Association of Breastfeeding Mothers

Safeguarding Policy

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Notes on Acronym Use

Throughout this document several acronyms are used, these include:

- ABM Association of Breastfeeding Mothers
- BFC Breastfeeding Counsellor
- pBFC Probationary Breastfeeding Counsellor
- IBCLC International Board-Certified Lactation Consultant
- NBH National Breastfeeding Helpline
- BFCC Breastfeeding Counsellor Coordinator
- PSC Peer Supporter Coordinator

Introduction

This policy document focuses on the safeguarding of children, vulnerable adults and adult standards for service delivery within the ABM.

The ABM has a statutory duty to ensure that it safeguards and promote the welfare of children and young people and adults that reflect the needs of those we may encounter; and to protect vulnerable adults from abuse or the risk of abuse.

Child protection system across the UK

For up-to-date legislation, policy and guidance for each of the UK's 4 nations – England, Northern Ireland, Scotland and Wales – go to: Child protection system in the UK | NSPCC Learning

Each of the four nations each have their own framework of child protection legislation, guidance and practice to:

- identify children who are at risk of harm
- take action to protect those children
- prevent further abuse occurring.

Although the child protection systems are different in each nation, they are all based on similar principles. Each UK nation is responsible for its own policies and laws for education, health and social welfare. This covers most aspects of safeguarding and child protection.

Our policy lists a number of key polices and legislation in appendix B.

Scope of the Document

The aim of this policy is to ensure that ABM does not put a service user or their child inadvertently at risk; that systems are in place to proactively safeguard and promote the welfare of children, to protect vulnerable adults from abuse, or the risk of abuse, and to support volunteers and staff in fulfilling their obligations. This document will be reviewed every two years or in line with changing national and local guidance.

Principles

In developing this policy ABM recognises that we all have a responsibility to safeguard children and vulnerable adults and need to ensure effective joint working at a local level between ABM (volunteers and staff) and local agencies and professionals. Our different roles and expertise are required to protect vulnerable groups in society from harm. To achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

- The commitment of all volunteers, staff and trustees to safeguarding children and vulnerable adults.
- Clear lines of accountability within the organisation for work on safeguarding.
- Volunteer /staff training and continuing professional development so that all have a clear understanding of their roles and responsibilities and can undertake these in an effective manner. This includes being able to recognise when a child or vulnerable adult requires safeguarding and knowing what to do in response to concerns.
- Safe working practices including recruitment and vetting procedures.

- Effective inter-agency working, including effective information sharing.

Safeguarding Flow Chart – Reporting Concerns About a Child and/or Vulnerable Adult

The flow chart in figure 1 represents the process for reporting safeguarding concerns which are NOT linked to the National Breastfeeding Helpline. An example may be a group which is run by ABM volunteers. If a group is run by another agency, e.g. NHS or Council, then their safeguarding policy will be followed, but the ABM should be informed to ensure the appropriate action has been taken and safeguard our own volunteers and offer them supervision.

Always

Follow the appropriate safeguarding procedure for your organisation

- Seek appropriate advice and support.
- Discuss any concerns that are not an emergency with the ABM Safeguarding Leads within 24 hours.
- Write down as much key information as soon as possible.
- Record facts, observations and verbatim comments, not opinions, judgements or extrapolations

Never

- Do nothing.
- Assume that someone else or another agency will or is acting.
- Attempt to resolve the matter yourself.

Contacts

- ABM Safeguarding Leads (email as primary route, telephone numbers in an emergency). Please cc your PSC/BFCC into the email.

  safeguarding@abm.me.uk
- Caroline Bolton: 07702 553650

Call 999, the NSPCC 0808 800 5000, or your local Safeguarding Board in an emergency

If you are unsure about the concern, you can discuss it with the Safeguarding Leads.

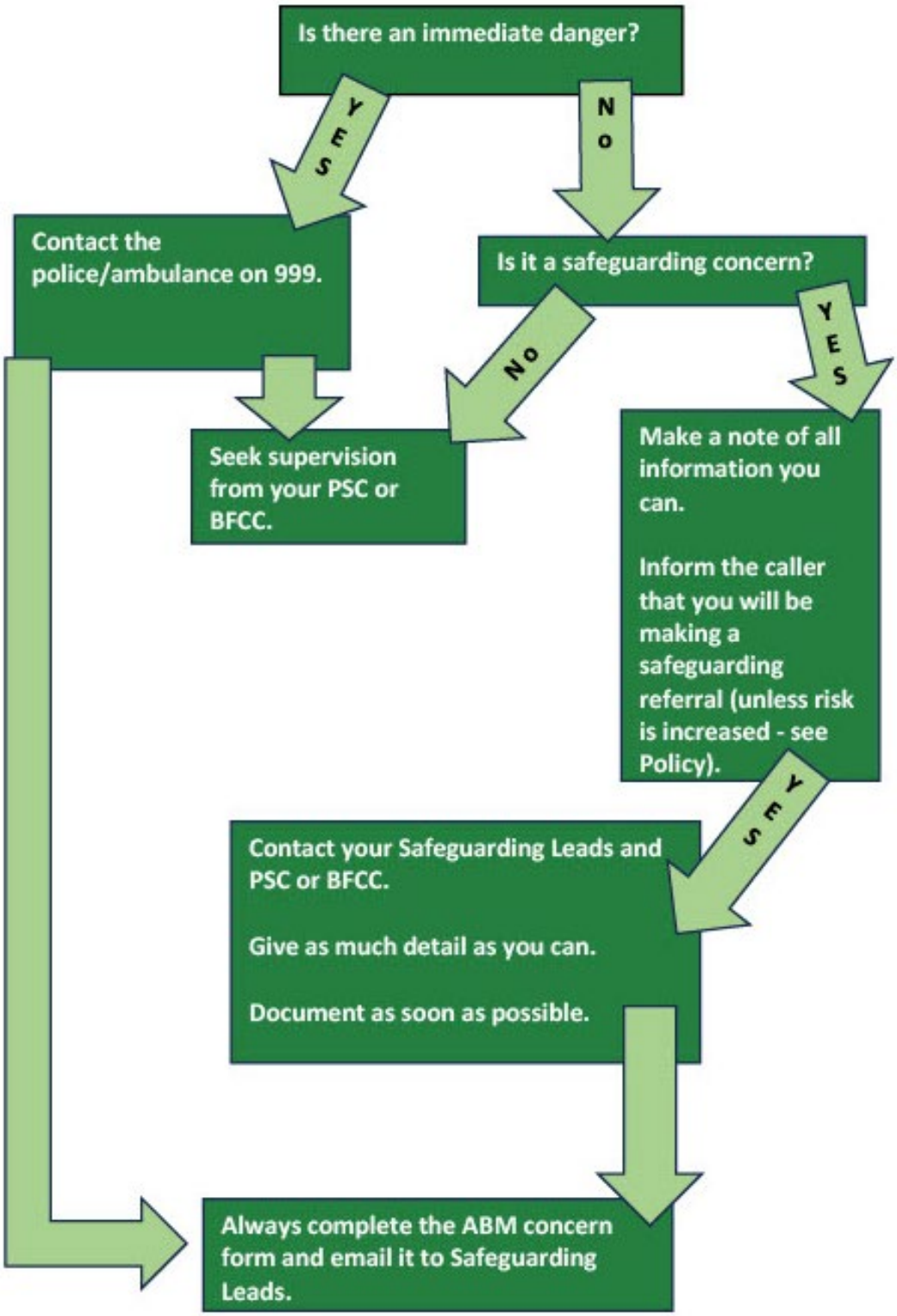

Is there an immediate danger?
YES
No
Contact the police/ambulance on 999.
Is it a safeguarding concern?
No
YES
Seek supervision from your PSC or BFCC.
Make a note of all information you can.
Inform the caller that you will be making a safeguarding referral (unless risk is increased - see Policy).
YES
Contact your Safeguarding Leads and PSC or BFCC.
Give as much detail as you can.
Document as soon as possible.
Always complete the ABM concern form and email it to Safeguarding Leads.

Figure 1

Safeguarding Children and Vulnerable Adults – Roles and Responsibilities

Trustees and Central Committee

- Ensures that ABM's contribution to safeguarding and promoting the welfare of children and vulnerable adults is carried out effectively across the organisation, integrated into procedures and reviewed at least every two years.

- Ensures that all ABM policies and procedures for safeguarding children and vulnerable adults are in line with national and local standards and procedures and are easily accessible for volunteers and staff throughout the organisation.

- Ensures that ABM monitors its service standards, providing assurance that safeguarding standards are met.

- Ensures that all volunteers in contact with children and vulnerable adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults, know how to act on those concerns in line with local guidance.

- Encourage BFCC to encourage developing links with and co-operating with the Local Authority in the operation of the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB).

- Ensure that all recruitment of staff and volunteers working with children and or vulnerable adults includes references that are verified.

- Ensures that for new members of staff a full employment history is always available with satisfactory explanations for any gaps in employment history, and that qualifications are checked.

- If volunteers are working locally, the organisation they are working for would be responsible for DBS checks. Barring checks are undertaken (when available) in line with national and local guidance.

Training Team

- Ensures that references are received for all trainees.

- Ensures that all ABM Registered PS, BFC and other post holders or staff receive and read the code of conduct which will give an overview of the organisation and ensure they know its purpose, values, services structure and policies.

Individual Volunteers and Staff

- To be alert to the potential indicators of abuse or neglect for children and vulnerable adults and know how to act on those concerns in line with local guidance.

- To take part in training, including attending regular updates to maintain skills and be familiar with procedures aimed at safeguarding children and vulnerable adults. The course the ABM uses is in the TRAINING BFC. or PS Resources section on the Website.
  Safeguarding training may also be available through local voluntary service associations. To encourage all post holders and staff members (e.g. Magazine Editor, Trustees) to complete a Level 2 Safeguarding Course for adults and a Level 2 Safeguarding Course for children.

- Understand the principles of confidentiality and information sharing in line with local and government guidance.

- All contribute, when requested to do so, to their local multi-agency meeting established to safeguard and protect children and vulnerable adults.

Helpful Information

- To find your local Safeguarding lead search for '*Local Safeguarding Children's Board*,' they will let you know about training and reporting in your area.

- If you work for an NHS trust or another organisation follow their safeguarding procedures for face-to-face work locally. Also inform the ABM safeguarding leads so we can ensure you receive supervision if needed.

Concerns about a Child or Adult (Summary)

The ABM will keep information shared by parents and carers confidential within the organisation and will only share it on a need-to-know basis in the course of their duties. Information will not be shared with others without the permission of the parent or carer, unless not doing so would endanger a person's welfare. If it is felt appropriate to refer the matter to the local Social Services Children and Families Team or equivalent organisation, this will be done, if possible, with the knowledge of the parent /carer and, if possible, with their permission. It is important to let them know that you are actioning a safeguarding concern regardless of whether you have permission.

Very rarely, where the concern is very serious and further discussion with a parent or carer might put a child at further risk, the parent or carer may not be told of a referral to Social Services until after a discussion between the ABM, Social Services and the Police.

If you are concerned about the welfare or safety of a child or adult:

Always:

- Seek appropriate advice and support.

- Discuss any concerns with your ABM safeguarding leads.

- Write information down as soon as possible.

- If your concern is in relation to a NBH telephone, social media or webchat call, please use the NBH Safeguarding Concern Form.

- Please also make sure you record the date and time of the call and any other details which you know such as the caller's name, date of birth of the baby and information shared about their location.

- NBH Voicemail and NBH@Night teams should follow their own safeguarding information and procedures.

Never:

- Do nothing.

- Assume that someone else or another agency or professional will act or is acting.

- Fail to discuss your concerns within 24 hours with the safeguarding leads.

- Attempt to resolve the matter yourself.

Whistleblowing

If you are worried that something is wrong, please don't keep it to yourself. Unless you tell someone, the chances are we may find out too late that your concern was justified. Please raise any worries while they are still just a concern. Keep it in perspective – there may be an innocent explanation.

- Stay calm – you're doing the right thing.

- If for whatever reason you are worried about raising it with your supervisor, line manager or coordinator where these are in position, you can also report concerns directly to your local Children's Social Services. This also applies if you feel your concerns have not been dealt with appropriately within ABM or by your health professional contact.

You can also contact the following services for support:

- Independent whistleblowing charity Protect on 020 3117 2520 or via their contact form of their website www.protect-advice.org.uk/

- Ofsted Whistleblower Hotline by calling 0300 123 3155 (Monday to Friday from 8.00am to 6.00pm) or email whistleblowing@ofsted.gov.uk

- Contact the NSPCC Helpline: 0808 800 5000

Using these whistleblowing actions appropriately will not prejudice your own position or prospects or that of any service users.

Enquiries relating to illegal drugs

Guidance for ABM Volunteers

We support all families to make informed decisions about use of medication when breastfeeding. This includes breastfeeding mothers/parents who have been exposed to illicit or illegal substances, whether by choice or unintentionally.

Firstly, respond as you would with any supporting situation:

- Listen, be non-judgmental in your response, show acceptance of the situation (not agreeing, disagreeing or condoning) and reflect the mother/parent/caller's concerns. Stick to facts and evidence-based information.

- If you have received information that a child has been exposed to a harmful substance, the caller should be advised to seek medical attention for the child and a reporting a concern form should be completed.

- Avoid sharing any information related to medication or illegal drugs as this is outside boundaries of the service. All enquiries should be signposted to the DIBM volunteers.

- If the baby has not been exposed as the mother/parent has not breastfed since ingesting the illegal substance, then you still need to complete a concern form. ABM Safeguarding Leads will inform BfN for monitoring information.

- Follow usual practice around having concerns about the health of a baby and strongly urge baby receives immediate medical advice.

DIBM notice for families: We support all families to make informed decisions about use of medication when breastfeeding. This includes breastfeeding mothers/parents who have been exposed to illicit or illegal substances, whether by choice or unintentionally. Parents are often understandably very cautious when they contact us for information. While we cannot condone the use of illegal substances, please be reassured that our priority is to help you to keep your baby safe. We are here to provide information on a non-judgmental basis, and all enquiries are confidential.

Domestic Violence (Summary)

Including Honour Based Violence, Forced Marriage and violent cultural practices like FGM

Domestic abuse is a complex issue which affects every one of us and reaches every corner of our society. It is also called Domestic Violence. Domestic abuse is a serious crime and should be treated as such. It does not recognise class, race, religion, gender, sexuality, culture or wealth and its effects on family life are devastating. In most reported instances, the abuser is male, and the victim is female, although there are attacks by women on men and between two people of the same gender, whether current or ex-partners or family members.

Definition of Domestic Violence: Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if:

(a) A and B are each aged 16 or over and are personally connected to each other, and

(b) the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following—

(a) physical or sexual abuse.

(b) violent or threatening behaviour.

(c) controlling or coercive behaviour.

(d) economic abuse (see subsection (4)).

(e) psychological, emotional or other abuse.

It does not matter whether the behaviour consists of a single incident or a course of conduct.

Domestic abuse is any incident or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partners or family members, regardless of gender and sexuality.

Impact on Children and Young People:

Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the victim's parent to protect the child. Domestic abuse has an impact in several ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. It

can also lead to other possible risks, such as foetal death, low birth weight, early birth, infection etc.

Older children may also suffer blows during episodes of abuse. Children are likely to be greatly distressed by witnessing the physical and emotional suffering of a parent or other family member. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic abuse can have a potential impact on their ability to look after their children. The negative impact of domestic abuse is exacerbated when the abuse is combined with drink or drug misuse as this can increase the severity of the attacks.

Children's exposure to parental conflict; even where abuse is not present, can lead to serious anxiety and distress among children, particularly when it is routed through them. Children may suffer both directly and indirectly if they live in households where there is domestic abuse. Domestic abuse is likely to have a damaging effect on the health and development of children, and it will often be appropriate for such children to be regarded as a Child in Need. All those working with families and children should be alert to the frequent inter-relationship between domestic abuse and the abuse and neglect of children.

When there is evidence of domestic abuse, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to abuse or other harm. Conversely, where it is believed that a child is being abused; those involved with the child and family should be alert to the possibility of domestic abuse within the family.

Domestic Abuse is a child protection issue. In relation to the impact of domestic abuse on children, the amendment made in section 120 of the Adoption and Children Act 2002 to the Children Act 1989 clarifies the meaning of "harm" in the Children Act, to make explicit that "harm" will include, for example, "impairment suffered from seeing or hearing the ill-treatment of another." This is now also specifically included in the definition of Emotional Abuse.

Action to Safeguard Children: The Police are often the first point of contact with families in which domestic abuse takes place. The children may be the subject of a Child Protection Plan. Normally, one serious or several lesser incidents of domestic abuse where there is a child in the household indicate that Children's Social Care should carry out an Initial Assessment of the child and family, including consulting existing records.

Children who are experiencing domestic abuse may benefit from a range of support and services, and some may need safeguarding from Significant Harm. Often, supporting a non-violent parent is likely to be the most effective way of promoting the child's welfare. The Police and other agencies have defined powers in criminal and civil law that can be used to help those who are subject to domestic abuse. Health visitors and midwives can play a key role in providing support and need access to information shared by the Police and Children's Social Care.

There is an extensive range of services for women and children, delivered through refuge projects operated by Women's Aid, and Probation Service provision of Women's

Safety Workers, for partners of male perpetrators of domestic abuse, where they are on a domestic abuse treatment programme (in custody or in the community). These services have a vital role in contributing to an inter-agency approach in child protection cases where domestic abuse is an issue. There are several services available to everyone suffering domestic abuse; links to some of these can be found in the local contacts domestic abuse services. Your area may have an Independent Domestic Violence Advisers (IDVAs) and/ or a Multiagency Risk Assessment Conference (MARAC) co-coordinators/ administrator.

For further information visit the Home Office resources here.

Roles of Agencies: we may be alerted to the possibility of Domestic Abuse involving children in several different ways. The most important thing to do is not to ignore your concerns. Talk to your supervisor or line manager who will contact the Designated or Named Professional, Nurse / Designated Teacher.

Information Sharing (Summary)

This guidance is about sharing information for the purposes of safeguarding and promoting the welfare of children. Sharing of information amongst professionals working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of Significant Harm.

It is important that you:

- Understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent.

- Understand what to do when you have reasonable cause to believe that a child may be suffering, or may be at risk of suffering, Significant Harm and are clear of the circumstances in which information can be shared where they judge that a child is at risk of Significant Harm.

- Understand what to do when you have reasonable cause to believe that an adult may be suffering, or may be at risk of suffering, serious harm and that you are clear of the circumstances in which information can be shared where they judge that an adult is at risk of serious harm.

- Are supported in working through these issues.

- Are aware that problems faced by those with responsibilities as parents are often likely to affect children and other family members. However, this information is not always shared and opportunities to put preventative support in place for the children and the family are missed. Where an adult receiving services is a parent or carer, sharing information with colleagues in Children's Social Care could ensure that any additional support required for their children can be provided early.

- Are aware that where a professional has concerns that a child may be at risk of Significant Harm, it may be possible to justify sharing information without consent - the circumstances in which this can happen are set out below.

Seven Golden Rules of Information Sharing

1. Remember that data protection legislation is not a barrier to sharing information but provides a framework to ensure that personal information about people is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case. See also the section below about the need for consent.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

What is Confidential Information?

Personal information of a private or sensitive nature; and information that is not already lawfully in the public domain or readily available from another public source; and Information that has been shared in circumstances. This is a complex area, and you should seek advice if you are unsure.

Do you have Consent to Share?

Consent issues can be complex, and lack of clarity about them can sometimes lead us to make incorrect assumptions that no information can be shared.

What Constitutes Consent?

Consent must be 'informed' - this means that the person giving consent needs to understand why information needs to be shared, what will be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

Whose Consent should be Sought?

You may also need to consider whose consent should be sought. Where there is a duty of confidence it is owed to a person who has provided the information on the understanding it is to be kept confidential. It is also owed to the person to whom the information relates, if different from the information provider. A child or young person who has the capacity to understand and make their own decisions, may give (or refuse) consent to sharing.

When not to Seek Consent

There will be some circumstances where you should not seek consent from the individual or their family, or inform them that the information will be shared, for example where to do so would:

- Place a child at increased risk of Significant Harm; or place an adult at risk of serious harm - see Multi-Agency Risk Assessment Conference (MARAC), Processes for managing risk and Domestic Abuse; or
- Prejudice the prevention, detection or prosecution of a serious crime (i.e., a crime involving Significant Harm to a child or serious harm to an adult); or
- Lead to unjustified delay in making enquiries about allegations of Significant Harm to a child or serious harm to an adult.

You should not seek consent where you are required by law to share information through a statutory duty or court order. In these situations, subject to the considerations above, you should inform the individual concerned that you are sharing the information, why, and with whom.

Is there Sufficient Public Interest to Share the Information? A public interest can arise in a wide range of circumstances, for example to protect children from Significant Harm, protect adults from serious harm, promote the welfare of children or prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factors in deciding whether to share confidential information are necessity and proportionality, i.e., whether the proposed

sharing is likely to make an effective contribution to preventing the risk and whether the public interest in sharing information overrides the interest in maintaining confidentiality. It is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. It is possible however to identify some circumstances in which sharing confidential information without consent will normally be justified in the public interest. These are:

- When there is evidence that the child is suffering or is at risk of suffering significant harm; or
- Where there is reasonable cause to believe that a child may be suffering or at risk of significant harm; or
- To prevent significant harm arising to children or serious harm to adults, including through the prevention, detection and prosecution of serious crime, i.e. any crime which causes or is likely to cause significant harm to a child or serious harm to an adult.

Where there is a clear risk of significant harm to a child, the public interest test will almost certainly be satisfied. There will be cases where sharing limited information without consent is justified to enable professionals to reach an informed decision about whether further information should be shared, or action should be taken. The information shared should be necessary for the purpose and proportionate. In deciding whether the public interest justifies disclosing confidential information without consent, contact your supervisor, line manager, Volunteer Coordinator where these are in position or a nominated individual whose role is to support you in these circumstances, including ABM's Caldicott Guardian (see below).

If you decide to share confidential information without consent, you should explain to the person that you intend to share the information and why, unless one of the points at "when not to seek consent" is met.

If the Decision is to Share, are you Sharing the Proper Information Appropriately and Securely?

This means:

- Share only the information which is necessary for the purpose for which it is being shared.
- Understand the limits of any consent given, especially if the information has been provided by a third party.
- Distinguish clearly between fact and opinion.
- Share the information only with the person or people who need to know.
- Check that the information is accurate and up to date.

- Share it in a secure way, for example confirm the identity of the person you are talking to if sending information.

- Establish with the recipient whether they intend to pass it on to other people, and ensure they understand the limits of any consent which has been given.

- Inform the person to whom the information relates, and, if different, any other person who provided the information, if you have not already and it is safe to do so.

Have you Properly Recorded your Decision?

You should record your decision and the reasons for it whether you decide to share information. If the decision is to share, you should record what information was shared and with whom. You should work within ABM's arrangements for recording information and within any local information sharing protocols in place.

Allegations against ABM Registered Volunteers and Staff (Summary)

Any allegation of abuse against an ABM Registered Volunteer or employee will immediately be reported to the ABM's Safeguarding Leads.

These procedures are based on the Working Together 2018 framework for dealing with allegations made against a person who works with or on behalf of children. They are not limited to allegations involving Significant Harm and should be applied when there is an allegation that a person who works with a child has:

- Behaved in a way that has harmed a child or may have harmed a child.

- Possibly committed a criminal offence against or related to a child.

- Behaved towards a child or children in a way that indicates s/he or they is unsuitable to work with children whilst in connection with his/her or their employment or voluntary activity. However, these procedures may also be used where concerns arise about:
    - The person's behaviour regarding his/her or their own children.

    - The behaviour in the private or community life of a partner, member of the family or other household member.

    - A person's behaviour in their personal life, which may impact upon the safety of children to whom they owe a duty of care.

If an allegation relating to a child is made about a person who undertakes paid or unpaid care of vulnerable adults, consideration should be given to the possible need to alert those who manage her/him/them in that role. These procedures can also be applied if a complaint or an allegation is made against a person who works with adult service users, which causes concern about the welfare of an adult service user's child.

Compliance with these procedures should help ensure that allegations of abuse are dealt with expeditiously, consistent with a thorough and fair process.

Roles and Responsibilities

Each Safeguarding Children's Board has responsibility for ensuring there are effective inter agency procedures in place for dealing with allegations against people who work with or on behalf of children and for monitoring and evaluating the effectiveness of those procedures:

- Ensuring that the organisation operates these procedures for dealing with allegations.
- Resolving any inter agency issues that may arise.
- Liaising with the Local Safeguarding Children Board.

To discharge the duties outlined in Working Together 2010, ABM should:

- Put in place and operate arrangements for handling allegations in accordance with these procedures.
- ABM Trustees and CEO appoint a SENIOR PERSON to whom allegations or concerns should be reported, and a deputy –in her absence or if she is the subject of the allegation. NB the Senior Person does not need to have direct line management of staff.

All Local Safeguarding Boards will have specific Local Authority Designated Officers (LADO), taking part in Strategy Discussions, reviewing cases where there is a police investigation and sharing information on the completion of an investigation or prosecution.

The LADO will:

- Be involved in the management and oversight of individual cases.
- Provide advice and guidance to employers and voluntary organisations.
- Liaise with the police and other agencies.
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

Recognising and Responding to an Allegation

Allegations may arise from number of sources:

- A child or an adult
- A parent/carer
- A member of the public
- Professional body
- Police/Children's Social Care

There are different procedures for responding to allegations or complaints. Care needs to be taken to ensure that correct procedures are followed. As a general guide allegations refer to information or concerns which suggest a child/children have been avoidably hurt or harmed by an adult, who owed them a duty of care. The criteria for this are set out above in the introduction above.

What to do if an Allegation is Made by a Child or Young Person

The person to whom the allegation is reported must:

- Treat the matter seriously.
- Ensure that, where necessary, the child/young person receives appropriate medical attention.
- Make a written record of the information (where possible in the child's/parent's own words) including when the alleged incident took place; who was present; and what happened.
- Sign and date the written record.
- Report the matter immediately to the Safeguarding Leads. Where the Senior Person is the subject of the allegation a referral should be made to the LADO.
- Confidentiality must be maintained.
- Where the Senior Person is subject to an allegation the report should be made to the LADO. This means that the matter must not be discussed or shared with anyone other than Senior Person to whom it is reported.

Initial Action by the Safeguarding Lead

The Senior Person will:

- Obtain written details of the allegation, signed and dated by the person receiving the allegation.
- Countersign and date the written details.
- Record any other information and names of any potential witnesses.
- Establish a chronology of significant events.
- Consider any information already known about those involved.
- Discreetly check any incident or logbooks.
- Based on these factors, make a professional judgment, and record the reason for any subsequent action taken.

Procedures need to be applied with common sense and judgment. Some allegations will be so serious as to require immediate referral to Children's Social Care and the Police for investigation. Others may be much less serious and at first sight may not seem to warrant consideration of a police investigation, or enquiries by Children's Social Care. However, it is important to ensure that even apparently less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned. Consequently, the LADO should be informed of all allegations that come to the employer's attention and appear to meet the criteria so that s/he or they can consult Police and Children's Social Care colleagues as appropriate. The LADO should also be informed of any allegations that are made directly to the Police (which should be communicated via the Police Force designated officer) or to Children's Social Care.

The LADO should first establish, in discussion with ABM, that the allegation is within the scope of these procedures and may have some foundation. If the parents/carers of the child concerned are not already aware of the allegation, the LADO will also discuss how and by whom they should be informed. In circumstances in which the Police or Children's Social Care may need to be involved, the LADO should consult those colleagues about how best to inform parents. However, in some circumstances ABM may need to advise parents of an incident involving their child straight away, for example if the child has been injured whilst in the organisation's care and requires medical treatment. If the allegation meets any of the criteria above (see introduction above) or if unsure about the action to take - the Senior Person should report it to the LADO within 1 working day. The important issue is for the Senior Person to assess the level of risk against the criteria. If the Senior Person is unclear about what action to take i.e., he/she/they are unsure whether the issue meets the criteria, then the LADO is available for support and advice. If emergency action is required to safeguard or protect the child concerned, the usual child protection procedures will take precedence. Contact with the LADO should not be delayed gathering information.

If an allegation requiring immediate attention is received outside of normal office hours the Senior Person should consult/refer immediately with the Out of Hours

Emergency Social Work Service or Local Police. They must ensure they inform the LADO the next working day, where possible.

Record Keeping: ABM will keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved and details of any action taken and decisions reached on a person's confidential personnel file and give a copy to the individual. Such information should be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age or for ten years if that will be longer. The record will provide accurate information for any future reference and provide clarification if a future CRB / CRBS disclosure reveals an allegation that did result in a prosecution or conviction. This record will prevent unnecessary reinvestigation if the allegation should resurface after a period of time.

Support for the Child and Family: children and families involved in the allegation should be made aware of services that exist locally and nationally which can offer support and guidance and be provided with any necessary information regarding independent and confidential support, advice or representation. Parents or carers of a child should always be kept informed of the progress of an investigation; however, the detail of the information considered by the disciplinary panel and their deliberations cannot normally be disclosed.

Parents or carers of the child should be told of the outcome as soon as possible after the decision of any disciplinary panel has been reached.

Support for an Individual: ABM has a duty of care to volunteers and staff and should act to manage and minimise the stress inherent in the allegations and disciplinary process. Support to the individual is key to fulfilling this duty. Individuals should be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action unless there is an objection by Children's Social Care or the Police. They should be advised to contact their trade union representative, if they have one, and given access to welfare counselling or medical advice where this is provided by the employer. Particular care needs to be taken when employees are suspended to ensure that they are kept informed of both the progress of their case and in developments occurring in the workplace. Social contact with colleagues and friends should not be precluded except where it is likely to be prejudicial to the gathering and presentation of evidence. When a volunteer returns to work following a suspension, or at the conclusion of a case, planned arrangements should be made to facilitate their reintegration. This may involve informal counselling, guidance, support, reassurance and help to rebuild confidence in working with children and young people.

Learning the Lessons: At the conclusion of a case in which an allegation is substantiated, ABM will review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice to help prevent similar events in the future. This should include issues arising from any decision to suspend a volunteer or member of staff, the duration of the suspension and whether or not suspension was justified.

Appendices

Appendix A: ABM Commitment to Offer Training and Supervision

Training

- All ABM Registered Volunteers will receive the code of conduct which will give an overview of the organisation and ensure they know its purpose, values, services structure and policies.

- Relevant training and support will be provided on an ongoing basis, and will cover information about their role, and opportunities for practising skills needed for the work.

- All PS and BFC volunteers as part of their mandatory training will complete a **Level 1 Safeguarding training for both children and adults and keep this up to date.**

- Staff, PSC, PSM, BFCC and post holders where these are in position should be encouraged to complete **Level 2 Safeguarding training for adults and children.**

- Refresher training should be undertaken at regular intervals. Safeguarding course expiry dates will be valid for the ARF year ahead, to cover all volunteers while they are volunteering.

- Discussion of safeguarding will take place at each BFCC Supervision session and any changes in safeguarding policy or procedures will be communicated to all volunteers by email and via our ABM Trained and Training Facebook group.

Supervision

- All ABM BFC will have a designated BFCC who will provide regular feedback and support. They will provide supervision for any safeguarding event.

- All ABM registered BFC and trainee BFC will have regular opportunities to discuss their performance, skills, motivation and expectations with their BFCC.

- PS who are current ABM members will have the opportunity for supervision. If they are volunteering in an organisation outside of the ABM, for example, they should also have access to supervision in relation to that role.

Appendix B: Legislation Policy and Guidance

Each UK nation is responsible for its own policies and laws around education, health and social welfare. This covers most aspects of safeguarding and child protection.

Laws are passed to prevent behaviour that can harm children or require action to protect children. Guidance sets out what organisations should do to play their part to keep children safe.

Although the child protection systems are different in each nation, they are based on similar principles. Below are listed important legislation for England, Wales and Scotland. This is not an exhaustive list and you can find all legislation, policy and guidance and relevant links, to each act on the NSPCC website listed here:

https://www.nspcc.org.uk/preventing-abuse/child-protection-system/

England – Legislation

Children Act 2004 – Strengthens the 1989 Act. Encourages partnerships between agencies and creates more accountability. Part 3 of the Children Act applies solely to Wales.

Both of these Acts are amended by the Children and Social work Act 2017

Safeguarding Vulnerable groups Act 2006 – Established a single body to make decisions about individuals who should be barred from working with children and to maintain a list of these individuals.

Protection of Freedoms Act 2012 – formation of a single body called the DBS

Female Genital Mutilation Act 2003 – includes the legal duty for regulated social care and health professionals and teachers to make a report to the police if a girl under 18 tells them she has undergone an act of FGM, or if they observe physical signs that a girl under 18 has undergone FGM.

Apprenticeships, skills, Children and Learning Act 2009 – Legislated for there to be two lay members from the local community sitting on each Local Safeguarding Children Board

Wales– Legislation (includes that listed for England plus additional Acts below)

Social services and Well-being (Wales) Act 2014 – will require professionals to inform the local authority if they have reasonable cause to suspect a child within the local authority's area is at risk of experiencing abuse, neglect or other types of harm.

Well-being of Future Generations (Wales) Act 2015

The Rights of children and young persons (Wales) Measure 2011 – made Wales the first country in the UK to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into its domestic law. This means that all Welsh policy and legislation has to take into account children's rights.

Wales – Policy and Guidance -

Wales Safeguarding Procedures 2009 – Provides a common set of child and adult protection procedures for every safeguarding board in Wales.

https://safeguarding.wales/en/

Scotland – Legislation

Children Scotland Act 1995

Protection of Vulnerable Groups (Scotland) Act 2014 – This Act sets out measures to prevent unsuitable adults from working with children

Children and Young People (Scotland) Act 2014 – Building on the aims of the Early Years Framework, this act aims to put young people at the heart of planning and services to make sure their rights are respected across the public sector.

Scotland – Policies and Guidance

National Guidance for Child Protection in Scotland 2014 – Provides the current guidance and a national framework for anyone who could face child protection issues at work.

Getting it right for every child (GIRFEC) - The Scottish Governments approach to making a positive difference for all young people and children in Scotland.

https://www.gov.scot/policies/girfec/

The Early Years Framework – Aims to give all children a better start in life by focusing on prevention and early intervention from pre-birth to age 8.

Other Policies and Guidance

Department of Health Home Office (2000) No secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vunerable adults from abuse (issued under Section 7 of the Local Authority Social Services Act 1970)

Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)

https:// www.gov.uk/government uploads/system/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

The Policies and procedures of the Local Safeguarding Children Partnership and the Local Safeguarding Adults Board Care Act 2014

https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets

Appendix C: Reporting a Concern Form (Non NBH)

Date last reviewed: 11/08/26

Next review due before: 31/8/28

Persons responsible: Caroline Bolton,

This form is for safeguarding concerns which do NOT relate to the National Breastfeeding Helpline.

If you are unable to discuss your concerns as per the details below, and you think the concern is urgent and someone is in immediate danger, do not delay – call 999, or your local safeguarding teams (Safeguarding Children Partnership/Adult Safeguarding Board).

PLEASE DO NOT INVESTIGATE the situation yourself, but you DO have a duty to report the facts and seek advice.

ABM volunteers If you have a concern after consulting with the ABM Safeguarding Leads , PSC or your BFCC, please follow and complete this form below with as much information as you have, using this form to record every conversation relating to the concern - do not delay in sending this form if you don't have all the information. Email the final completed form to the ABM safeguarding leads

ABM Safeguarding Leads (email as primary route, telephone numbers in an emergency):

safeguarding@abm.me.uk

Caroline Bolton: 07702553650

Refer to the ABM's full safeguarding policies when completing this form.

<table>
<tr><td colspan="3">Details of child and parents/carers

Please keep personal details in accordance with IG policy and local practice, ready to be shared appropriately if/when necessary.</td></tr>
<tr><td>Your name:</td><td>Activity:</td><td>Date and time of concern raised:</td></tr>
<tr><td>Name and phone no of person you have raised the concern with:</td><td colspan="2">Date and time of concern raised:</td></tr>
<tr><td colspan="3">If you are responding to concerns raised by someone else, please describe who e.g. supervisee/fellow volunteer/staff member and place of concern e.g. phone/group/home visit</td></tr>
<tr><td colspan="3">Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the accounts of others, was anyone else present that witnessed the incident or shared concerns, including any other relevant details – keep notes factual.</td></tr>
<tr><td colspan="3">Remember concerns should be discussed with the family unless:</td></tr>
</table>

- the view is that a family member might be responsible for abusing the child
- someone may be put in danger by the parents being informed
- informing the family might interfere with a criminal investigation.

Record/summary of Discussion with family (date and time)

Record/summary of discussion with persons discussed with (record date and time of each discussion):

Record/summary of discussion with PSC, BFCC or other ABM Postholder if relevant (record date and time of each discussion):

Record/summary of discussion with ABM safeguarding lead (record date and time of each discussion):

If you are unable to discuss your concerns with responsible safeguarding persons locally and you think the concern is urgent and someone is in immediate danger, do not delay – call 999, the NSPCC 0808 800 5000, or your local safeguarding board.

NSPCC - Helpline (24 hours a day 365 days a year)

Safeguarding children partnership team/Safeguarding adults Boards/MASH - You should find the contact details on your local authority/council website by searching for safeguarding or child protection

Summary of discussion with NSPCC (if relevant) (record date and time of each discussion):
Summary of discussion with Local Safeguarding Children Partnership/Local safeguarding adult board/MASH (if relevant) (record date and time of each discussion):
Summary of 999 call (record date and time of each discussion):
After discussions with the above is there still child/adult safeguarding concerns? Yes/No (delete as appropriate)
Remember safeguarding concerns are rare, it is important to share your concerns with the right people (as listed above) – do not delay in talking to someone. NB. At this point, whether there are still concerns or not, please email this form to ABM safeguarding leads as above: This information will help us to review the policy and develop our safeguarding training.

GREYED OUT SECTIONS BELOW ARE TO BE COMPLETED TOGETHER WITH SAFEGUARDING LEADS
Are you aware of any previous incidents or concerns relating to this child/adult and of any current risk management plan/support plan? If so, please provide details:
Have you informed the statutory child protection authorities (highlight your answer)? Police: Yes/No Date and time: Name and phone number of people spoken to: Local safeguarding children/adult safeguarding contact: Yes/No Date and time: Name and phone number of people spoken to: Action agreed with authorities:
What has happened since referring to statutory agency/agencies? Include the date and nature of feedback from referral, outcome and relevant dates:
If the concerns are not about child protection, details of any further steps taken to provide support to child and family, and any other agencies involved:

Contacting Us

If you have any questions about this guidance, you can contact the administration office by the following means:

By telephone: 0844 412 2948

By post: PO Box 1052, Taunton, TA1 9RY

By email: admin@abm.me.uk

All ABM email addresses are in the format of initial.surname@abm.me.uk

Alternative Formats

If you require a copy of this guidance in an alternative format, please contact admin@abm.me.uk and we will do our best to meet your needs.

Appendix C: Reporting Concerns about a Child/Vulnerable Adult

Reporting Concerns About a Child/Vulnerable Adult

Reporting a Concern Form for use by BfN Staff and Volunteers working on NBH

If you are unable to discuss your concerns as per the details below, and you think the concern is urgent and someone is in immediate danger, do not delay – call 999.

DO NOT INVESTIGATE the situation yourself, but you **DO** have a duty to document the facts and seek advice.

There are different routes for ABM volunteers, BfN volunteers and BfN staff members.

Please follow the relevant route – see below.

If you take a call which contain safeguarding concerns, please complete this form with as much information as you have, use this form to record every conversation relating to the concern - do not delay in sending this form if you don't have all the information.

If you are uncertain if the concern meets the threshold for safeguarding or would like to talk through the information on the form, please liaise with the following team members:

For ABM volunteers please contact ABM Safeguarding leads and copy in your BFCC.

For BfN volunteers please contact a BfN supervisor, HVC or Project Coordinator.

For BfN staff members please contact your line manager or during the night, the Shift leader.

Email the final completed form to either the ABM or BfN safeguarding leads:

For ABM:

safeguarding@abm.me.uk

(cc in your BFCC)

For BfN:

safeguarding@breastfeedingnetwork.org.uk

(cc in your line manager if a staff member)

If you are an ABM volunteer, but are also a BfN staff member, please use the BfN referral route if you are doing your BfN staff role.

Please keep personal details in accordance with IG policy and local practice, ready to be shared appropriately if/when necessary**.**

Name/s and dates of birth of caller and child (This will be needed for any safeguarding follow up)		
Phone number/ social media handle of caller: (indicate if the caller provided this to you or not)	**Start and end time of call:**	**Location of caller** (if provided):

Your name:	**Service:**	**Date and time of report completed:**
If you are responding to concerns raised by someone else, please describe who e.g. NBH@Night Helpline Worker, supervisee/fellow volunteer/staff member and place of concern e.g. phone/ social media		
Please provide details (without including the names of anyone other than the caller, child and anyone named as directly at risk of harm) of the incident or concerns you have, Record of facts of what was said by whom, events described. Include times, dates, locations where available.		
<u>Record/Summary of discussion with family (date and time):</u> Concerns should be discussed with the caller **unless**: • they might be responsible for harm to the child • someone may be put in danger by the caller being informed • informing the caller might interfere with a criminal investigation.		
Summary of discussion with service manager/ safeguarding lead (record date and time of discussion):		

If you think someone is in immediate danger, do not delay – call 999
Have you called 999 (highlight your answer) about this call? **Police**: Yes/No Date and time: **Ambulance:** Name and phone number of person spoken to: Reference (if provided):
After discussions with the above are there still child/adult safeguarding concerns? Yes/No (delete as appropriate)
GREYED OUT SECTIONS BELOW ARE TO BE COMPLETED WITH THE INPUT OF THE SERVICE MANAGER/ SAFEGUARDING LEAD/ NBH@Night Shift Leader
Are you aware of any previous incidents or concerns relating to this child/adult and of any current risk management plan/support plan? If so, please provide details:
Summary of discussion with Local Safeguarding Children Partnership/Local safeguarding adult board/MASH (if relevant) (record date and time of each discussion) – Safeguarding Lead (during office hours): **Local authority safeguarding children/adult safeguarding contact**: Yes/No Date and time: Name and phone number of person spoken to:

Resources

The ABM Safeguarding Policy takes account of:

- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007);
- *Working Together to Safeguard Children* (HM Government 2010);
- *Working Together to Safeguard Children* (HM Government 2018);
- *Statutory Guidance on promoting the Health and well-being of Looked After Children* (DH 2009);
- *No Secrets* (DH and Home Office 2000);
- *Mental Capacity Act 2005: Code of Practice* (Department for Constitutional Affairs 2007),
- The policies and procedures of the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB).
- Domestic Abuse Act 2021.

Reference documents

In developing this policy, the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the NHS N Lancs. Local Safeguarding Children and Adults Board. The Breastfeeding network and information sheets form Swansea Council for Voluntary Service Factsheets.

Statutory Guidance

Department of Health, Home Office (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (issued under Section7 of the Local Authority Social Services Act 1970)

Department of Health et al (2000) *Framework for the Assessment of Children in Need and their Families*, London, HMSO

Department of Health et al (2009) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham, DCSF publications

Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London

HM Government (2010) *Working Together to Safeguard Children*, London, TSO

HM Government (2007) *Safeguarding children who may have been trafficked*, DCSF publications

HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, DCSF publications

HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced*, DCSF publications

HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage,* Forced Marriage Unit: London

Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*, London TSO

Non-statutory Guidance

HM Government (2008) *Information Sharing: Guidance for practitioners and managers, DCSF publications*

HM Government (2006) *What to do if you're worried a child is being abused, DSCF publications*

Royal College Paediatrics and Child Health et al (2006) *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health*

Best Practice Guidance

Department of Health (2004) Core standard 5 of the *National Service Framework for children, young people and maternity services* plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children

Department of Health (2009) Responding to domestic abuse: a handbook for health professionals

HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage,* Forced Marriage Unit: London

NSPCC

Local Safeguarding Children Board

Local Safeguarding Adults Board

Care Quality Commission (2009) Guidance about Compliance: Essential Standards of Quality and Safety

Independent safeguarding authority: HM Government (2009) The Vetting and Barring Scheme guidance:

Contacting Us

If you have any questions about this guidance, you can contact the administration office by the following means:

By telephone: 0844 412 2948 (voicemail service only, email will be responded to more quickly).

By email: admin@abm.me.uk

All ABM email addresses are in the format of initial.surname@abm.me.uk

Alternative Formats

If you require a copy of this guidance in an alternative format, please contact admin@abm.me.uk and we will do our best to meet your needs.