



Shannon Moore Trauma Trust Safeguarding Policy for children and adults at risk

Author	The SMTT Board of Trustees
Date of policy	April 2025
Date of next review	April 2027
Approved by	Chair of Trustees - April 2025

Contact Details within the SMTT

Designated Safeguarding Lead (DSL) Name:

Dr Shoshanah Lyons Telephone: 01444 413

939

Email: s.lyons@traumatrust.org.uk

Deputy Safeguarding Officer (DSO)

Name: Louise Moore Telephone: 07713

985217

Email: lou.more@traumatrust.org.uk

Safeguarding referrals contact details in Children's Services

West Sussex

Emergencies

If you think a child is at immediate risk of harm call 999.

Out of hours enquiries (weekends and bank holidays)

Office hours (Monday-Friday, 9.00am-5.00pm)

If you are unsure what support you require or have an urgent safeguarding concern that requires a same day response, phone: 01403 229900.

Contact our Emergency Duty Team on 033 022 26664.

If you experience difficulty contacting this number, phone: 07711 769657 (Does not accept text messages). This will connect you to the duty Social Worker.

Online Portal Address: <https://www.westsussex.gov.uk/education-children-and-families/keeping-children-safe/request-support-or-raise-a-concern-about-a-child/>

West Sussex Local Authority Designated Officer

The LADO Service can be contacted on 0330 222 6450 or email via: LADO@westsussex.gov.uk

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East Sussex		
In an emergency, call 999 .	Single Point of Advice (SPoA) Phone: 01323 464222 If you feel that the child or teenager is not in immediate danger but you are still worried you can also email via: 0-19spoa@eastsussex.gov.uk Monday to Thursday 8.30am to 5pm. Friday 8.30am to 4.30pm.	Out of hours For a serious concern about a child that cannot wait until the next working day, contact the Emergency Duty Service. Weekdays from 5pm to 8.30am. Also weekends and bank holidays. 01273 335906 or 01273 335905
Online Portal Address: https://earlyhelp.eastsussex.gov.uk/web/portal/pages/precontactpage		
Local Authority Designated Officer (LADO) 01273 481544 email via: ESSCP.Contact@eastsussex.gov.uk The LADO service is available from Monday to Friday between 9am and 5pm. The out of hours service can be contacted on 020 8770 5000.		
Brighton and Hove		
If a child is in immediate danger or left alone, you should contact the police or call an Ambulance (Call 999).	If you suspect or believe a child is suffering or is likely to suffer significant harm, including any form of mistreatment or abuse, or if you are concerned about your own behaviour and need advice or support – please contact the Front Door for Families (previously the MASH): Front Door for Families Tel: 01273 290400 Email: FrontDoorForFamilies@brighton-	To contact Children's Services outside normal working hours, call 01273 335905.

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	hove.gov.uk	
Online Portal Address: https://www.brighton-hove.gov.uk/frontdoorforfamilies/refer-child-or-family-front-door-families		
Local Authority Designated Officer (LADO) The LADO service is available from Monday to Friday between 9am and 5pm. The out of hours service can be contacted on 020 8770 5000. Portslade Hub, Mile Oak, Portslade, BN41 2PG Email: LADOenquiries@brighton-hove.gov.uk		

Safeguarding referrals contact details in Adult Services		
West Sussex		
<p>How to raise a concern</p> <p>If you or someone else is in immediate danger, call the police on 999.</p> <p>Other ways to contact us</p> <p>Sending us the information on our online form is the best way of reporting your concerns but, if you prefer, you can call us on:</p>	<p>If you think someone vulnerable is experiencing, or at risk of being abused or neglected, raise a safeguarding referral.</p> <p>Complete a safeguarding referral(external link)</p> <p>If you report a concern outside of usual working hours (Monday-Friday, 9.00am-5.00pm) it will not be viewed until the next working day, when we will aim to provide a response.</p>	<p>For emergencies only</p> <p>To report an urgent concern that requires a same day response, call the Adult Social Care out of hours manager on 033 022 27007.</p>
Online portal address: https://socialcareportal.westsussex.gov.uk/s4s/FormDetails/FillForm?formId=407		

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East Sussex		
If the person is in immediate danger, contact the police on 999.	<p>If you are worried that someone is being abused, neglected or exploited, please tell us.</p> <p>Phone us on 0345 60 80 191 or report your concern online</p>	
<p>Online Portal Address: https://adultsocialcare.eastsussex.gov.uk/web/portal/pages/presafeguardingpage</p>		
Brighton and Hove		
In an emergency, phone the police on 999.	<p>Monday to Friday, 9am to 5pm, phone the Access Point on 01273 29 55 55, or send an email to hascsafeguardinghub@brighton-hove.gov.uk</p>	Outside office hours, these hours calls will be answered by CareLink Plus.
<p>Online Portal Address: https://www.brighton-hove.gov.uk/adult-social-care/report-safeguarding-concern</p>		

SECTION ONE – OUR SAFEGUARDING COMMITMENT

Mission Statement

The Shannon Moore Trauma Trust is a Sussex-based charity that enables individuals, families and communities who have experienced traumatic stress to connect, heal and re- build.

We whole-heartedly believe in the human capacity for survival and growth following deeply painful experiences. By giving our body, heart and mind the opportunity to heal - we each have the potential to move from surviving to thriving.

At the heart of the Shannon Moore Trauma Trust is our wish to offer this olive branch to individuals, families and communities who are re-building themselves and re-building one another.

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Our charity purpose:

To provide funding for specialist trauma therapy for those who cannot otherwise afford it, which will alleviate suffering for individuals, families or communities who have been impacted by trauma, and who live in Sussex.

To educate, both locally and globally, on the impact of trauma on individuals and communities to create a culture shift towards a trauma-informed society.

Policy purpose and aims

The Shannon Moore Trauma Trust (SMTT) is a registered charity, Charities Commission Number: 1205197.

All employed staff, volunteers and Trustees of the charity recognise a moral and statutory responsibility to safeguard and promote the welfare of all children and adults coming into contact with the Trust, either as a beneficiary or as an individual working for or with the Charity.

At the SMTT, we believe that we all have a collective responsibility for creating a culture in which people not only feel safe but also feel able to speak up if they have any concerns.

The purpose of this policy is to:

Protect all children and young people who come into contact with the Trust.

Protect adults at risk who come into contact with the Trust.

- Provide staff, Trustees and volunteers with the overarching principles that guide our approach to safeguarding and child protection; and to enable them to meet their statutory responsibilities to safeguard the well-being of all those at risk.
- Provide procedures which reflect and adhere to the Sussex Child Protection and Safeguarding Procedures.

This policy should be followed alongside the Local Safeguarding Children's Board (LSCB) policies and procedures relevant to the locality of the person of concern. West Sussex LSCB procedures can be found here: <http://www.westsussexscb.org.uk/about-us/>

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Additional vulnerabilities

The SMTT provides financial assistance to children and adults across the lifespan who present with additional vulnerabilities. Those with additional vulnerabilities include:

- Children who are Looked After
- Children who are adopted
- Children who are cared for under a Special Guardianship Order
- Children who have child protection plans
- Children who have special educational needs
- Children who are young carers
- Children who are at risk of modern slavery, trafficking or exploitation
- Children who show signs of being drawn into anti-social or criminal behaviour
- Adults who were abused or neglected as children
- Individuals of all ages who have complex mental health difficulties
- Individuals of all ages who have learning difficulties or learning disabilities
- Individuals of all ages who have physical disabilities
- Individuals of all ages who are exposed to domestic abuse

Our safeguarding framework therefore recognises that our beneficiaries are particularly vulnerable to safeguarding risks such as grooming, modern slavery, trafficking, radicalisation, substance misuse, sexual exploitation, criminal exploitation and abusive relationships in adulthood.

Signs and indicators of abuse, neglect and other safeguarding concerns for children can be found in Appendix One and indicators of concerns for adults can be found in Appendix Two.

Policy scope

This policy applies to all staff; Trustees, employed staff, self-employed contractors, volunteers and anyone else undertaking work for, or with, the SMTT.

Partner Organisations

Partner organisations, who provide mental health, supervision, consultation or training services to the beneficiaries of the SMTT, will be required to have their own safeguarding procedures that must, as a minimum, meet the standards outlined below, and include any additional legal or regulatory requirements specific to their work. These may, but are not limited to:

- Other UK regulators, if applicable, such as Ofsted or CQC.

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- Other authorities, such as the DfES or NHS.

For partner organisations not regulated by any of the above, SMTT will ensure that the organisation has robust safeguarding and GDPR policies through appropriate checks.

Safeguarding concerns related to a SMTT beneficiary whilst under the care of a partner organisation must be dealt with according to *that* organisation's safeguarding policy.

Policy breaches

Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in disciplinary action including dismissal/exclusion from the SMTT.

If appropriate, a referral to the police and other relevant authorities will also be made.

SECTION TWO – OUR SAFEGUARDING POLICY

Terminology/Definitions

Safeguarding and promoting the welfare of children refers to the process of protecting children from abuse or neglect, preventing the impairment of their health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective and nurturing care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child protection refers to the processes undertaken to meet statutory obligations laid out in the Children Act 1989 and associated guidance (see Working Together to Safeguard Children 2023, a guide to multi-agency working to help, protect and promote the welfare of children) in respect of those children who have been identified as suffering, or being at risk of suffering harm.

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Adults at risk: Any person who is aged 18 years or over and who is at risk of abuse, neglect, exploitation or grooming because of their unmet needs and mental health difficulties. Some organisations use the term “vulnerable adults”, however the SMTT will use the terminology ‘adults at risk’ as this focuses attention on the risks that people face rather than any inherent vulnerability. This is also in line with the terminology used in the Care Act 2014.

Staff refers to **all those** working for or on behalf of the SMTT- full time or part time, employees, workers, self-employed contractors, apprentices, volunteers or Trustees.

Child refers to all young people who have not yet reached their 18th birthday.

Parent/carers refers to birth parents, adoptive parents, foster carers, special guardians and other adults who are in a parenting role.

The Charity: The Shannon Moore Trauma Trust (SMTT)

The Trust: The Shannon Moore Trauma Trust

Legal frameworks relevant to this guidance

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

- UN Convention on the Rights of the Child 1991
- Data Protection Act 1998
- Children Act 1989 and 2004
- Sexual Offences Act 2003
- Working Together to Safeguard Children and HM Government 2018
- What to do if you are Worried a Child may be being Abused HM Government 2018
- Mental Capacity Act 2005
- Human Rights Act 1998
- Children and Families Act 2014 (for young adults 18-25)
- Care Act 2014
- Protection of Freedoms Act 2012
- Counter Terrorism and Security Act 2015
- Serious Crime Act 2015
- Keeping Children Safe in Education (KCSIE) 2018
- NICE Guidelines – when to suspect child maltreatment (2009)
- Intercollegiate Document 2014
- Information Sharing Advice for Safeguarding Guidance (2018)

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- Positive environments where children can flourish A guide for inspectors about physical intervention and restrictions of liberty, Ofsted, March 2019

The policy has also been informed by relevant law and guidance from within the charity sector, including:

- Charity Commission Guidance 2022
- Code of Fundraising Practice (when it involves children) (See Appendix Three for guidance)
- Institute of Fundraising guidance on keeping fundraising safe
- NCVO Guidance on vulnerable people and fundraising.

Equality, diversity and inclusion statement

All children and adults regardless of age, sex, disability, gender reassignment, race, language, sexual orientation, religion or belief, sexual orientation, marriage and civil partnership, and pregnancy and maternity have equal rights to protection. The Shannon Moore Trauma Trust has a legal obligation under the Equalities Act 2010 to uphold and promote equality and human rights in all that we do.

Alongside our legal obligation, we are passionately committed to reflecting the principles of equality, diversity and inclusion in all that we do, both within and outside of our roles in the Trust.

We intentionally attend to our legal, social and ethical responsibility to ensure that nobody connected to the SMTT is discriminated against, disadvantaged or excluded (intentionally or unintentionally). This includes, but is not limited to:

- Ensuring equal opportunities for those wishing to become a beneficiary of the Trust, regardless of protected characteristics.
- Ensuring a culture of inclusivity, celebration of difference, deep respect and equal opportunities for all those wishing to work for or with the Trust.

Our Equality, diversity and inclusion policy sets out our full framework.

Monitoring

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This Safeguarding Policy will be reviewed by the Board of Trustees annually, or in the following circumstances:

- Changes in legislation and/or government guidance
- As required by the Local Safeguarding Children Board
- As a result of any other significant change or event

Safeguarding code of conduct

This section outlines the expectations and behaviour required of all SMTT staff. All staff should also be mindful that their behaviour should reflect the spirit of the safeguarding code of conduct in their personal life as well. Staff should not behave in a way that would undermine the reputation of the Trust.

Staff must: (staff includes Trustees and employees or any volunteers working on behalf of the Charity)

- Model a culture of respect and compassion at all times.
- Treat all children and adults at risk equally, respectfully, with warmth and empathy; and listen to their wishes and feelings.
- Encourage a non-discriminatory environment.
- Report on any suspicions, concerns, allegations or disclosures made by a child or adult at risk, including poor practice and grooming behaviour.
- Ensure the relationship with a child or adult at risk (including their family) remains professional at all times. The relationship should not develop into a friendship or intimate relationship.
- Respect a child's and adult at risk's right to personal privacy but never agree to keep any information relating to the harm of a child or adult at risk confidential.
- Ensure that dangerous or otherwise unacceptable behaviour, including bullying by children or adults at risk, are challenged and addressed.

Staff must not:

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- Conduct a sexual relationship with a child or indulge in any form of sexual contact with a child regardless of the age of consent. This would constitute a breach of a position of trust, for those in regulated settings under the Sexual Offences Act 2003.
- Conduct a sexual relationship with an adult at risk.
- Rely on their reputation, position or SMTT to protect them.
- Let any allegations of abuse or poor practice go unchallenged or unreported.
- Maintain confidentiality about sensitive information to safeguard a child or adult at risk.
- Work under the influence of alcohol or drugs.
- Arrange to meet a child or adult at risk outside of their work context where the purpose is one of friendship or an intimate relationship.
- Contact a child through any form of social media.
- Investigate any allegation of abuse themselves.

Related to E-safety, staff must not:

- Have private, non-charity related, electronic communication with children and adults at risk.
- Give their mobile number to a child or adult at risk, unless the mobile is specifically used for charity purposes.
- Give their personal email address to a child or adult at risk, unless it is being used for charity purposes.
- Share their personal social networking or instant messaging account with a child or adult at risk.
- Communicate with children or adults at risk via any social media platforms, including Facebook, Twitter, Instagram and Snapchat.
- Respond to a child or adult at risk who has sought them out on social media.
- Access inappropriate or illegal images on any personal electronic device at any time.

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- Show children or adults at risk any inappropriate or illegal material on any electronic device at any time.

Roles and Responsibilities

Within the Trust we have the following four roles:

- Designated Safeguarding Lead (DSL; also a Trustee)
- Deputy Safeguarding Officer (DSO; also a Trustee)
- Trustee
- Charity Administrator (employee of the SMTT responsible for the day to day administration of the Trust)

Responsibilities of the Designated Safeguarding Lead

At the SMTT our Designated Safeguarding Lead is responsible for:

- Leading the Trust’s safeguarding culture in a way that makes everyone feel safe and able to speak up, where constructive challenge is a norm.
- Ensuring the Trust has a comprehensive safeguarding policy which reflects all the relevant legislation and guidance; and which is reviewed by the Board of Trustees annually.
- Ensuring that the Trust has a comprehensive safer recruitment policy which reflects all the relevant legislation and guidance; and which is reviewed by the Board of Trustees annually.
- Reporting, in writing to the Board of Trustees annually, regarding our Safeguarding practice, incidents, lessons learnt and areas of continued development.
- Ensuring the Trust’s safeguarding policies and procedures are known to all staff and followed without exception.
- Ensuring that the Trust has robust data processing systems, compliant with GDPR, for recording data related to safeguarding.

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- Notifying the Disclosure Barring Service (DBS) where relevant, where a member of staff or volunteer is dismissed due to risk of, or harm to, a child.
- Carrying out, or signing off the DSO carrying out, safeguarding credibility checks for partner organisations.
- Notifying the police in cases where a crime may have been committed.
- Reporting a child to the Local Authority if threshold has been met.
- Notifying the Charity Commission of a serious incident, when required.
- Ensuring that a central register is maintained and subject to regular monitoring to ensure that DBS clearances and training for SMTT staff are kept up-to-date.
- Ensuring that all relevant checks are carried out in recruiting staff and volunteers.
- Acting as a focal point for any member of staff to discuss concerns; and a contact point should professionals or beneficiaries need to communicate with the Charity regarding any form of safeguarding concern.
- Acting as a source of support, advice and expertise to staff on matters of safety and safeguarding and, when deciding whether to make a referral, by liaising with relevant agencies.
- Liaising with the professionals in the context of ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Having a good knowledge of how local authorities conduct a Child Protection Case Conference (CPCC) and a Child Protection Review Conference (CPRC) and be able to attend and contribute effectively to these when required to do so.
- Link with the Local Safeguarding Children's Board (LSCB) to make sure that staff are aware of the latest local policies on safeguarding.

Our Deputy Safeguarding Officer is responsible for:

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- Providing urgent safeguarding lead responsibilities, as above, in the absence of the DSL.

All Trustees are responsible for:

- An annual review of the safeguarding policy and the safer recruitment policy.
- The maintenance of all relevant safeguarding training.
- Being aware of and comply with the Charity Commission guidance on safeguarding and protecting people; and the 10 actions trustee boards need to take to ensure good safeguarding governance (see Appendix Four).
- Holding the DSL and Deputy DSL to account in their responsibilities related to safeguarding via the annual safeguarding report.
- Creating a culture of respect, in which everyone feels safe and able to speak up.
- Listening and engaging, beneficiaries, staff, volunteers and others and involving them as appropriate.
- Responding to any concerns sensitively and acting quickly to address these.
- Making staff, volunteers and others aware of:
 - Our safeguarding procedures and their specific safeguarding responsibilities on induction, with regular updates/reminders, as necessary.
 - The signs of potential abuse and how to report these.

Staff safeguarding training:

Safeguarding training requirements	
DSL	DSL training, refreshed annually
DSO	DSL training, refreshed annually
Trustees, employees and volunteers with no direct contact with children and adults at risk	Level One safeguarding training every two years
Trustees, employees and volunteers with direct (regular phone or email or any face to face) contact with children and adults at risk	Level Two safeguarding training annually

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DBS checks:

Nature of the role	DBS required	Timescales
DSL with direct contact	Advanced with barring	On recruitment and renewed every 3 years
Deputy DSL with direct contact	Advanced with barring	On recruitment and renewed every 3 years
Charity Administrator	Advanced with barring	On recruitment and renewed every 3 years
Trustees, employees and volunteers with no direct contact with children and adults at risk	No DBS required	

Safer Recruitment

Central to our Safer Recruitment Practice is the premise that selecting the right staff (employees, Trustees and volunteers) is a first and key first step to safeguarding and promoting the welfare of children and adults at risk.

These procedures apply to our actions from the beginning of the recruitment process, through to induction and ongoing oversight of performance through to any member of the Charity team who leave their role with the Trust.

Our procedures are informed by:

- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2023
- Part V of Police Act 1997
- Data Protection Act 2018
- Equality Act 2010
- Immigration, Asylum and Nationality Act 2006
- Working Together to Safeguard Children (2023)
- Keeping Children Safe in Education (2024).

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Safer recruitment practices within the SMTT will involve:

- Having clear role/job descriptions for employed roles, and the role briefs for Trustees and/or volunteers who hold or complete specific focused tasks on behalf of the Charity
- Writing the advertisements for all roles indicating a clear commitment to safeguarding at all levels of the Charity
- Ensuring shortlisting and interview processes are completed in a clear and fair way with outcomes being recorded to evidence decision making; including the management of any risk assessment required as a result of a disclosure being made during the recruitment process
- Ensuring that all appropriate recruitment checks are carried out and recorded with appropriate completion and storage of recruitment documentation; including DBS checks where necessary
- Ensuring that all documentation related to safer recruitment is fit for purpose
- Considering how any lessons learnt from our recruitment practices can be included in amendment to the practice going forwards
- Ensuring that all staff are made aware of our safeguarding policy and safer recruitment practices
- Ensuring that all staff undertake the required initial and update training regarding safeguarding

Probationary period:

All employed staff are offered a probationary period of three months, which is written into their contract. The SMTT has the right to extend the probation period if concerns arise regarding the employee's performance or conduct. This will always be discussed with the employee with clear targets for improvement if necessary.

After the agreed probation period, a meeting is held to confirm the cessation of the probation period, or otherwise. This is confirmed in writing by the Chair of Trustees

Record retention/data protection:

Within its recruitment practices SMTT will undertake a range of checks outlined in this policy. For any member of employed staff, the SMTT will retain on their personnel file any relevant information provided as part of the application process. This will include:

- Their application form
- Copies of documents used to verify identity, right to work in the UK and qualifications
- Professional body registration number and/or certificate
- Two references
- Self-disclosure form
- Risk assessment form, if applicable
- The applicant's full name and previous names, date of birth, address, personal telephone numbers, email address, and next of kin
- Bank details

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- National insurance number
- A photograph

In line with our Privacy Policy for employees the above information will be retained for the duration of time they are working with the SMTT, and for seven years following the end date of their work with us, if in that period of time: (1) there has been no apparent breach of the contract and/or (2) there have been no proven allegations made against the individual regarding safeguarding or professional poor practice

If there are such allegations about safeguarding relating to an individual, either during their working period with the Charity or in the seven years following, we will retain their data for 10 years after they have retired, or when they reach 75, whichever is later.

False, malicious or unsubstantiated records are deleted from their personnel record, at the time that this is confirmed to be such.

Ongoing employment within the SMTT:

The Charity recognises that safer recruitment and selection is not just about the start of employment but should be part of a safer culture ongoing within the Charity. The SMTT therefore provides ongoing support and oversight for all staff. All employees will have an identified line manager/supervisor within the Board of Trustees who will undertake this support and oversight role for their identified member of staff.

Whistleblowing

If a member of staff has concerns about the behaviour of another member of staff, he or she should report it immediately to the DSL. Any wrong-doing will be fully investigated.

If there is evidence of criminal activity the police will always be informed.

Where possible, and subject to the rights of the child, the member of staff will be informed of the outcome of the investigation.

Safeguarding and Fundraising

The Charity will ensure that:

- We comply with the Code of Fundraising Practice, including fundraising that involves children.

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- Staff and volunteers are made aware of the Institute of Fundraising guidance on keeping fundraising safe and the NCVO Guidance on vulnerable people and fundraising.
- Our fundraising material is accessible, clear and ethical, including not placing any undue pressure on individuals to donate.
- We do not either solicit nor accept donations from anyone whom we know or think may not be competent to make their own decisions.
- We are sensitive to any particular need that a donor may have.

Principles and Procedures when a Child or Adult is at Risk of Harm:

There are '5Rs' which underpin reporting procedures:

- **Recognise** concerns that a child or adult at risk is being harmed or might be at risk of harm.
- **Respond** appropriately and inform the SMTT DSL without delay.
- **Refer** the concerns, if appropriate, to children's or adults social care or the police.
- **Record** the concerns using the appropriate data storage systems.
- **Review** and Escalation – if an unsatisfactory response has been received from the Authorities.

Concerns may arise as a result of:

- A child or adult at risk making a disclosure within their SMTT application form or within any following process relating to the application, prior to the beneficiary being referred to a mental health service.
- An adult reporting a concern to the Charity.
- Signs and indicators of abuse being recognised or identified in the application to the Charity, or during a fundraising event being organised/hosted by the Charity.
- The behaviour of an adult (connected or not to the Charity) towards a child or adult at risk gives cause for concern.

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Sometimes a child or adult at risk will make a direct disclosure about their experience of abuse. The following guidelines should be followed when responding to this situation

DO:

- Be accessible and receptive
- Listen carefully
- Take it seriously
- Reassure him/her that he/she was right to tell
- Explain what will happen next

DON'T

- React strongly – for instance saying, “that’s terrible”
- Jump to conclusions especially about the abuser
- Tell him/her you will keep this a secret
- Ask leading questions
- Make promises you cannot keep
- Stop him/her from speaking freely

How to respond to a child or adult at risk in a safeguarding emergency:

1. Ring 999 and ask for the emergency services
2. Inform the DSL immediately and agree next steps together
3. Record the incident and actions on the relevant data systems
4. The DSL shares the information to the Charity Commission/other agencies as necessary and appropriate.

How to respond to a child or adult at risk in a non-emergency safeguarding situation:

1. Consult immediately with the DSL (or DSO if DSL unavailable)
2. The DSL will make a decision about appropriate actions, which may include a referral to the relevant agencies such as Social Care or the Police. Any referrals must be made in writing.
3. Record the incident and all actions taken on the relevant data systems.

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4. The DSL should review and escalate after 3 days if an unsatisfactory response has been received.
5. The DSL shares the information to the Charity Commission/other agencies as necessary and appropriate.

What to do if a disclosure of historical abuse is made by an adult

There is a growing recognition that a disclosure of non-recent abuse may reveal current risks to others from an alleged perpetrator.

The NSPCC defines non-recent abuse (also known as historical abuse) as an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.

Organisational responses to allegations of historical abuse must be of a high standard because there is a significant likelihood that a person who abused a child(ren) in the past will have continued and may still be doing so. Criminal prosecution remains a possibility if sufficient evidence can be carefully collated.

When an adult discloses historical abuse, the likely scenarios are:

- The individual discloses abuse and is prepared to make a formal statement to the police (i.e. to report a crime).
- The individual discloses abuse and gives consent to the DSL to make an informal/anonymous report to the police or social services on their behalf.
 - The individual discloses abuse and is not well enough to make their own report to other agencies, but the member of staff has sufficient information and believes the risk is substantial enough to require reporting.
 - The individual discloses abuse but does not wish it to be reported to other agencies (police and/or children's services).
 - The individual discloses abuse but does not have sufficient memory about who, when and where to be able to report it to the police and/or children's services.

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If a disclosure is made, the DSL should be alerted without delay. The DSL should follow the information up with the individual, exploring the following:

- If the individual is aware of the alleged perpetrator's recent or current whereabouts and contact with children.
- Name of the alleged abuser, date of birth or approximate current age and current address/whereabouts and occupation, ensuring the individual is aware of the implications of sharing this information.
- Location/address where the abuse occurred. The year the abuse occurred and the duration of the period over which the abuse occurred.
- Whether it is known if there are any child(ren) that may currently be at risk from the alleged abuser, or any contact the alleged abuser has with children.
- Establish consent to share the above information with the appropriate authorities.

The DSL should then make a decision about next steps, carry them out, and record the details on a separate safeguarding record sheet in the SMTT IT systems

Actions to consider:

- **No immediate action:** For example, if the client cannot provide identifying information or if the client would be at significant risk of harm should action be taken.
- **Anonymous action:** For example, if the client would like to take action but fears retribution which is assessed as a realistic risk, or if the DSL is unsure about the next steps, then anonymous advice can be sought from:
 - Crimestoppers (0800 555 111) – who provide a route for anonymous allegations to be logged against named individuals.
 - The NSPCC (0800 800 5000 or help@nspcc.org.uk) – who have a helpline that can be contacted for anonymous advice.
 - The relevant MASH team who can offer advice about next steps.

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- **Report to the police:** For example, if the client has identifying information and is willing to make a report to the police, and it is assessed that doing so does not place the client at increased risk of harm to self, or by others.

When a Concern of Allegation is Raised about a Member of Staff – this includes employees and Charity Trustees or volunteers

The aims of this procedure are to ensure that:

- Children, adults at risk and staff are protected and supported following an allegation that they may have been abused by an adult working for, or on behalf of, the Shannon Moore Trauma Trust
- There is a fair, consistent and robust response to any safeguarding allegation made, including those that are historical.
- An appropriate level of investigation into concerns or allegations, whether they are said to have taken place recently, at any time the person in question has been connected to the SMTT, or prior.

This is where a person is alleged to have:

- a) Behaved in a way that has harmed a child or adult at risk, or might lead to a child or adult at risk being harmed
- b) Possibly committed or be planning to commit a criminal offence against a child or adult at risk
- c) Behaved towards a child or adult at risk in a way that indicates s/he is, or would be, unsuitable to work with children or adults at risk.

A safeguarding allegation may arise when:

- A child, adult at risk, or parent/carer makes a direct allegation against a member of staff.
- There is a direct observation of behaviour that is cause for concern.
- Information is shared as part of a formal complaint process.
- The SMTT is informed by the police or local authority that an individual is the subject of child or adult protection and/or criminal investigation.

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- Information emerging from the renewal of a DBS checks that a staff member may have committed an offence or been involved in an activity that could compromise the safety of a child/ren or adults at risk.
- A member of staff informs the Shannon Moore Trauma Trust that they have been the subject of allegations, have harmed a child or committed an offence against or related to a child or adult at risk.
- A member of the public may contact us with an enquiry and reveal information which raises concern.

Who to tell if a safeguarding allegation needs to be raised against a staff member

The person holding the concern should inform the SMTT DSL. This should be done within the same working day of the allegation coming to light. If the concern is about the DSL, then the concern should be reported to the DSO.

Where a staff member feels unable to raise an issue with the DSL or DSO or feels that their genuine concerns are not being addressed, they are able to contact the NSPCC Whistleblowing Advice Line Call 0800 028 0285.

How the allegation should be recorded

The DSL who receives the safeguarding allegation information should, together with the person making the allegation, complete the 'Safeguarding Concern Form', which includes the:

- Name of the individual who the allegation is about and any other identifying information, including location
- Name of any child or adult at risk involved
- Date and time of the allegation arising
- Name and contact details of the person making the allegation
- Key information about the nature of the safeguarding allegation.

Initial considerations

If it is considered that a child or adult at risk is subject to life threatening concerns or risk of immediate harm, or needs emergency medical attention, then the emergency services must be contacted straightaway and the parents/carers of the child or adult at risk told that immediate steps are being taken to get help.

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Beyond an immediate emergency, there may be up to four strands that the DSL needs to consider:

Strand 1 Enquiries and assessment by social care about whether a child or adult at risk needs protection and/or services.

Strand 2 A police investigation if a criminal offence may have been committed.

Strand 3 Consideration by an employer of disciplinary action in respect of the individual.

Strand 4 Referral for 'consideration to bar' a person from working with children (i.e. referral to the Disclosure and Barring Service) and/or referral to a professional registration body for professional misconduct.

If, after the initial consideration, the DSL does not consider the matter constitutes a safeguarding allegation, then they must decide if an internal investigation is required to determine if the behaviour/incident is related to poor practice or misconduct.

All decisions and the reasons for them, including there being no need to take safeguarding action, must be recorded and kept on the individual staff member's file.

If it is agreed that the concern is a safeguarding allegation, then the DSL must make a referral within one working day to:

The Local Authority Designated Officer (LADO) (normally for the LA where the child of concern lives) if the allegation is about behaviour towards a specific child or adult at risk.

The LADO (or equivalent) where the staff lives if the allegation is about behaviour but with no identifiable victim.

The LADO will:

Discuss the allegation and obtain further details of the allegation and the circumstances in which it was made.

Discuss whether there is evidence/information that establishes that the allegation is false or unfounded

Some safeguarding allegations are clearly so serious that they require immediate referral to the local authority and the police. Other allegations that appear to meet the criteria may seem less serious; however, it is important that they are followed up and examined objectively by the external authorities who may hold other relevant information about the individual that is

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unknown to the SMTT.

If an allegation is determined to be false or malicious, the DSL should consider the following:

- If the safeguarding allegation was made by a child or adult at risk then there is a need to consider if a referral to children's or adult's social care is required to determine whether that child or adult needs services, or may have been abused by someone else; and/or
- If the safeguarding allegation was deliberately invented or malicious by another adult then this should be discussed with the police and advice sought.
- Whether disciplinary action is required using disciplinary or relevant procedures.
- The support needs of the person who was the subject of the safeguarding allegation.
- The support needs of an adult survivor of historical abuse.

At the end of the process of managing an allegation and its conclusions, the DSL is responsible for the identification of any lessons learned from the operation of this procedure, the actions taken, and the support offered. This learning should feed into policy and procedural revisions and any plans for safeguarding training.

The DSL must provide in writing feedback to the person who has been subject to the investigation, clarifying the final outcome and any implications for their role within SMTT. This must be provided within five working days of the conclusion of the investigation.

Definitions in Appendix One of Working Together 2023

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, 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 (this used to be called Munchausen's Syndrome by Proxy but is now more usually referred to as fabricated or induced illness).

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child, such as to cause severe and

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persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only for meeting the needs of another person. It may feature developmentally-inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

This category also includes ***child sexual exploitation (CSE)***. CSE 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.

Neglect

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 maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing or shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate care-takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In addition, keeping Children Safe in Education (2015) also makes specific reference to other types of abuse.

- Children Missing from Education – Regular absence from school may be a potential indicator

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of abuse or neglect. Liaison with school is vital to ascertain whether the child is attending.

- Female Genital Mutilation
- Radicalisation

Missing/Trafficked Children

Children in care, on the edge of care, adopted or under special guardians are amongst the most vulnerable in our society. They have often experienced abuse, neglect and trauma. As a consequence, when they go missing, they are in great danger of being physically or sexually abused or exploited. Professionals' response to children who abscond is critical. Staff must consider children who are missing from home or potentially trafficked to be at risk of significant harm (even if the child does not) and plans to ensure the child's safety should be discussed with the DSL and should include liaison with other agencies such as Children's Social Care and the police.

Sexually Active Children

Whilst the procedure will apply to all sexually active young people under 18, it is essential that all cases involving children under 13 years should be discussed with the DSL as a child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to the child.

Under the Sexual Offences Act 2003, penetrative sex with a child under 13 years old is classed as statutory rape. In this situation, there is always reasonable cause to suspect that a child is suffering or likely to suffer, significant harm.

Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13 but may nevertheless have serious consequences for the welfare of the young person. Consideration should be given in a case of sexual activity involving a child aged 13 – 15 as to whether there should be a discussion with other agencies and whether a referral should be made to Children's Services.

The staff member should make this assessment using the considerations below:

- The age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child and possibly others
- The level of maturity and understanding of the child
- What is known about the child's living circumstances or background
- Age imbalance, in particular where there is a significant age difference
- Overt aggression or power imbalance

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- Coercion or bribery
- Familiar child sex offences
- Behaviour of the child in related to the sexual activity (e.g. withdrawn, scared, anxious)
- The use of substances during, before or after the sexual activity
- Whether the child's use of substances puts him/her at risk of sexual harm
- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered normal.
- Whether the child denies, minimises, or accepts concerns
- Whether the methods used are consistent with grooming and
- Whether the sexual partner is known by one of the agencies

The Trio of Vulnerabilities: Parental mental ill-health, substance misuse and domestic abuse

The NHS now uses the term 'the trio of vulnerabilities' to describe individuals experiencing a combination of the three following vulnerabilities: domestic abuse, mental ill health and substance misuse.

This combination has been identified as common features in families where harm to children has occurred. They are viewed as increased indicators of risk of harm to children. The trio of vulnerabilities can place a child at risk of:

- Injuries during episodes of domestic violence
- Emotional harm
- Neglect of physical and emotional needs
- Unborn child being placed at risk when a pregnant woman is assaulted
- Domestic abuse may affect the ability of the adult victim to look after the children

Where professionals become aware that the indicators of the toxic trio are present within the family home, a referral to Children's Services must be considered. Staff are encouraged to discuss such cases with the relevant DSL within the Service, and to consult with the relevant Local Authority regarding thresholds for a child protection referral.

Forced Marriage

When staff become aware that a woman or man is trapped in, under threat of or forced to get married, including children and young people; concerns should be referred to Children's Services and/or the Police.

Female Genital Mutilation (FGM)

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FGM is a severe form of violence against women and girls. It is a form of child abuse and must be taken seriously. Safeguarding girls at risk of harm through FGM poses specific challenges because the families involved may give no other cause for concern with regard to their parenting or relationships with their children. It is also important to acknowledge that those seeking to arrange an FGM procedure for a child are unlikely to perceive this as harmful, on the contrary, believe the act to be legitimised by long standing traditions. There remains a duty of care for all staff to act to safeguard girls at risk of FGM.

Staff have a duty of care to:

- Let families know that FGM is illegal, and that Children's Services are actively tackling the issue.
- Inform Children's Services if they uncover any information that a child is potentially or actually at risk of significant harm.
- Call 101 to report these concerns in person to the police as soon as possible

Radicalisation

The Prevent Strategy is part of the Government's overall counter-terrorism strategy, CONTEST. The aim of the Prevent Strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

If staff believe that someone is at risk of radicalisation you can help them obtain support and prevent them becoming involved in terrorism by raising your concerns to the Prevent lead.

Police contact details:

- Email: prevent@sussex.pnn.police.uk
- Phone: To talk to the Prevent Coordinator or the Prevent Officers call **101** and ask for the Prevent Team

Council Contact details:

- **For West Sussex:**
Beverly Knight
Community Safety and Wellbeing, WSCC
Telephone: 0330 222 4223 | Mobile 0789 458 9071
Email: beverly.knight@westsussex.gov.uk
- **For East Sussex**
Email: channel@eastsussex.gov.uk
No website phone number

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- **For Brighton and Hove:**

Email: Channel.Prevent@brighton-hove.gov.uk

Phone: 01273 291 115

Peer Abuse

Staff must be aware that children physically, emotionally and sexually abuse other children. If this is raised as a concern, the perpetrator of the abuse should also be regarded as a young person who requires safeguarding, and a dual process of protecting the perpetrator and protecting the victim through following the procedures below should be initiated.

Appendix Two: Indicators of abuse and what you might see

Physical signs define some types of abuse, for example, bruising, bleeding or broken bones resulting from physical or sexual abuse; or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For these reasons it is vital that staff are also aware of the range of behavioral indicators of abuse and report any concerns to the designated person.

A child who is being abused and/or neglected may:

- Have bruises, bleeding, burns, fractures or other injuries
- Show signs of pain or discomfort
- Keep arms and legs covered, even in warm weather
- Be concerned about changing for PE or swimming
- Look unkempt and uncared for
- Change their eating habits
- Have difficulty in making or sustaining friendships
- Appear fearful
- Be reckless with regard to their own or other's safety
- Self-harm
- Display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn

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- Challenge authority
- Become disinterested in their school work
- Be constantly tired or preoccupied
- Be wary of physical contact
- Be involved in, or particularly knowledgeable about drugs or alcohol
- Display sexual knowledge or behaviour beyond that normally expected for their age.

Specific indicators of CSE include:

- Acquisition of money, clothes, mobile phones etc without plausible explanation
- Gang-association and/or isolation from peers/social network
- Exclusion or unexplained absences from school, college or work
- Leaving home/care without explanation and persistently going missing or returning
- Excessive receipt of texts/phone calls
- Returning home under the influence of drugs/alcohol
- Inappropriate sexualised behaviour for age/sexually transmitted infections
- Evidence of/suspicious of physical or sexual assault
- Relationships with controlling or significantly older individuals or groups
- Multiple callers (unknown adults or peers)
 - Frequenting areas known for sex work
 - Concerning use of internet or other social media
 - Increasing secretiveness around behaviours
 - Self-harm or significant changes in emotional well-being

Staff must understand that it is not their responsibility to investigate or be conclusive about whether indicators of abuse or neglect are reliable. It is their duty however to observe, identify and report possible signs of abuse.

Appendix Three - Recognising and identifying signs of harm in adults at risk

Adult abuse and neglect can take many forms, and the circumstances of the individual case should always be considered.

Physical abuse can include

- Assault
- Hitting
- Slapping
- Pushing
- Misuse of medication
- Restraint

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- Inappropriate physical sanctions

Domestic violence can include:

- Psychological
- Physical
- Sexual
- Financial
- Emotional abuse
- So called 'honour' based violence
- Coercive and controlling behaviour

Sexual abuse can include

- Rape
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Subjection to pornography or witnessing sexual acts
- Indecent exposure
- Sexual assault
- Sexual acts to which the adults has not consented or was pressured into consenting

Psychological abuse can include

- Emotional abuse
- Threats of harm or abandonment or deprivation of contact
- Humiliation
- Blaming
- Controlling
- Intimidation
- Coercion
- Harassment
- Verbal abuse
- Cyber bullying
- Isolation
- Unreasonable and unjustified withdrawal of services or supportive network

Financial or material abuse can include:

- Theft
- Fraud

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- Internet scamming
- Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits

Modern Slavery can include

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory abuse can include:

- Harassment
- Slurs or similar treatment because of a person's race, gender and gender identity, age, disability, sexual orientation, religion

Organisational abuse

- This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or the care provided in one's own home.
- It involves one off incidents to ongoing ill-treatment.
- It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect can include

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- The withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

This covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self neglect may not prompt an enquiry by adults' social care. An assessment should be

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made on a case by case basis.

A decision on whether a response is required under safeguarding will depend on the adults' ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. Incidents of abuse may be one-off or multiple, and affect one person or more. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

Appendix Four - Responsibilities relating to fundraising involvement children – Fundraising Regulator 2022

There are some activities which children and young people cannot carry out. The age restriction depends on the activity and where it is carried out. These activities include:

- street and house-to-house collections;
- lotteries or raffles; and
- events involving alcohol.

You **must** keep to any relevant age limits set by law when organising fundraising activities.

You must make sure that your staff understand their responsibilities and what they must do in relation to activity organisers, the children taking part, and the parents or guardians of those children.

You must give the children or young people taking part, and their parents or guardians, guidance on how to carry out fundraising safely and legally.

You must not give children under 16 overall responsibility for handling money or responsibility for counting collected money.

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You **must** use the Disclosure and Barring Service (in England and Wales), Disclosure Scotland (in Scotland) and Access NI (in Northern Ireland) to carry out checks on any adults working with children, if the law says you **must** do this.

You must only contact children on school premises if you have the approval of the head teacher or a member of the school's staff chosen by the head teacher, and you must follow any procedures you have agreed with them.

You must get permission before taking or publishing photographs of children. If the child is over 13 years old they can give this permission themselves. If they are under 13, you must get permission from their parent or guardian.

You **must not** allow anyone under the age of 16 to carry out house-to-house collections, unless the collection is taking place in the City of London, in which case, you **must not** allow anyone under the age of 18 to take part.

You **must not** allow anyone under 16 to carry out street collections, except in London where, if you have special permission, you can use street collectors aged 14 or over.

Appendix Five – The Charity Commission: 10 Actions Trustee boards need to know:

1. Ensure your charity has an adequate safeguarding policy, code of conduct and any other safeguarding procedures. Regularly review and update the policy and procedures to ensure they are fit for purpose
2. Identify possible risks, including risks to your beneficiaries or to anyone else connected to your charity and any emerging risks on the horizon
3. Consider how to improve the safeguarding culture within your charity
4. Ensure that everyone involved with the charity knows how to recognise, respond to, report and record a safeguarding concern
5. Ensure people know how to raise a safeguarding concern
6. If you work overseas, find out what different checks and due diligence you need to carry out in different geographical areas of operation
7. Periodically review your safeguarding policy and procedures, learning from any

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serious incident or 'near miss'

8. Have a risk assessment process in place for posts which do not qualify for a DBS check, but which still have contact with children or adults at risk
9. Review which posts within the charity can and must have a DBS check from the Disclosure and Barring Service
10. Regularly evaluate any safeguarding training provided, ensuring it is current and relevant

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