

ABM SAFEGUARDING POLICY

Draft June 2012
Adopted September 2012
minor revisions March 2013
revised links and amended Dec 2016

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS AND STANDARDS FOR SERVICE DELIVERY

Part 1: Introduction

1.1 Introduction

The Association of Breastfeeding Mothers (ABM) has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children we may come into contact with; and to protect vulnerable adults from abuse or the risk of abuse.

1.2 Scope of the Document

The aim of this policy is to ensure that the 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.

1.3 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 the local agencies and professionals. Our different roles and expertise are required to protect vulnerable groups in society from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- The commitment of all volunteers, staff and central committee 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 are able to 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.

Part 2: Safeguarding children and vulnerable adults

Roles and responsibilities

Co chairs 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 & 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 the regional supervisors in a region and counsellors running groups to develop links with and co-operates 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.
- Review the need and practicalities of CRB checks (Central Registered Body in Scotland (CRBS) for trainees and counsellors providing telephone and email support. If volunteers are working locally within children's centres for example, then the organisation they are working for locally would be responsible for CRB checks. Barring checks are undertaken (when available) in line with national and local guidance.

Training team

- Ensures that references are verified for all trainees.
- Ensures that all ABM Registered mother supporters, pump agents, breastfeeding counsellors 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.

Regional coordinators/ supervisors

- Develop links with and co-operates with the Local Authority in the operation of the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB), and encourage counsellors, particularly those running groups, to do the same.

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.
- Be aware of the increased risk of domestic abuse in pregnancy, and the relation to child protection for children under the age of two.

- To take part in training, including attending regular updates to maintain skills and be familiar with procedures aimed at safeguarding children and vulnerable adults. Safeguarding training may be available through local voluntary service associations.

- 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.

To find your local Safeguarding lead ask your Supervisor or search for Local Safeguarding Children's Board, they will let you know about training and reporting. If you work for a NHS trust or children's centre follow their safeguarding procedures for face to face work locally. http://www.workingtogetheronline.co.uk/chapters/chapter_three.html

Part 3. When there is concern about a child [summary]

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 child's welfare. If, following a discussion with your Supervisor, line manager or Coordinator where these are in position, it is felt appropriate to refer the matter to the local Social Services Children and Families Team this will be done, if possible, with the knowledge of the parent /carer and, if possible, with their 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 Strategy Discussion between the ABM, Social Services and the Police.

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

Always:

- **Seek appropriate advice and support.**
- **Discuss concerns with your supervisor, coordinator or if your concern is in relation to a role outside the helpline with your line manager.**
- **Your supervisor or coordinator will also contact the ABM chair and/or safeguarding lead for children and adults within the organisation. If you cannot get in contact with your supervisor or coordinator then you should contact one of the co chairs or safeguarding lead direct.. There is a place on the summary sheet to record local numbers and your regional coordinators numbers**
- **Write information down as soon as possible.**
- **If you concern is in relation to a helpline call (ABM or NBH helpline)
The helpline manager also needs to be notified as soon as possible,
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, information shared about their location and which helpline they called if you know this**

Never:

- **Do nothing.**
- **Assume that someone else or another agency or professional will act or is acting.**
- **Fail to discuss your concerns with one of the Nominated CP Officers (within 24 hours).**
- **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 your supervisor, line manager or coordinator where these are in position, 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 – we won't ask you to prove it:

- **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 may also call the independent whistleblowing charity Public Concern at Work on 020 7404 6609 or emailing helpline@pcaw.co.uk or contact the Ofsted whistleblower hotline by calling 0300 123 3155 (Monday to Friday from 8.00am to 6.00pm) or email whistleblowing@ofsted.gov.uk or 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.

Children missing education

If you discover a child within a family you are supporting is not receiving any form of education you should notify the Children Missing Education Officer. Information on missing education is available from Ofsted: or within your local safeguarding teams.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf

Here is a link with further information on this subject and recently updated information about FGM and other topics. There are website links included within this document to Lancashire, recognising that the information is well written and is in an easy to understand format. You will need to check the information relevant for your particular area as there may be regional variations.

<http://proceduresonline.com/panlancs/sc/capters/contents.html#specific>

Part 4 Domestic violence

(including Honour Based Violence and Forced Marriage) [this is a summary only]

Introduction:

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 the overwhelming majority of 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: 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. It also includes **Forced Marriage, Honour-Based Abuse** and **Female Genital Mutilation**.

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 a number of 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 a number of 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/ administrators.
<http://www.homeoffice.gov.uk/crime/violence-against-women-girls/idva/>

Roles of Agencies: we may be alerted to the possibility of Domestic Abuse involving children in a number of 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.

5. Information Sharing [summary]

Introduction: 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 the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons 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.

Confidential information is: 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 where the person giving

information could reasonably expect that it would not be shared with others. 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 or not 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, ensure the intended person will be on hand to receive a fax.
- 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 or not 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.

Caldicott Guardian: Each organisation has a Caldicott Guardian. Carla Mercy is the ABM Caldicott Guardian and she can be contacted via the admin line or admin@abm.me.uk. This is not there to prevent information sharing between health and social care organisations, but is there to make sure that this is done in a way which safeguards people's rights to privacy and confidentiality, and in accordance with data protection principles. For further details see ABM or NBH Information Governance Policy

<http://www.breastfeedingnetwork.org.uk/wp-content/pdfs/governance/BfN%20Information%20Governance%20Policy%202016.pdf>

<http://www.breastfeedingnetwork.org.uk/wp-content/pdfs/governance/Information%20Governance%20-%20Key%20Points.pdf>

6. Allegations against ABM Registered Volunteers and staff (summary)

Any allegation of abuse against a ABM Registered Volunteer or employee will immediately be reported to a Co Chair as ABM's leads for Safeguarding.

Introduction: These procedures are based on the Working Together 2010 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 is unsuitable to work with children whilst in connection with his/her employment or voluntary activity. However, these procedures may also be used where concerns arise about:
 - The person's behaviour with regard to his/her 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 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 children. 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 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. In order 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.

- The **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's), 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 Childs/Parents 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 Chair, or safeguarding lead in his/her absence. Where the senior person is the subject of the allegation a referral should be made to the LADO.
- Confidentiality must be maintained.
- Where the SM 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 SM to whom it is reported.

Initial Action by the regional coordinator, chair or 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 log books.
- On the basis of 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 Local Authority Designated Officer (LADO) should be informed of all allegations that come to the employer's attention and

appear to meet the criteria so that s/he 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 Manager should report it to the LADO within 1 working day. The important issue is for the Senior Manager to assess the level of risk against the criteria. In the event that the Senior Manager is unclear about what action to take i.e. he/she is unsure whether or not 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 in order to gather information.

If an allegation requiring immediate attention is received outside of normal office hours the Senior Manager 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.

Appendix 1: 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 volunteers and staff will be encouraged to take part in **Level 1 Safeguarding training**.
 - Supervisors, line managers, Volunteer Coordinators where these are in position and Peer Support Coordinators should complete **Level 2 Safeguarding training**.
 - Refresher training should be undertaken at regular intervals (at a minimum 3 yearly).
 - Discussion of specific areas such as relevant procedures, identifying what to do in the event of a concern about a child, and

confidentiality will be given to new ABM Registered Counsellors and will be regularly reviewed.

Supervision

- All ABM Registered breastfeeding counsellors will have a designated Supervisor who will provide regular feedback and support.
- All ABM Registered Breastfeeding counsellors and trainee counsellors will have regular opportunities to discuss their performance, skills, motivation and expectations with their supervisor, line managers, or coordinator where these are in position.
- Mother supporters who are current ABM members will have the opportunity for supervision with a regional supervisor. If they are volunteering in a children's centre or other situation outside of the ABM for example, they should also have access to supervision in relation to that role.

Appendix 2. Categories of abuse

Abuse of children:

For **children's** safeguarding, the definitions of abuse are taken from *Working Together to safeguard Children* (HM Government, 2010).

Abuse and neglect:

Abuse and neglect are forms 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 an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children

Physical abuse:

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Bruises on a non-mobile baby are unusual so may be worth asking questions.

Emotional abuse:

The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only 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 are saying or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may involve interactions that are beyond the child’s developmental capabilities, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse:

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 looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the intranet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. There is a risk that a younger pregnant teenager (under 13s) may be victim of

sexual abuse. Consideration should be given to this possibility with awareness that the abuse may be occurring within the family. Any teenagers we are in contact with are likely to be known to the local health care team; however there is a rare possibility of coming in contact with a young teenager while in the home visiting another family member.

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.

Abuse of vulnerable adults (Protected Adults in Scotland):

For **adult** safeguarding, the definitions are taken from *No Secrets* (Department of Health and the Home Office, 2000). Abuse is a violation of an individual’s human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of particular relevance are the following descriptions of the forms that abuse may take:

Physical abuse: including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Sexual abuse: including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse: including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Appendix 3 Definitions - including Scotland

Children

In this policy, as in the Children Act 1989 and 2004, a **child** is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.

Safeguarding children is defined in the Joint Chief Inspectors' report *Safeguarding Children* (2002) as:

- all agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare is minimised; and
- Where there are concerns about children and young people's welfare all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in partnership with other agencies.

Vulnerable adult

The definition of a vulnerable adult is that which is used within the Safeguarding Vulnerable Groups Act 2006; for the purpose of this policy a vulnerable adult is any person over the age of 18 years who is receiving any form of healthcare (including treatment, therapy or palliative care) and 'who needs to be able to trust the people

caring for them, supporting them and/or providing them with services.

Adult at risk

1. A person aged 18 or over and who:

- is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
- receives direct payments in lieu of adult social care services; or
- funds their own care and has social care needs; or
- otherwise has social care needs that are low, moderate, substantial or critical or
- falls within any other categories prescribed by the Secretary of State

And

2. Is at risk of *significant harm*, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).

Note: this definition is suggested by Law Commission and under review.

For the purpose of this policy the term adult at risk can be used interchangeably with vulnerable adult.

Scotland

In Scotland there are some differences in terms. The term protected adult is used now instead of vulnerable adult. Protected adult in Scotland is aged 16 or over. Protection of Vulnerable Groups (Scotland) Act 2007

Child – is defined as an individual aged under 18 years.

Protected adult is defined as an individual aged 16 or over who is provided with (and thus receives) a type of care, support or welfare service. This definition of protected adult supersedes the definition of "adult at risk" used for the purposes of eligibility for enhanced disclosure.

To be classified as an adult at risk, an individual had to meet three criteria: having a condition, in consequence of which they had a disability and received a care service. Section 94 replaces these three criteria with a test linked to the type of services being received by the individual. Protected adult

is therefore a service based definition and avoids labelling adults on the basis of their having a specific condition or disability.

Child and protected adult overlap

It is possible for 16 and 17 year-olds to be both children and protected adults.

The assessment as to whether or not they are protected adults is no different to that undertaken in respect of any other adult.

Our 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);
- *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).

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 from 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 Section 7 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*, DCSF 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

<https://www.nspcc.org.uk/preventing-abuse/safeguarding/>

Local Safeguarding Children Board

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<https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people>

Local Safeguarding Adults Board

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/role-and-duties.asp>

CARE QUALITY COMMISSION

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*:

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