Takes risks
- Misses school
- Changes in eating habits
- Obsessive behaviour
- Nightmares
- Drugs
- Alcohol
- Self-harm
- Thoughts about suicide

## **Ways that abuse might be brought to your attention**

- A child might make a direct disclosure about him or herself
- A child might make a direct disclosure about another child or young person
- A child might offer information that is worrying but not a direct disclosure
- A member of staff might be concerned about a child appearance or behaviours of a parent or carer towards a child
- A parent or carer might make a disclosure about abuse that a child is suffering or at risk of suffering
- A parent might offer information about a child that is worrying but not a direct disclosure

## **Talking to a child that has told you that he/she or another child is being abused**

- Reassure the child that telling someone about it was the right thing to do
- Tell him/her that you now must do what you can to keep him/her (or the child who is the subject of the allegation) safe
- Let the child know what you are going to do next and who else needs to know about it
- Let the child tell his or her whole story. Don't try to investigate or quiz the child, but make sure that you are clear as to what he/she is saying
- Ask the child what he/she would like to happen as a result of what he/she has said, but don't make promises you can't keep.
- Give the child the ChildLine phone number: 0800 11 11

## **Helping the child in immediate danger or in need of emergency medical attention**

- If the child is in immediate danger and is with you, remain with her/him and call the police
- If the child is elsewhere, contact the police and explain the situation to them
- If he/she needs emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from your first aider.
- If the first aider is not available, use any first aid knowledge that you have yourself to help the child
- You may also need to contact your supervisor/manager or designated safeguarding officer to let them know what is happening.

A decision will need to be made about who should inform the child's family and the local authority children's social care department and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision. Consider the welfare of the child in your decision making as the highest priority.

Issues that need to be considered are:

- The child's wishes and feelings
- The parents right to know (unless this would place the child or someone else in danger, or would interfere with a criminal investigation)
- The impact of telling or not telling the parent
- The current assessment of the risk to the child and the source of that risk
- Any risk management plans that currently exist

Once any immediate danger or emergency medical needs has been dealt with, follow the steps set out in the flowchart at the end of this document.

## **Keeping a record of your concerns**

Use the example reporting form in this document to record the concern and how it is dealt with. The relevant sections of the form should be completed and signed at each stage of the procedure. It can be used to forward information to the statutory child protection authorities if a referral to them is needed.

The form should be signed and dated by all those involved in its completion and kept confidentially on the child's/young person's file. The name of the person making the notes should be written alongside each entry.

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## Useful contact details

Contact	Phone	Email
Designated safeguarding officer	07493605689	<a href="mailto:jr@sirlute.com">jr@sirlute.com</a>
Local police	101	N/A
Local authority children's social care department	020 7364 2856	N/A
NSPCC Helpline	0808 800 5000	<a href="mailto:help@nspcc.org.uk">help@nspcc.org.uk</a>
ChildLine	0800 1111	N/A
MASH (Multi-agency Safeguarding Hub)	0207 364 3444 / 5601 / 5606	<a href="mailto:mash@towerhamlets.gov.uk">mash@towerhamlets.gov.uk</a>

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## What to do if you have a safeguarding concern

**ACT IMMEDIATELY:** nature of concerns; risks to the child or young person; action and next steps to be taken.

**DO NOT INVESTIGATE:** staff and volunteers should not attempt to investigate the situation or interview the child or young person regarding the situation

**CONFIDENTIALITY:** details of suspicion, allegations or disclosures should only be passed onto the DSO.  
**If responding to an allegation from a young person you must not promise to keep the information they disclose confidential.**

Member of staff makes notes of their concerns using the reporting form and discusses them with the DSO (Jermaine Ricardo (JR) Josephs) or other manager if DSO not available.

If the child's family does not already know about the concerns, the DSO, manager or member of staff discusses it with them unless:

A family member might be responsible for abusing the child.

Someone may be put in danger by the family being informed.

Informing the family might interfere with a criminal investigation

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the local authority children's social care department.

If there is still uncertainty about the concerns, the named DSO (or supervisor/manager if DSO not available) can discuss with children's social care department or with NSPCC helpline without disclosing the identity of the child/family

### Concerned

DSO refers to local authority children's social care department and confirms in writing within 48 hours

### No longer concerned

No further child protection action needed. Staff member DSO decide whether to discuss the initial concern with other services (e.g. school) to ensure that the child's needs are being met elsewhere

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## **Form for reporting concerns about a child/young person**

This form should be used in conjunction with the procedure for dealing with concerns about a child or young person

### **Details of child and parents/carers**

Name of child/young person:

Gender:	Age:	Date of Birth:
Ethnicity:	Language:	Additional needs:

Names of parent(s)/carer(s):

Child's home address(es) of parents (if different from child's):

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## Your details

Your name:	Your position:	Date and time of incident:
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Are you reporting your own concerns or responding to concerns raised by someone else?

If you are responding to concerns raised by someone else, please provide their name and position within the organisation?

Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the accounts of others, including any other relevant details:

The child's account/perspective:

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Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who has witnessed the incident or who shares the concerns

Please note: concerns should be discussed with the family unless:

- The view is that a family member might be responsible for the abuse of the child
- Someone may be put in danger by the parents being informed
- Informing the family might interfere with a criminal investigation

If any of these circumstances apply, consult with the local authority children's social care department to decide whether or not discussions with the family should take place

Have you spoken to the child's parents/carers? If so, please provide details of what was said. If not, please state the reason for this

Are you aware of any previous incidents or concerns relating to this child and of any current risk management plan/support plan? If so, please provide details:

Summary of discussion with manager/supervisor:

Has the situation been discussed with the DSO for children? If so, please summarise discussion

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After discussion with the supervisor/line manager or DSO, do you still have child protection concerns?

Have you informed the statutory child protection authorities?

Police: YES/NO

Date and time:

Name and phone number of person spoken to:

Local authority children's social care: YES/NO

Date and time:

Name and phone number of person spoken to:

Action agreed with child protection authorities:

What has happened since referring to statutory agencies? Include the date and nature of feedback from referral, outcome and relevant dates:

If the concerns are not about child protection, details of any further steps taken to provide support to child and family, and any other agencies involved:

<b>Signed</b>	<b>Date and time</b>	<b>Name and position</b>