

Invictus Wellbeing Foundation

Safeguarding and Child Protection Policy

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1. Our Policy

1.1. Policy Statement

Invictus Wellbeing Foundation (Invictus) holds strongly to the belief that no child or vulnerable adult should experience abuse of any kind. Invictus has a legal and moral obligation to promote the welfare of all children and young people and keep them safe and well. We are fully committed to practising in a way in which all children and young people we work with are protected and safeguarded.

Invictus recognises the safety and welfare of children and young people is paramount in all circumstances and will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

However, Invictus recognises that certain service users i.e. those with a disability, those from minority ethnic groups, children looked after by their local authority, care leavers, those from LGBTQ communities and those who do not have English as their first language, may be particularly vulnerable to abuse. We commit to and take responsibility for taking any and all additional steps to safeguard these individuals.

This policy and all procedures are to be adhered to by anyone representing the organisation; including trustees, directors, paid staff, volunteers, students and ambassadors.

1.2. Safeguarding Principles

Invictus are committed to meeting our statutory and ethical obligations as an organisation working with children and young people. However, we also aim to emulate our core values whilst managing any safeguarding concern, allegation or disclosure that may occur whilst we are working with a child or family.

Our core values are:

- Integrity
- Innovation
- Collaboration
- Compassion

We therefore expect all members of staff, volunteers and anyone representing the organisation to:

- **Learn with and from each other** - To work collaboratively and respectfully with staff, volunteers, parents/carers, young people and external agencies: putting the best interests of the young person at the forefront of any decision making process.
- **Share the same goals** - To understand and reflect the needs of the young person/family and use this understanding to plan and implement goals and actions in partnership with other agencies and the young person/family.
- **Feel equipped to support young people and families** - To continually develop our training, support and resources for staff, volunteers and representatives to ensure they have the appropriate skills, resources and knowledge to effectively support a young person/family.
- **Acknowledge and appreciate differences** - To work compassionately with young people/families; aiming to understand their perspectives and challenges, to work towards positive outcomes whilst respecting individual differences.
- **Challenge each other** - To implement a culture of always putting the young person/family first and challenging our colleagues, external partners and families when we believe these principles are not being met or a young person/families voice is not being heard.

1.3. Definitions

1.3.1. Child / Young Person

A child is defined as anyone who has not reached the age of 18. This is fundamental in UK law and the UN Convention of Human Rights. For the purposes of this policy and relevant procedures the term “child” and “young person” are used to mean the same thing.

Safeguarding children is defined in “Working together to safeguard children 2024” as:

- Protecting children from maltreatment;
- Preventing impairment of children’s health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

1.3.2. Vulnerable Adults / Adults at Risk

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs is unable to protect themselves.

Safeguarding vulnerable adults is defined in the care and support statutory guidance issued under the Care Act 2014 as:

- protecting the rights of adults to live in safety, free from abuse and neglect;
- people and organisations working together to prevent and stop both the risks and experience of abuse or neglect.
- people and organisations making sure that the adult’s wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action.
- recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being.

For the purposes of this policy, Invictus will apply similar standards and responses to young people as vulnerable adults.

1.3.3. Significant Harm

Significant harm: Is the threshold which justifies compulsory intervention in the best interests of the young person or adult. This may refer to a single traumatic event or, more often, the cumulative effect of incidents and/or behaviours over time which significantly impairs an individual’s physical and psychological development.

1.3.4. Types of Child Abuse and Neglect

Abuse is defined as: “a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or by others (e.g. via the internet).”

Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, Invictus will put the needs of children, young people and vulnerable adults first when determining what action to take.

Physical abuse: a form of abuse which 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 (Fabricated Induced Illness).

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve making a child feel that they are worthless or unloved, inadequate, or valued only insofar 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 a child's physical or developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in social interaction. It may involve seeing or hearing the abuse or neglect of others i.e. domestic abuse. It may involve bullying (including cyberbullying), causing children frequently to be scared or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of abuse and neglect of a child.

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 also include non-contact activities, such as involving children in spectating, or in the production of sexual content, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Children are not always aware that they are being sexually abused and can see the abuse as a normal part of their lives. The sexual abuse of children by other children is a specific safeguarding issue, which is covered in our Peer on Peer Abuse Policy for further information.

Domestic abuse: domestic abuse may be a single incident or a course of conduct which can include a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse.

All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16).

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

All staff follow Invictus’s Child Protection Procedures which are consistent with ‘Working Together to Safeguard Children 2024’. It is not the responsibility of Invictus staff and volunteers to investigate safeguarding concerns or determine the truth of any disclosure or allegation. All members of staff however, have a duty to identify concerns and follow our policies and procedures. Accordingly, all concerns regarding safeguarding of young people will be recorded and discussed with an on duty Designated Safeguarding Officer (DSO).

Abuse may be perpetrated by a range of people including family members, adult(s) known to the young person and other young people, and offences are committed by females as well as males.

Invictus recognises that abuse, neglect and safeguarding issues are rarely stand alone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

1.3.5. Signs & Symptoms of Abuse

Signs of child abuse and neglect are not always obvious and in many cases young people don’t realise that abuse is occurring. Invictus Wellbeing staff and volunteers are trained comprehensively to spot the signs and symptoms of abuse and to use professional curiosity when concerns arise.

There are many signs and symptoms of abuse, some can be specific to the type of abuse taking place. Following the categories of abuse above, below are some abuse specific signs and symptoms of different forms of abuse:

Signs and Symptoms of **Physical Abuse** may include:

- Bruises
- Broken or Fractured Bones
- Burns and Scalds
- Bite marks and scarring
- Breathing problems
- The effects of poisoning such as vomiting, drowsiness and seizures.
- Aggressive/Inappropriate learned behaviours
- Abuse specific wounds (such as hair straightener burns)
- Inappropriate clothing that may cover physical injuries
- A sudden change in behaviour
- Flinching

- Unexplained injuries or uncorroborated/unrealistic explanations of injuries.

Signs and Symptoms of **Emotional Abuse** may include:

- Lack of self esteem & confidence
- Difficulty controlling/regulating emotions.
- Difficulty making/maintaining relationships
- Mental Health Issues/Disorders
- FFFF Behaviour under Stress
- Bullying behaviours/inappropriate language.
- Abusive/coercive relationships with peers

Signs and Symptoms of **Sexual Abuse** may include:

- Inappropriate Sexual Behaviour
- Inappropriate Language
- Unexplained Gifts/Expensive items
- Disclosures of sexually transmitted infections.
- Inappropriate Clothing for weather
- Self Harm/maladaptive coping mechanisms
- Risk taking behaviours
- Unwanted/unplanned pregnancy

Signs and Symptoms of **Domestic Abuse** may include:

- Self Esteem Issues
- Isolation - reclusive behaviour.
- Prevented from seeing friends/family.
- Anxiety & Increased Fear
- Sleep Issues
- Anger & Aggression
- Bullying or being bullied.
- Unhelpful coping mechanisms
- Manipulative relationships

Signs and Symptoms of **Neglect** may include:

- Malnutrition
- Dehydration
- Untreated Physical Conditions/Problems
- Unusual Weight Loss
- Overeating

1.3.5. Historic Abuse

Historical abuse, also known as non-recent abuse, is a term used to describe abuse that occurs when someone is a child or young person under the age of 18, and is later reported by the victim or someone on their behalf. It can include physical, sexual, or emotional abuse, and can manifest as a single traumatic event or a series of repeated abuse.

The key characteristic of historical abuse is that it occurred in the past, and it can have a profound and enduring impact on survivors. Some adults may have always known about the abuse, while others may have only recently come to understand what happened to them.

1.4 Framework

This policy has been made in accordance with UK law and guidance which seeks to protect children and young people. Invictus recognises and commits to its responsibility under “Working together to safeguard children” (2024), “Keeping Children safe in Education” (2024) and West Yorkshire specific Safeguarding and Child Protection policies and procedures.

Invictus works with children in and from Yorkshire primarily but works across numerous local authorities. Invictus takes responsibility to ensure swift and appropriate reporting and referral to appropriate services and has published this policy based on West Yorkshire Consortium Inter Agency Safeguarding and Child Protection Procedures. A summary of key legislation can be found at [nspcc.org.uk/learning](https://www.nspcc.org.uk/learning).

2. Staffing and Vetting

2.1. Recruitment

This policy has been developed and complies with guidance outlined in the [Department for Education’s Keeping Children Safe in Education 2024](#).

To ensure that the organisation makes appointment decisions with the full knowledge of the facts, the qualifications and experience of potential employees will be rigorously scrutinised during the interview process and used as a point of discussion along with available references and completed application form.

There is a requirement that all staff and volunteers have satisfactory Disclosure and Barring Service (DBS) disclosures, at an appropriate level, before working for Invictus Wellbeing. In the case that a member of staff works directly with children or their information in their role, they will require an enhanced DBS check with barred list.

Invictus will undertake a rolling programme of DBS checks for existing staff in line with relevant CMBC policy (a minimum of a check every 2 years). All information will be held in accordance with the Data Protection Act 2018.

2.2. Induction & Training

Invictus Wellbeing ensures that staff are able to fulfil their safeguarding responsibilities more effectively by providing a comprehensive induction and ongoing training relevant to their roles. All staff will be required to attend relevant training which will outline procedures for dealing with disclosures, whistleblowing and safeguarding concerns.

All staff will have regular mandatory safeguarding training and development opportunities, at least every six months. This training will include updating staff on contemporary safeguarding protocol and good practise. The safeguarding team may also provide organisation specific training responding to key themes which have arised recently.

All staff who are in direct contact with children, young people and families must have an up to date Level 3 Safeguarding certificate (minimum every 2 years). The level 3 certificate must be in Safeguarding Children and Young People and/or Safeguarding Vulnerable Adults dependent on service provision.

Attendance and completion of safeguarding training is mandatory and will be recorded using a register. Failing to attend and engage in training could trigger disciplinary action/termination of a volunteering agreement.

2.3. Probation

Staff cannot pass their probation unless they have completed their Safeguarding induction or without all relevant safer recruitment checks being signed off.

2.4. Staff & Volunteer Code of Conduct

Invictus Wellbeing expects all staff and volunteers to act and behave professionally whilst working with service users. As part of their commitment to this, we ask all staff and volunteers to sign a code of conduct. This may differ depending on role and the level of engagement with young people and vulnerable adults; it includes use of social media and professional appearance.

2.5. Staff Welfare

We recognise that working with young people and vulnerable adults who are victims of abuse can be challenging and impact staff and volunteer wellbeing. Invictus offers the following support mechanisms:

- Ongoing reflective practice through regular clinical & management supervision, check ins, reflective practice and team meetings at least once every month.
- Access to internal support from appropriate employees: all staff and volunteers will be able to speak directly to an on duty designated safeguarding officer.
- Promotion and signposting of helplines such as NSPCC to all staff.

2.6. Adult to Child Ratios

We are committed to working towards NSPCC Guidance regarding the ratio of adults to children when working with children and young people. All of our projects and services will be risk assessed by a member of the safeguarding team where we will analyse:

- the nature and duration of activities
- the competence and experience of staff involved
- the requirements of location, accommodation or organisation
- any special medical needs
- any specialist equipment needed.

Using this information, we will make a judgement on the level of supervision needed for the group of children we are working with and the environment that we will be working in. As per NSPCC recommendations, the minimum number of adult to child on our programmes will be:

- under 2 years - one adult to three children
- 2 - 3 years - one adult to four children
- 4 - 8 years - one adult to six children
- 9 - 12 years - one adult to eight children
- 13 - 18 years - one adult to ten children

For adults 18-25 engaging with our services/projects, we will conduct risk assessments which will evaluate staffing requirements and risk.

2.7. Responsibilities

Board of Trustees & Safeguarding Trustee - The board of trustees holds ultimate legal responsibility and oversight of safeguarding for the organisation. The board of trustees will designate one trustee to be the safeguarding trustee for the organisation. This trustee will attend regular review meetings, have access to all safeguarding matters and input into changes to policy and procedure.

Head of Safeguarding & Child Protection & Deputy - The Board of trustees and Chief Executive Officer will designate a head and deputy head of safeguarding and child protection for the organisation. These roles will be members of staff and will oversee, manage and report to the board on all matters relating to safeguarding. Their responsibility is to keep children, young people and families safe and ensure the organisation acts to protect and safeguard children and young people in all its affairs.

Designated Safeguarding Officers - A designated safeguarding officer (DSO) is a trained member of staff responsible for overseeing all safeguarding concerns raised within the organisation and ensuring correct reporting procedures are followed. They work collaboratively with the DSL, Safeguarding Trustee, Staff, Volunteers and external agencies to ensure safeguarding policies and procedures are followed. They are the first point of contact for practitioners to raise any safeguarding concerns.

Staff, Volunteers and Contractors - All employees and representatives of Invictus have a responsibility for safeguarding but we have a clear safeguarding leadership and accountability structure to ensure appropriate action is taken in regards to safeguarding and child protection concerns.

Visitors/Guests - If you are not a member of Invictus Wellbeing, please contact our main office number as below and ask for an on-duty designated safeguarding officer.

Name	Role	Email	Tel
Daniel Hutchinson	Head of Safeguarding & Child Protection & Designated Safeguarding Officer	danny@invictuswellbeing.com	EXT 001 07841919084
Ben Heavyside	Safeguarding Trustee	benheavyside96@hotmail.com	07837038828
Sharon Dunning	Deputy Head of Safeguarding & Child Protection & Designated Safeguarding Officer	sharon@invictuswellbeing.com	EXT 101 07599900088
Sarah Risby	Designated Safeguarding Officer	sarah.risby@invictuswellbeing.com	EXT 302 07759288189
Rebecca Hutchinson	Designated Safeguarding Officer	rebeccah@invictuswellbeing.com	EXT 104 07732567420
Rowenna Makaj	Designated Safeguarding Officer	Rowenna.Makaj@invictuswellbeing.com	EXT 201 07710414764
Mobeen Akhtar	Therapeutic Practitioner	mobeen.akhtar@invictuswellbeing.com	EXT 403 07898317206
Suzy Daly	Therapeutic Practitioner	suzy.daly@invictuswellbeing.com	EXT 306 07943109721
Base Phone - Call for DSO	On Duty Designated Safeguarding Officer	support@invictuswellbeing.com	01422 730015 - Ask to speak to a DSO

3. Managing Concerns, Disclosures, Allegations and Suspicions of Abuse

3.1. Procedure

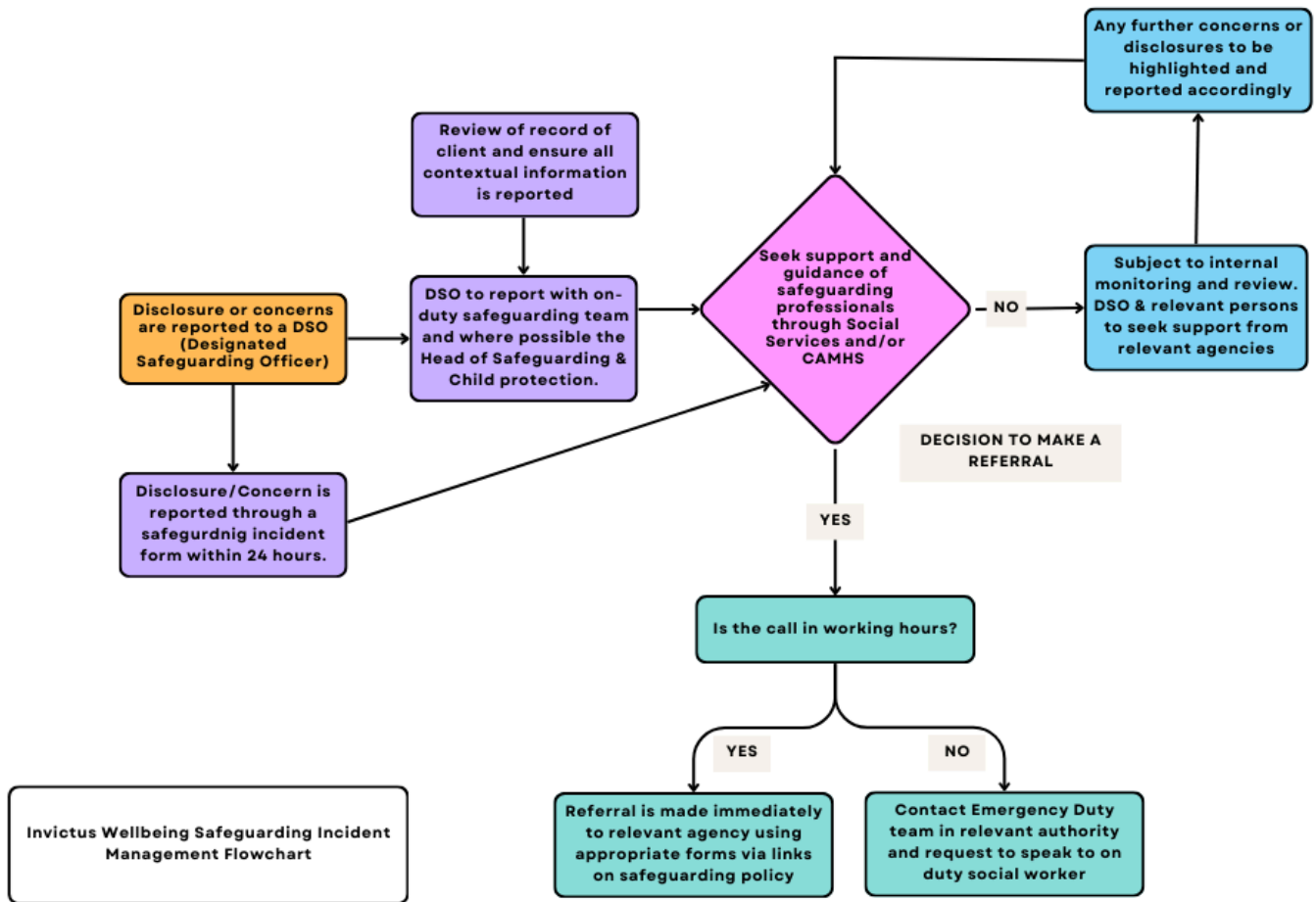
If a client discloses that they have been a victim of abuse, or if a staff member has concerns that a young person is at risk of harm or abuse, they should immediately take the following steps:

1. Inform the young person that what they are saying may not be able to be kept confidential (if they are at risk of harm or someone else is).
2. If they continue, allow the young person to speak without interrupting, accepting what has been said and not questioning what they are saying. Reassure them that they have done the right thing in telling you and do not make opinionated statements.
3. Ensure that all young people involved or that could become involved in situations of any further concern are out of immediate danger.
4. Escalate it to the Designated Safeguarding Officer immediately by speaking to them directly or calling them on the provided contact number.
5. Record factual statements as you know them on a disclosure form (Appendix 1) and pass to the on duty Designated Safeguarding Officer as soon as possible and within 24 hours.

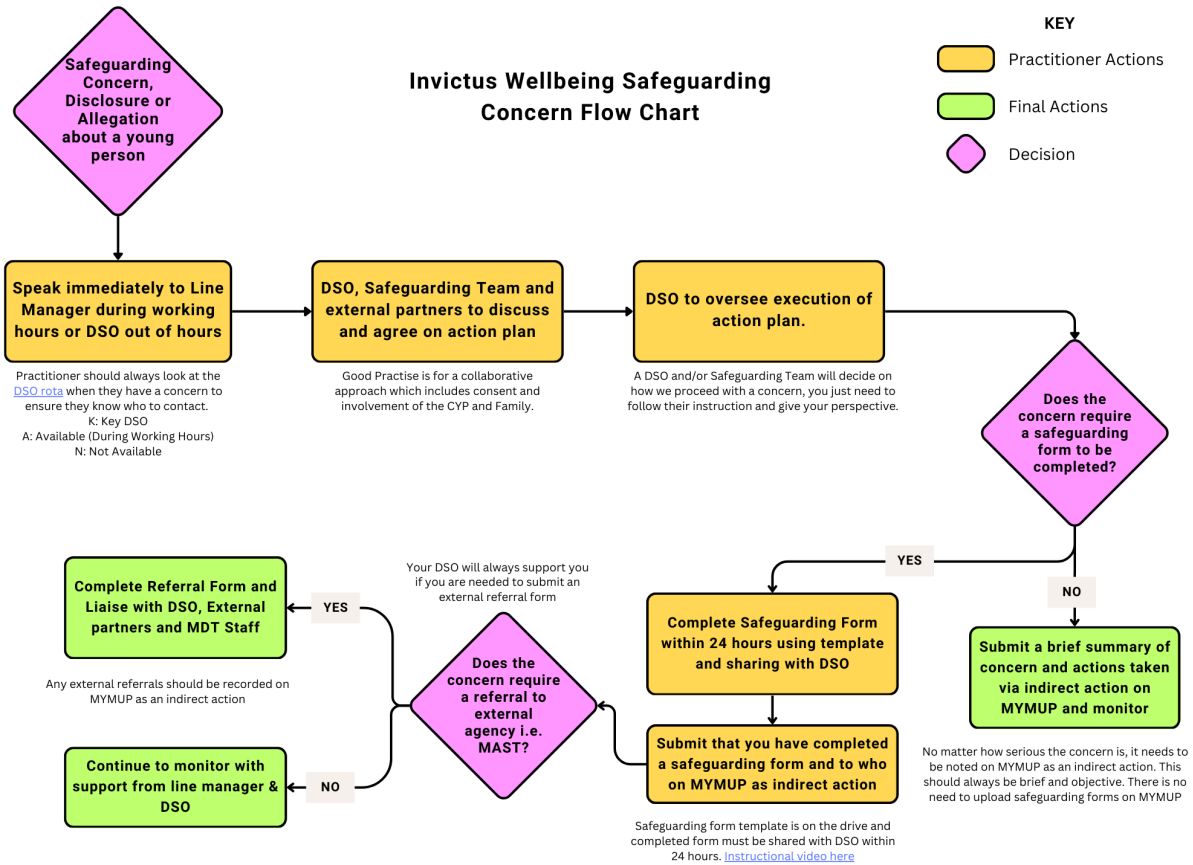
If a member of staff suspects abuse, or has concerns about another staff member, but it has not been disclosed, follow the process as above but without Steps 1 and 2.

For transparency: designated safeguarding officers will then follow the flow chart below:

INCIDENT MANAGEMENT FLOWCHART



PRACTITIONER SAFEGUARDING CONCERN FLOWCHART



Contact details

Calderdale

<https://safeguarding.calderdale.gov.uk/report-concerns/>

Calderdale Open Minds First Point of Contact: 01422 300001

Calderdale Safeguarding: 01422 393336

Calderdale Emergency Duty Team: 01422288000

Calderdale 24/7 Mental Health: 07385399840

Calderdale Gateway to Care (Adults Safeguarding) Duty Team: 01422 393000.

Bradford

<https://saferbradford.co.uk/report-a-concern>

Bradford CAMHS: 01274723241

Bradford First Response mental health 24 hours: 08009521181

Bradford Safeguarding Initial Contact Point: 01274435600

Bradford Emergency Duty Team: 01274 431010

Kirklees

<https://www.kirkleessafeguardingchildren.co.uk/reporting-child-abuse/>

Kirklees CAMHS 24hrs: 0300 3045555

Kirklees Duty and Advice: 01484 456848

Emergency Duty Team: 01484 414960

Wakefield

<https://www.wakefieldscp.org.uk/worried-about-a-child/>

Wakefield Emergency Duty Team: 0345 8503 503

Wakefield CAMHS Single Point of Access: 01977735865

Leeds

<https://www.leedsscp.org.uk/concerned-about-a-child/practitioners>

Leeds Safeguarding Duty and Advice: 0113 376 0336

Leeds Emergency Duty Team: 0113 535 0600

Mindmate (Leeds CAMHS): 03005550324

Leeds single point of access (out of hours): 08001831485

3.2. Working with Parents/Carers

Invictus Wellbeing is committed to working in partnership and collaboration with parents/carers when there is a concern about their child. Where safe and appropriate, we will aim to inform the parent of all conversations, actions and referrals around their child. We aim to obtain parental consent whilst acting or advocating on behalf of the child or family (i.e. by submitting a referral to an external agency).

Where we have reason to believe a child may be at risk of immediate significant harm, parental consent is not required to share information or inform that a request for service/referral is being made. This is due to our statutory and moral responsibility to refer Child Protection concerns to Children's Social Care.

We are committed to the four NSPCC key principles of working with parents/carers which are included in 'Working Together to Safeguarding Children (2024)' which are as follows:

- Effective partnership and the importance of building strong, positive, trusting and cooperative relationships
- Respectful, non-blaming, clear and inclusive verbal and non-verbal communication that is adapted to the needs of parents and carers
- Empowering parents and carers to participate in decision making by equipping them with information, keeping them updated and directing them to further resources
- Involving parents and carers in the design of processes and services that affect them.

3.3 Consent & Confidentiality

Where a young person tells us explicitly that they do not want their parents/carers involved in their care/support, we will take the following steps:

- Explore the reasons why a young person does not want involvement from their parents/carers using professional curiosity.
- Encourage young people to speak with their parents/carers where this is appropriate and safe to do so.

If a young person is over the age of 16; we will assume they have the mental capacity, as per UK law, to give or withhold consent. If a young person over 16 is actively suicidal or is at risk of abuse, with limited or no protective factors in place and refuses to give consent to share this information, we will seek further advice from external agencies. If needed we will break confidentiality to preserve life and/or prevent risk of serious harm to keep the young person safe.

For young people under the age 16, we will assess their mental ability, and therefore their ability to give or withhold consent by utilising the Gillick competency and Fraser guidelines.

The Gillick competency and Fraser Guidelines are used to assess a young person's mental capacity; taking into consideration their age, maturity, their understanding of consent and their understanding of risks, implications and consequences of giving/withholding consent.

Assessments will be completed by suitably qualified and trained professionals and decisions will be made collaboratively by the safeguarding team.

3.4. External Services

Invictus will take the following approach if external agencies are involved:

- Child Protection and Welfare Concerns: inform Social Services in the borough in which the child or young person resides.
- Criminal offence committed against a young person or vulnerable adult: inform the police in the borough in which the offence has occurred.
- Mental Health Concerns which involve a child or young person at risk of significant harm: Risk of significant harm is immediate or imminent: Call 999
- Risk of significant harm is at potential stage: Contact CAMHS First Point of Contact in the borough in which the child or young person resides.

3.5. Information Sharing and Confidentiality

Data protection legislation is not a barrier to sharing safeguarding concerns.

If there are concerns or a disclosure has been made in regards to abuse or neglect, it must be reported to a designated safeguarding officer. This includes the disclosure of a crime or intent to commit a crime, whether historical or current.

A Designated Safeguarding Officer will then liaise with the safeguarding team and external agencies such as social services to discuss the best course of action. It is good practice to be transparent and inform parents/carers that you are sharing information for these purposes and seek to work cooperatively with them, where it is safe to do so.

However, if you feel it is not appropriate to discuss with parents or they are unavailable, you must take all necessary steps to safeguard the child/young person in question, including contacting and referring to Social Services, The Police or other relevant agencies.

3.6. Whistleblowing

Invictus has a clear whistleblowing procedure, referenced in staff training and codes of conduct, and promotes a culture that enables issues about safeguarding and the welfare of children to be addressed. Concerns can be reported directly to danny@invictuswellbeing.com or 01422 730015.

If not appropriate, concerns can be taken to the Local Authority Designated Officer (LADO) through:

Calderdale:	<u>CP.Admin@calderdale.gov.uk</u> or 01422 394086
Bradford:	<u>LADO@bradford.gov.uk</u> or 01274 435600
Kirklees:	<u>LADO.cases@kirklees.gov.uk</u> or 01484 221126
Wakefield:	<u>lado.referrals@wakefield.gov.uk</u> or 01977 727032
Leeds:	<u>LADO@leeds.gov.uk</u> or 0113 3789687

4. Supporting our Clients

4.1. Medical and Sensitive Information

Invictus may collect relevant medical and sensitive information (MASI) about service users in order to support them and keep them safe whilst they take part in our sessions or come on to our premises. The collection, management and destruction of this information is subject to our GDPR and privacy policy.

4.2 Boundaries with Service Users

Anyone representing Invictus Wellbeing must not contact service users outside of working hours (9am - 7.15pm, Mon-Fri) and statutory/mandatory holidays. This is essential as there will be no DSO or on duty safeguarding team who can support you if there are concerns or disclosures of safeguarding issues.

5. Monitoring and Review

It is the responsibility of the designated safeguarding team to monitor and review the effectiveness and implementation of this policy and update it when required. The designated safeguarding team will meet twice a year to analyse and update the policy as required.

The Safeguarding Team will meet on a quarterly basis to audit any safeguarding concerns that have been brought to the attention of the safeguarding team.

5.1 Summary of Changes

Please note that these changes are only from the most recent safeguarding policy.

Changes made to policy in most recent review		
Section	Date of Change	Summary of Change
2.2	13/02/25	Added further information and guidelines for staff regarding training and development expectations.
1.3.4	13/02/25	Amended wording and referenced to our Peer on Peer abuse policy
2.7	13/02.25	Added definitions of Safeguarding Trustee, DSL & DSO to demonstrate key responsibilities
2.7	13/02/25	Added Mobeen Akhtar and Suzy Daly as back up DSOs
5.2	13/02/25	Added Glossary of terms for young people to be completed for next review meeting
3.3	13/02/25	Amended consent & confidentiality for 16+

5.2 Vision & Future Considerations

This section is to reflect long term vision, targets, aims and considerations for future policy and procedures review.

Status	Consideration	Date to review	By whom	Notes
Ongoing	The Safeguarding Team suggested the involvement of parents/carers in reviewing our policy and procedures and suggesting changes	2025	Rebecca Hutchinson Sharon Dunning	<ul style="list-style-type: none"> - Focus group to be arranged with parents/carers involved within our service. - Discuss with parent/carer peer support group
Ongoing	The Safeguarding Team suggested the involvement of young people and service users in reviewing our policy and procedures and suggesting changes.	12/24	Rebecca Hutchinson Sarah Risby	<ul style="list-style-type: none"> - Involvement of youth leaders from Calderdale and Bradford in our safeguarding policy and procedures. - 27/11: safeguarding Policy to be printed out

				and given to Youth Leaders in Bradford & Calderdale to read through & highlight everything that they feel does not make sense or is confusing.
Ongoing ▾	To produce a glossary of terms tailored to young people		Rowenna Makaj Sharon Dunning	Professional curiosity, 4 Fs, mal-adaptive, vetting, Gillick competency.
Not started ▾				
Not started ▾				
Not started ▾				

5.3 Policy Review Statement

This policy and accompanying procedures came in to force on: **27/11/24**

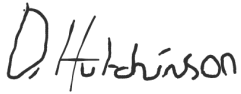
The policy and accompanying procedures were previously reviewed on **27/11/24**

The policy statement and accompanying procedures were last reviewed on: **13/02/25** by:

Danny Hutchinson (CEO)
 Sharon Dunning (Clinical Lead & Senior Therapeutic Practitioner)
 Sarah Risby (Operations Manager)
 Rowenna Makaj (Service Manager)
 Ben Heavyside (Trustee)

The next date for review is the **13/06/25**

Signed:



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 Danny Hutchinson - Chief Executive Officer & Head of Safeguarding & Child Protection

Date: 13/06/25