



Safeguarding Children Policy

This policy was updated and approved by the board of Bentilee Volunteers in July 2025 (amended March 2026 in relation to adding details/updates) and is to be reviewed in 12 months' time.

Policy Statement

Bentilee Volunteers is committed to ensuring the safeguarding of children from harm through the development and implementation of effective policies and best practice. Members of the Board, staff and volunteers recognise and accept the responsibility to develop and raise awareness of the issues which cause children harm.

Relevant legislation and guidance relating to the protection of children are reflected in this document and in line with local safeguarding practices. For further reference please see <https://safeguardingchildren.stoke.gov.uk/resources>

If you have concerns about a child's safety or well-being in the **Stoke-on-Trent** area, you should immediately contact local safeguarding services or the police (listed below). Safeguarding is the multi-agency process of protecting children from abuse or neglect and ensuring they grow up in safe, effective care.

Designated person for safeguarding

The current Designated Safeguarding Lead (DSL) is for Bentilee Volunteers:

Alex Pitula Contact: 01782 863192 – alex.pitula@bentileevolunteers.org.uk

The Deputy Designated Safeguarding Lead (DDSL) for Bentilee Volunteers is:

Rea Stuart. Contact: 01782 863192 – rea.stuart@bentileevolunteers.org.uk

Immediate Action & Reporting

Emergency: Call **999** if a child is in immediate danger.

Stoke-on-Trent Concerns: Contact the [Children's Advice and Duty Service \(CHaD\)](#):

Office Hours: 01782 235100 (Mon–Thu 8:30am–5pm, Fri 8:30am–4:30pm).

Out of Hours: 01782 234234.

Email: ChAD.referrals@stoke.gov.uk (from a secure address).

Staffordshire (Surrounding Areas): Contact the Staffordshire Childrens Advice and Support Service (SCAS) at **0300 111 8007** (Emergency Duty Team: 0345 604 2886).

Local Authority

The Local Authority Designated Officer (LADO) in Stoke-on-Trent manages allegations against staff or volunteers working with children. Contact John Hanlon at 01782 233342 or 07385 362877 (John.hanlon@stoke.gov.uk). Referrals for concerns of abuse or harm should be made within 24 hours. For urgent advice outside office hours, call 01782 234234.

This policy is based on the following principles

- The welfare of the child is paramount
- All children, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- All staff, volunteers and trustees have a responsibility to report concerns to a DSL with responsibility for safeguarding
- Staff/volunteers are not trained to deal with situations of abuse or to decide if abuse has occurred.

We will aim to safeguard children by:

- sharing information about child protection and good practice with children, parents and carers, staff and volunteers
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately
- following the procedures for recruitment and selection of staff and volunteers
- developing a time specific induction period when all new staff, volunteers and trustees are introduced to guidelines for child protection and policy and procedures
- providing effective management for staff and volunteers through support, supervision and training
- reviewing and updating our policy and good practice annually.

This policy sets out agreed guidelines relating to the following areas:

- Responding to allegations of abuse, including those made against staff and volunteers
- Recruitment and vetting of staff and volunteers
- Supervision of organisational activities.

Dealing with cases of Abuse

1. Definitions of abuse

Abuse may be defined as the wrongful application of power by someone in a dominant position. It involves an imbalance of power and exploitation without a full and informed consent. Abuse can take several different forms and may be a single act or repeated acts.

Please see Appendix 1 for a further breakdown of categories and types of abuse.

2. Recognising and Responding to Abuse

There are many potential indicators and signs of abuse, most of which may also be signs of other forms of injury or ill health. Those working with children, parents and carers should familiarise themselves.

Please see Appendix 2 for a list of potential signs of abuse.

3. What to do if you suspect that abuse may have occurred

1. You must report the concerns immediately to the DSL.

The role of the DSL is to support with:

- Obtaining information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
- Assessing the information quickly and carefully and ask for further information as appropriate.
- Making a referral to a statutory child protection agency or the police without delay. (see Appendix 1)

The DSL has been nominated by Bentilee Volunteers to support with referring allegations or suspicions of neglect or abuse to the statutory authorities.

2. Suspicions will not be discussed with anyone other than those nominated above.
3. It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

Allegations of abuse or neglect

If a child has a symptom of abuse or neglect the DSL will support with:

1. Contacting Social Services for advice in cases of deliberate injury or concerns about the safety of the child. The parents should not be informed by the organisation in these circumstances.
2. Where emergency medical attention is necessary it will be sought immediately. The DSL will support with informing the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child. The doctor will then initiate further action if necessary.
4. If appropriate the parent/carer will be encouraged to seek help from Social Services. If the parent/carer/guardian fails to act the DSL should in case of real concern contact Social Services for advice.
5. Where the DSL is unsure whether to refer a case to First Response (Social Services) then seek advice from First Response.

4. Responding to a child making an allegation of abuse

- Stay calm, listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others-do not promise to keep secrets
- Allow the child to continue at his/her own pace
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

Helpful statements to make

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?

- Never make false promises

5. What to do after a child has talked to you about abuse

The procedure

1. Make notes as soon as possible (ideally within 1 hour of being told) you should write down exactly what the child has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered) You should record the dates, times and when you made the record. All hand written notes should be kept securely.
2. You should report your discussion with the DSL as soon as possible. If the DSL is implicated report to Social Services.
3. You should under no circumstances discuss your suspicions or allegations with anyone other than the nominated safeguarding lead.
4. After a child has disclosed abuse the designated persons should carefully consider whether or not it is safe for a child to return home to a potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

6. Recruitment and appointment of workers and volunteers

In recruiting and appointing workers Bentilee Volunteers will be responsible for the following:

- We will identify the tasks and responsibilities involved and the type of person most suitable for the job.
- We will draw up the selection criteria and put together a list of essential and desirable qualifications, skills and experience.
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will always send a copy of our child protection policy with the application pack if relevant to the post; otherwise it will be part of the induction process.
- We will make sure that we measure the application against the selection criteria.
- If relevant to the post applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them "substantial, unsupervised access on a sustained or regular basis" to children under the age of 18 must declare all previous convictions which are then subject to police checks. They can then only be offered a job subject to a successful police check. This includes potential employees, volunteers and self-employed people such as sports coaches. They are also required to declare any pending case against them. It is important that the applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport
- We may request to see documentation of any qualifications detailed by the applicant.
- We will always interview our candidates and ask for two references.
- We will have at least two people from our organisation on the interview panel.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of working with children if relevant to the post. We will ask the referee to also comment on their suitability for working with children. We will also try and follow up written references with a telephone call.
- The same principles apply to young people who have been involved with the organisation and have become volunteers.
- If relevant to the post we will ensure that our successful applicant obtains an Enhanced DBS from the Disclosure and Barring Service. They will need to show the Enhanced DBS before we will confirm them in post.
- It is our policy update/renew relevant Enhanced DBS every 3 years.
- We will include our safeguarding children policy in the induction process.

- All staff members and Volunteers will require Safeguarding training which is provided for them and renewed every year.

7. Allegations against a member of staff

We will assure all staff/volunteers that Bentilee Volunteers will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing a child. Where there is a complaint against a member of staff there may be three types of investigation:

- A criminal investigation
- Reported to LADO
- A child protection investigation
- A disciplinary or misconduct investigation.

The results of the police, LADO and child protection investigation may well influence the disciplinary investigation, but not necessarily.

b. Concerns about suspected abuse

- Any suspicion that a child has been abused by either a member of staff or a volunteer should be reported to the DSL, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.
- The DSL will refer the allegation to the social services department who may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the child will be contacted as soon as possible following advice from the Social Services department.
- If the DSL is the subject of the suspicion/allegation, the report must be made to the Chair who will refer the allegation to Social Services.

Appendix 1 Categories and Types of Abuse

Definitions of abuse

These definitions are based on those from Working Together to Safeguard Children (Department of Health, Home Office, Department for Education and Employment, 2023)

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children after the person who first identified this situation.

A person might do this because they enjoy or need the attention they get through having a sick child.

Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making a child feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of a child.

Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.

Sexual abuse may also 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.

Boys and girls can be sexually abused by males and or females, by adults and by other young people. This includes people from all different walks of life.

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. It may involve a parent or a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

Note

Recent guidance notes other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. These may have a negative impact on a child's health and development and may be noticed by an organisation caring for a child. If it is felt that a child's well-being is adversely affected by any of these areas, the same procedures should be followed.

Appendix 2 Signs of Abuse

Physical signs of abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

Emotional signs of abuse

The physical signs of emotional abuse may include;

- A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

Sexual Abuse

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way with adults

Neglect

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

Version	Changes	Date	Author
Ver 4	Amended at HAF request	05/03/2026	A Pitula
Ver 3	Amended Deputy Lead	01/10/2024	A Pitula
Ver 2	Updated with VAST	07/072023	A Pitula
Ver 1	Safeguarding Policy Created	01/07/2020	A Pitula

