

BATTLE SCARS CIO SAFEGUARDING CHILDREN POLICY

Policy information	
Organisation	Battle Scars
Scope of policy	Applies to all services, activities, training and general running of the organisation.
Policy operational date (original)	06/02/18
Policy prepared by	Jenny Groves – CEO
Reviewed date Reviewed by	06/01/24 Jenny Groves – CEO
Amended	Yes
Date approved by Board	15/01/24
Policy review date	By 31/01/25 Every year. This policy will also be updated as we establish services outside of Leeds so the appropriate contact details for Social Services are added.
Distributing	This policy will be available on the Battle Scars website. It will be a requirement for all trustees and staff to read the policy after appointment or after its review. A summary of all relevant policies will be included in the volunteer handbook with clear signposting to the full text. Volunteers will be kept up to date with any changes that might affect their role.
Introduction	
Purpose of Policy	<p>Battle Scars provide support to those affected by self-harm.</p> <ul style="list-style-type: none"> • We work directly with children and young people who self-harm. • We deliver assemblies in schools to educate about self-harm. • We work with parents of children who self-harm, parents who are interested in understanding self-harm or who may be suspecting their children self-harm. • Service users to the adult groups may express concerns about children’s wellbeing. <p>Safeguarding children is everyone’s business and not just the responsibility of the Leeds Safeguarding Children Partnership. In order to effectively contribute to the process of safeguarding, volunteers and employees must be alert to potential risks and work with other relevant partners to plan approaches to supporting service users whilst minimising the likelihood and impact of harm to children.</p> <p>The Battle Scars child protection policy is intended to provide guidelines for employees, volunteers and service users as to the procedures that are to be taken if we have serious concerns regarding any child protection issue.</p>

Definition of ‘child’	A child is anyone under the age of 16. However, sometimes child protection legislation is extended to children up to the age of 18. This is particularly the case for ‘looked after’ children, who may be in the care of the local authority until they are 18. In Battle Scars anybody under the age of 18 is considered a child.
Named person(s) for safeguarding and contacts	<p>Name of Safeguarding Lead: Jenny Groves (CEO) Trustee safeguarding lead: Clare Schmidt Mobile Number: 07410 380747 (Battle Scars phone) Emergency Contact No: 07468 491457 (CEO’s)</p> <ul style="list-style-type: none"> • Leeds: Telephone number of Leeds Children’s Social Work Service (including out of hours number): <ul style="list-style-type: none"> ○ During Office hours (Monday to Friday 9am to 5pm, except Wednesdays open from 10am) - 0113 376 0336 ○ Social Care- Emergency Duty team (out of hours) - 0113 535 0600 and provide them with as much information as possible. ○ More information <p>If the child resides outside of the Leeds area, a referral will be made to the appropriate service.</p>
Roles and responsibilities	<p>The roles and responsibilities of the named persons are to ensure that:</p> <ul style="list-style-type: none"> • all volunteers, staff and trustees are aware of what they should do and who they should go to if they are concerned that a child / young person may be subject to abuse or neglect; • any concerns about a child / young person are acted on, clearly recorded, referred on where necessary and, followed up to ensure the issues are addressed; • all staff, trustees and any volunteers whose role may put them in a position where they need to respond to such an issue attend the relevant safeguarding training course.
Recognising the signs and symptoms of 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/carer fabricates the symptoms of, or deliberately induces illness in a child.
Emotional abuse	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 or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or “making fun” of what they say or how they communicate. It may feature age or 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

	<p>or hearing the ill-treatment of another. It may involve serious bullying, (including cyber-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, though it may occur alone.</p>
Sexual abuse	<p>Sexual abuse involves forcing or enticing a child or 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 include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>
Neglect	<p>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 abuse. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
Signs of abuse	<p>Possible signs of abuse include:</p> <ul style="list-style-type: none"> • unexplained or suspicious injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury does not seem right; • the child discloses abuse, or describes what appears to be an abusive act; • someone else (child or adult) expresses concern about the welfare of another child; • unexplained change in behaviour such as withdrawal or sudden outbursts of temper; • inappropriate sexual awareness or sexually explicit behaviour; • distrust of adults, particularly those with whom a close relationship would normally be expected; • difficulty in making friends; • eating disorders, depression, self-harm or suicide attempts. <p>This is not an exhaustive list. Battle Scars acknowledges that these signs do not necessarily indicate that a child is being abused.</p>
Child protection concerns	
Becoming aware of a safeguarding issue and what to do if you are concerned about a child	<p>Child protection concerns would generally arise in the following ways:</p> <ul style="list-style-type: none"> • a service user tells us anything which we feel puts a child at risk; • when working with children and the child makes allegations that they, or another child, are experiencing harm, abuse or

	<p>neglect. They may allege that they are experiencing abuse from a parent or care giver, or from another adult (i.e. teacher, social worker, GP) or from another child;</p> <ul style="list-style-type: none"> • in the event one of the volunteers, employees, trustees or Battle Scars representatives noticing any significant marks or injuries on a child; • in the event another service user notices signs of child abuse and reports it to a volunteer, member of staff or trustee. <p>It is not our duty to investigate any allegations or observations relating to child protection (though we would conduct an internal investigation if the allegation was made against one of our own volunteers, employees or trustees). It is, however, our duty to take them seriously and report them appropriately.</p> <p>The reporting of incidents will be done thoughtfully and with the interests of the parents and children in mind.</p> <p>We will follow procedure where we feel that a child is at risk. A volunteer or employee with any concerns needs to fill in a safeguarding incident form, approach the CEO or one of the trustees (who can help with the form), where matters will be discussed and support given. The board of trustees will be made aware of any child protection concerns. Referrals to social services will be made with the agreement and consent of the board.</p> <p>If a child made an allegation against a trustee, an employee or a volunteer, this would be taken to the chair of the board. If the allegation involved the chair, another member of the board will be informed and consequently all other members of the board. In most situations where a service user's confidentiality was going to be broken, we would discuss this with the service user and involve them as much as possible in choosing the course of action which will be followed. Exceptions to this would be where we felt informing a service user that confidentiality was to be broken may put a child at increased risk. For example, if the Battle Scars representative felt that there was danger of a child being punished or hurt for disclosing abuse or neglect to a volunteer.</p> <p>At all times it is our aim to act to prevent abuse or neglect of children, whilst maintaining a therapeutic relationship with their parents or carers. Child protection is an emotive area and parents / carers may well become distressed and/or angry if we voice our concerns to them. We will proceed carefully and thoughtfully in order to take a considered course of action, where we have weighed up all the options. This may mean taking a few days to come to a view of the best way forward. However, if we felt that a child was at immediate risk of harm, we would proceed quickly – if necessary, making a social services referral on the day that we become aware of concerns.</p> <p>Any child protection concerns need to be recorded. The Battle Scars representative reporting the incident to the CEO or trustee will write down the nature of their concerns using the safeguarding incident form (<i>see appendix</i>). The CEO or the trustee will also record what action was taken and why.</p>
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<p>In the event of a volunteer / employee / trustee becoming aware of a mark or injury on a child</p>	<p>If the child is suspected or known to be self-harming the volunteer, employee or trustee will speak to them to determine whether the injuries are self-inflicted or not. If the child admits that the injuries are self-inflicted and the child is a service user, we will continue to provide support consulting the child before taking action e.g. notifying parents or school. If the child discloses that the injuries are <u>not</u> self-inflicted, will not explain their nature or there are still suspicions that they are not self-inflicted a formal referral to social care would generally be made. This would not occur necessarily for every mark or injury on a child's body but for marks that indicate physical abuse or neglect, depending very much on the type of injury and intensity of it. There may be occasions that it is felt to be more detrimental to a service user, and our relationship with them or the child for us to make a social services referral. This decision would be made by the board of trustees, alongside the volunteer(s) or employee(s) most familiar with the situation. It may be that another course of action is taken, such as talking to someone else involved in a service user's support, rather than making a social services referral.</p>
<p>In the event of a child making allegations of abuse, harm or neglect</p>	<p>What the child says needs to be recorded. As above, a decision will be made as to whether to make a referral to social services or take another course of action.</p>
<p>In the event of a service user disclosing child protection issues</p>	<p>If we become aware of child protection issues whilst supporting an adult, we need to inform the service user of our concerns (again, unless we feel that by doing so we would put the child in greater danger). Examples of concerns raised by service users might include being told that they are having thoughts of harming or abusing a child; that they have been hitting or verbally abusing a child; that they do not feel emotionally well enough to care for their child; or that they are consuming drugs or alcohol which are inhibiting their ability to care for a child. The concern may relate to historical abuse. I.e. a service user discloses that they were abused as a child by an adult who still has contact with children. This may be a family member or someone in a professional role, such as a teacher or youth worker. If the service user is showing increasing difficulty caring for their child due to deteriorating mental health, we will first try to contact the mental health service providers and raise this issue with them. Often increased support will allow the service user to become able to care for their child again. If such support is not available (for example, they are not in the mental health system at that time) then a social services referral will be considered. Where a service user is questioning their own ability to parent, or care for a child, we may take a different approach to a referral to social services, such as referring parents to organisations that can help them with parenting skills. This may involve referring the family to Children's Services so that a CAF (Common Assessment Framework) could be completed for the child. This is not an exhaustive list and volunteers, employees and trustees should follow up any other concerns they have about children which service users have raised.</p>

	As above, written records need to be kept of what has been said to whom and when. A decision will then be made about a course of action to be taken.
Procedure	
Stage 1	<ul style="list-style-type: none"> • Initially talk to the child about what you are observing. It is okay to ask questions, for example: “I’ve noticed that you don’t appear yourself today, is everything okay?” But never use leading questions. • Listen carefully to what the child has to say and take it seriously. At all times act towards the child as if you believe what they are saying. • It is not the responsibility of Battle Scars to investigate incidences of suspected child abuse but to gather information and refer only. • Always explain to children that any information they have given will have to be shared with others if this indicates they and/or other children are at risk of harm. • Notify the organisation’s Named Person for safeguarding (above). • Record what was said or the reason for concern as soon as possible after any disclosure; the person who receives the allegation or has the concern, must complete a Safeguarding Incident form (<i>see appendix</i>) and ensure it is signed and dated. The contents of the Safeguarding Incident form should include: <ul style="list-style-type: none"> ○ name of person who receives the allegation; ○ date and time of notification; ○ young person’s name; ○ young person’s age; ○ how was the allegation received; ○ what was said and / or observed; ○ the appearance and behaviour of the victim; ○ any injuries observed including description of size, nature (e.g. bruise, laceration) and location; ○ actions taken (both internal and external actions - based on the issues raised in the allegation). <p>The CEO or trustee dealing with this incident must complete the sections about actions taken on their part as well as responses from other services (e.g. social services). When the incident is closed this must be clearly stated.</p> • Respect confidentiality. • Ensure that all documentation is securely stored.
Stage 2	<p>The Named Person(s) should take immediate action if there is a suspicion that a child has been abused or likely to be abused. In this situation the Named Person should contact the police and/or the Duty and Advice Team. If a referral is made direct to the Duty and Advice team this should be followed up in writing within 24 hrs.</p> <p>NB Parents / carers will need to be informed about any referral to Children & Young people’s Social Care unless to do so would place the child at an increased risk of harm.</p>

	<p>If volunteers, employees or trustees would like guidance or advice about child protection issues:</p> <ul style="list-style-type: none"> • Leeds: Telephone number of Leeds Children’s Social Work Service (including out of hours number): <ul style="list-style-type: none"> ○ During Office hours (Monday to Friday 9am to 5pm, except Wednesdays open from 10am) - 0113 222 4403 ○ Social Care- Emergency Duty team (out of hours) - 0113 535 0600 and provide them with as much information as possible. ○ More information <p>These contact details will be updated as we establish services in other areas.</p>
<p>Making a child protection referral</p>	<p>The telephone number for making a child protection referral for children residing in Leeds is above. If the child resides outside Leeds a referral to the appropriate Children’s Social Services will be made.</p> <p>When making a referral to social services we will be asked for certain information. Below is a list of the information that is likely to be requested. The Battle Scars representative should collect as much information as they can before making a referral, except where doing so may alert the parent / carer to our concerns and put a child at increased risk.</p> <ol style="list-style-type: none"> 1) Name of child 2) Address of child 3) Date of birth of child 4) Ethnicity of child 5) Name and address of parent/carer 6) Other family members in the household 7) GP’s name 8) Language spoken by family 9) Details of alleged abuse 10) Child’s school 11) Other agency involvement <p>Details of the referrer, source of their knowledge and details of how they may be contacted.</p>
<p>Prevention</p>	
<p>Prevention of abuse and safe recruitment</p>	<p>CHILDREN ARE NOT ALLOWED TO ATTEND THE ADULT ONLY SUPPORT GROUPS. The only exception that may be considered would be for a 17-year-old attending with an adult such as a parent or support worker. Such a decision must be made by the CEO or the chair of the board of trustees and will only be allowed with the group facilitators’ prior consent.</p> <p>The following steps will be taken in order to prevent abuse of children from occurring within our services:</p> <ol style="list-style-type: none"> 1) All volunteers and employees working for the organisation on a 1-2-1 or unsupervised basis with children will supply a Data and Barring Service (DBS) check. All DBS checks will be resubmitted every three years and will all be Enhanced DBS checks. In the instance of a DBS check being returned with details of criminal offences, the trustees will make a

	<p>decision as to whether the person can still work within the organisation.</p> <p>2) Two references will be required for volunteers before they start work.</p> <p>3) Induction for trustees, volunteers and employees will include relevant policy and procedure so that people are aware of their responsibilities to prevent abuse.</p> <p>4) Safeguarding issues will be a standard agenda item in supervision.</p>
Safer recruitment policy statement	<p><i>See Recruitment Policy</i></p> <p>Battle Scars is committed to:</p> <ul style="list-style-type: none"> • safeguarding and protecting all children and young people by implementing robust safer recruitment practices • identifying and rejecting applicants who are unsuitable to work with children and young people • responding to concerns about the suitability of applicants during the recruitment process • responding to concerns about the suitability of employees and volunteers once they have begun their role • ensuring all new staff and volunteers participate in an induction which includes child protection
Management and supervision of volunteers	<p>We intend to offer a high standard of support to all volunteers, through supervision, reflective practice and any further space that may be needed for reflection or debriefing. We realise that the area of child protection can be difficult and emotive and will support all volunteers with their involvement in such areas. All members of the board will have the option to receive supervision (by the designated external clinical supervisor). We would provide support for volunteers who have had an allegation made against them. Volunteers would usually be suspended while investigations take place. We would provide support for them to return to work, if the allegations were unfounded.</p>
Safeguarding children training	<p>All employees and any volunteers who work specifically in groups or activities involving children and/or parents will attend safeguarding training once over three years.</p>
Allegations against staff	
If an allegation was made against a volunteer, trustee or member of staff of Battle Scars	<p>If it was alleged that a volunteer, trustee or member of staff had abused a child accessing our services, the chair or trustee safeguarding lead would liaise with the Leeds Local Authority Designated Officer to discuss with them the extent to which Battle Scars would take part in the Child Protection Procedure, for example, carrying out an internal investigation that is coordinated with the Social Services investigation. The Local Authority Designated Officer would coordinate any Social Services investigation.</p>
Carrying out internal investigations	<p>Formal investigation into allegations of abuse will always be carried out where:</p> <ul style="list-style-type: none"> • the alleged perpetrator is a volunteer, trustee or employee; • Leeds Social Services Child Protection indicate an investigation is necessary. <p>The aim of the investigation will be to:</p>

	<ul style="list-style-type: none"> • establish if abuse has taken place; • identify factors which may have contributed to the abuse taking place; • where possible achieve the most desirable outcome for all concerned; • collect evidence for any possible legal proceedings; • evaluate the need for changes in service delivery. <p>Investigations will be carried out by two of the following: the chair person of the board of trustees, the CEO, the vice chair or another member of the board. If any of them are in any way implicated in the abuse they will be excluded from the proceedings. The progress and outcomes of all investigations into suspected abuse of children accessing our services will be reported to the board of trustees.</p> <p>The board of trustees would agree a course of action following the investigation, such as further disciplinary action. While the investigation was taking place the volunteer would usually be suspended. If the allegation was against an employee, the employee would be removed from the situation, prohibited from having any contact with the child or, in serious cases, suspended while the investigation was taking place.</p>
Recording and managing confidential information	
Confidentiality	<p>Our confidentiality policy is explained to all service users. They are aware that confidentiality is only broken if the service user tells us something that involves themselves or someone else being at significant risk of harm. Wherever possible confidentiality will only be broken with the consent of the service user and they will be informed of any further procedures. Children should also be informed of our confidentiality policy if they talk to a Battle Scars representative. They should be told that these persons will have to talk to other people if they disclose something which indicates that they or other children are at risk of harm.</p> <p>Information about concerns regarding safeguarding children will be recorded and stored in a safeguarding file. Notes will be kept as brief as possible, as all records can be subpoenaed if there were a court case relating to the family.</p> <p><i>See Data Protection Policy for retention of recorded information.</i></p>
Signature of safeguarding lead	 Jenny Groves 06/01/2024
Policy review	
Responsibility	It is the responsibility of the CEO to review this policy unless the task has been delegated to an appropriate volunteer or employee before the policy review date.
Procedure	All volunteers and employees can have input in this policy's review via their supervision.
Timing	The review must be completed within a month of the review date.

Battle Scars Safeguarding Incident

Part 1 to be completed by person receiving the allegation or raising the concern.

Part 2 to be completed by the CEO or trustee dealing with this incident.

PART 1	
Name of person who has received the allegation:	
Role / link to Battle Scars (e.g. volunteer, service user etc.):	
Date of notification:	Time of notification:
Young person's or vulnerable adult's details:	
Name:	Age (if adult please enter 18+):
How was this allegation received or how was the safeguarding concern raised (include location, setting, circumstances etc.):	
What was said and / or observed (include the appearance and behaviour of the victim, description of any injuries incl. location, size etc.):	
Action(s) taken (specify when):	
Signature of person filling in Part 1 of this form:	
Date:	

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Battle Scars Safeguarding Incident

Part 1 to be completed by person receiving the allegation or raising the concern.

Part 2 to be completed by the CEO or trustee dealing with this incident.

PART 2	
Name of person who has received the completed form:	
Position in the organisation:	
Date report of allegation was received:	Time report of allegation was received:
Date completed form was received:	Time completed form was received:
Action(s) taken (include dates / times):	
<input type="checkbox"/> External referral made (e.g. Children's / Adult Social Care services) Date:	
Other comments including outcomes:	
Signature of person closing the incident:	
Date:	

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