



# New Baby Network CIC Safeguarding Policy

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# 1. Purpose

In the UK, safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.

The purpose of this policy is to define the practice and procedures for staff, volunteers and/or contractors in order to safeguard and promote the welfare of children and vulnerable adults. It is aimed at protecting both the service user and the member of staff and/or volunteer.

The policy lays out the commitments made by New Baby Network CIC, and informs staff, volunteers and/or contractors of their responsibilities in relation to safeguarding:

- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to safeguarding
- to respond swiftly and appropriately to all suspicions or allegations of abuse, and to ensure confidential information is restricted to the appropriate individuals within our organisation and appropriate external agencies

This policy applies to anyone working on behalf of New Baby Network CIC including senior managers and directors, contractors, paid staff, volunteers, sessional workers, agency staff and students.

## 2. Named Safeguarding Leads

The named safeguarding lead for New Baby Network CIC is Brianna Dymond.

In the absence of the above safeguarding lead, the next person in line will be: Phillipa Cresswell.



## 3. Introduction

### We believe that:

- adults and children should never experience abuse of any kind
- we have a responsibility to promote the welfare of all those coming into contact with New Baby network CIC, to keep them safe and to practise in a way that protects them.

### We recognise that:

- the welfare of our service users is paramount in all the work we do and in all the decisions we take
- all people, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some people are additionally vulnerable because of the impact of previous experiences, their level of support needs, communication needs or other challenges
- working in partnership with vulnerable adults, children, young people, their parents, carers and other agencies is essential in promoting the welfare of our service users

### We will seek to keep our service users safe by:

- valuing, listening to and respecting them
- appointing a nominated safeguarding lead
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- developing and implementing an effective online safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made
- recording, storing and using information professionally and securely, in line with data protection legislation and guidance [more information about this is available from the Information Commissioner's Office: [ico.org.uk/for-organisations](http://ico.org.uk/for-organisations)]
- sharing information about safeguarding and good practice with families via leaflets, posters, group work and one-to-one discussions
- making sure that families know where to go for help if they have a concern
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance



- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

## 4. Recruitment

New Baby Network CIC will take all reasonable steps to ensure unsuitable individuals are prevented from having any involvement with our organisation.

Staff and volunteer recruitment procedures will always include self-declaration and the use of references. National guidance on the use of DBS checks (formerly CRB checks) will be followed during the recruitment process.

Formal interviews will be held for all paid employees. All prospective volunteers should be 'interviewed', this need not be a formal interview. Records will be made of any relevant training or qualifications a recruit may have from other roles held.

All new staff members and/or volunteers will go through a probation and induction process, including relevant training. Ongoing training and supervision will ensure all staff and/or volunteers are adequately supported.

Specific safeguarding training linked to likely encounters in their role will be provided for volunteers. Records will be kept of staff/volunteer training and supervision.

All volunteers/staff members will make use of the NHS safeguarding app to support them if necessary while carrying out their roles and responsibilities.



## 5. Information Sharing

### Why information sharing is important

Sharing information about a child or vulnerable adult's wellbeing helps professionals build a clearer picture of the child's life and gain a better understanding of any risks they are facing. Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet (DfE, 2018). General principles of best practice for information sharing are outlined below.

### When to share information

Timely information sharing is key to safeguarding and promoting the welfare of service users. People who work in the New Baby Network CIC, whether in a paid or voluntary role, may need to share information about the children, families or vulnerable adults they are involved with for a number of reasons. These include:

- you are making a referral to arrange additional support
- someone from another agency has asked for information about a child, family or vulnerable adult
- someone in the family has asked to be referred for further help
- a statutory duty or court order requires information to be shared
- you are concerned that a service user or a member of their family may be at risk of significant harm
- you think a serious crime may have been committed or is about to be committed which involves someone in the family.

You must always have a clear and legitimate purpose for sharing personal information. Keep a record of the reasons why you are sharing or requesting information about a child or their family.

You should also make sure you are not putting a person's safety and wellbeing at risk by sharing information about them.

Some professionals have a legal duty to share information relating to safeguarding concerns, for example concerns around female genital mutilation (FGM) or the duty to report in Wales.

### What information to share

You need to decide what specific information is appropriate to share and who to share it with. Prioritise the safety and wellbeing of the service user and anyone else who may be affected by the situation. Make sure you share the information quickly and securely. The sooner you report your concerns the better. This means the details will be fresh in your mind and action can be taken quickly. Identify how much information should be shared. This will depend on the reasons for sharing it. Use language that is clear and precise. Different agencies may use and understand terminology differently.

Make sure the information you are sharing is accurate. Make it clear what information is factual and what is based on opinion (yours or other people's).

### Facts and opinions

When working with children and families you will gather information from a variety of sources. How you interpret this information can depend on:



- any previous information received
- your knowledge of research and theory
- your own frame of reference.

When recording information you should be as factual as possible. If you need to give your own or somebody else's opinion make sure it is clearly differentiated from fact. You should identify whose opinion is being given and record their exact words.

## **Consent**

People should be given the opportunity to consent to their personal information being shared. If a person doesn't have the capacity to make their own decisions ask their parent or carer (unless doing so would put the person at risk of harm)

### **Having a conversation about consent:**

- be open and honest
- make sure the person you're asking for consent understands what information will be shared and why
- explain who will see the information and what it will be used for
- make sure the person you're asking for consent understands the consequences of their information not being shared
- get the consent in writing, in case there are any disputes in the future. If it's only given verbally, make a written record of this
- make sure the person knows they can withdraw consent at any time.

## **Sharing information without consent**

If consent is refused or if you're unable to seek consent, you can still share information with relevant professionals if this is in the public interest. This includes protecting people from significant harm and promoting the welfare of children. When deciding whether to share information without consent, you should consider each case individually. Decide if the need to share information is in the public interest and whether it outweighs the need to maintain confidentiality. Consider all the implications of sharing the information, for example if you are sharing sensitive details about a person's life.

If you're not sure what to do, contact the NSPCC helpline for advice.

If you're sharing information without consent keep a written record explaining:

- what steps you took to get consent
- the person's reasons for not giving consent (if known)
- why you felt it was necessary to share information without consent.

Pass a copy of this record on to the agency/agencies you're sharing the information with.

## **Confidentiality**

Never promise anyone that you will keep the things they're telling you a secret. Explain that you need to share what they've told you with someone who will be able to help.

If a child or young person needs confidential help and advice direct them to Childline. Calls to 0800 1111 are free and children can also contact Childline online.

If it is a vulnerable adult, refer to the contact details available on the "further services and signposting" section of the booklet available at all group sessions.

## 6. Procedures

### **If a child or adult is in immediate danger, call the police on 999 -**

- a person says they are about to attempt suicide
- a person says they are in immediate serious danger from a partner or someone else
- there is an immediate danger that a person may seriously harm their baby or someone else

### **Responding to disclosure about a child or young person's wellbeing**

The NSPCC carried out research to find out how adults can better respond to a child who is disclosing abuse (Baker et al, 2019). We found three key interpersonal skills that help a child feel they are being listened to and taken seriously:

- show you care, help them open up
  - Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
- take your time, slow down:
  - Respect pauses and don't interrupt the child – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what's happened to them.
- show you understand, reflect back:
  - Make it clear you're interested in what the child is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.
- If a child tells you they are experiencing abuse, it's important to reassure them that they've done the right thing in telling you. Make sure they know that abuse is never their fault.
- Never talk to the alleged perpetrator about the child's disclosure. This could make things a lot worse for the child.

It's vital that any child who is trying to disclose abuse feels that they are being listened to and taken seriously.

But there can be a risk that if professionals just believe the child's account without thoroughly investigating the situation, this can lead to unfair bias against the alleged abuser as formal investigations progress (Child Protection Resource, 2018; Transparency Project, 2018).

This means it's important to maintain an unbiased approach when responding to disclosures and follow your organisation's procedures to ensure each case is treated in a fair and transparent manner and that the child gets the protection and support that they need.

### **Responding to concerns from a vulnerable adult**

- Remain calm and try not to show any shock or disbelief,
- Listen very carefully to what you are being told,
- Demonstrate a sympathetic approach by acknowledging regret and concern that this has happened to the person,



- Reassure the person, telling them they have done the right thing by sharing the information, that this information be treated seriously and that the abuse is not their fault
- Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. Where applicable, any evidence should be retained, bagged and labelled,
- Explain that you are required to share the information on a “need to know” basis with the designated vulnerable adults safeguarding officer, but not with other staff or service users,
- Reassure the person that any further investigation will be conducted sensitively, and with their full involvement wherever possible
- Reassure the person that the service will take steps to support and, where appropriate, protect them in future
- Report the information to your designated safeguarding officer at the earliest opportunity, and
- Make an accurate written record of what the person has told you

#### **Do not:**

- Do not stop someone who is freely recalling significant events but allow them to share whatever is important to them
- Do not ask questions or press the person for more details. As this may be done during any subsequent investigation, it is important to avoid unnecessary stress and repetition for the person concerned
- Do not promise to keep secrets
- Do not make promises you are unable to keep
- Do not contact the alleged abuser or alleged victim [depending on who is sharing the information with you at the time]

#### **Concerns about a volunteer/other member of staff**

If you are concerned that a member of staff at New Baby Network CIC has abused a child/adult with care & support needs, you have a duty to report these concerns.

You must inform the company directors immediately.

If you are concerned that a director has abused or neglected a child/adult with care & support needs, you must inform another safeguarding lead. In exceptional circumstances where you do not feel safe or comfortable reporting the matter within your own organisation, or if you have already raised concerns with your managers but no action has been taken, you can report the concern to the local Lead Agency in your area (contact details can be found in the NHS safeguarding app, and in the risk assessment packs at group).

In situations where informing a manager will involve delay in a high-risk situation you should report the concern to external agencies immediately.

#### **Written records**

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

The written report will need to include:

- the date and time when the disclosure was made, or when you were told about / witnessed the incident/s



- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember:

- include as much detail as possible,
- make sure the written report is legible
- written or printed in black ink, and is of a quality that can be photocopied
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report/s confidential, storing them in a safe & secure place until needed.
- keep the report factual as far as possible; if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
- information from another person should be clearly attributed to them.

### **Contacting External Services**

Contact the police. They will assess the situation and take the appropriate action to protect the child/vulnerable person.

Contact the NSPCC Helpline on 0808 800 5000 or by emailing [help@nspcc.org.uk](mailto:help@nspcc.org.uk). Our trained professionals will talk through your concerns with you, give you expert advice and take action to protect the child as appropriate. This may include making a referral to the local authority.

If you have made a verbal referral to local children's services you should follow this up with a written referral as soon as possible, ideally within 48 hours.

Always report any safeguarding concerns or actions taken to the Designated Safeguarding Lead of New Baby Network CIC. If you're not comfortable with how your organisation has responded to your report, contact the Whistleblowing Advice Line to discuss your concerns.



## **Contact your local safeguarding services.**

### **Sandwell**

*For children*

Contact Sandwell Multi Agency Safeguarding Hub (MASH) on 0121 569 3100

<https://www.sandwellcsp.org.uk/key-safeguarding-issues/report-a-concern/>

*For adults*

0121 569 2266 or email us [sandwell\\_enquiry@sandwell.gov.uk](mailto:sandwell_enquiry@sandwell.gov.uk). 9am to 5.30pm Monday to Thursday, and 9am to 5pm on Fridays. Outside these hours call 0121 569 2355.

### **Dudley**

Dudley Safeguarding People Partnership Board

3-5 St James's Road, Dudley, West Midlands DY1 1HZ

*For children*

0300 555 0050

*For adults*

0300 555 0055

Out of office hours

0300 555 8574

### **Birmingham**

<https://www.bsab.org/how-to-report-abuse/>

*For children*

Monday to Thursday: 8:45am to 5:15pm

Friday: 8:45am to 4:15pm

Telephone: 0121 303 1888

Emergency out-of-hours

Telephone: 0121 675 4806

*For adults*

<https://birmingham.mylifeportal.co.uk/form/sgc2-1#!/onbehalfof>

Email: [ACAP@birmingham.gov.uk](mailto:ACAP@birmingham.gov.uk)

Telephone: 0121 303 1234

Text Relay: dial 18001 followed by the full national phone number



## **Actions of the directors/safeguarding leads**

The line manager or the adult safeguarding lead within the organisation identifying or receiving the concern should decide on the most appropriate course of action without delay. This should include:

- Check and review actions already taken and decisions made
- If not already done so, make an evaluation of the risk to the person
- Wherever it is safe, speak to (or decide who is the best placed person to speak to) the adult to gain their views about the concern and what they would like to happen next
- Take reasonable and practical steps to safeguard the person
- Consider referring to the police if the suspected abuse is a crime. If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
- Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- Make sure that other people are not at risk.
- Take action in line with the organisation's disciplinary procedures, as appropriate, if a member of staff is alleged to have caused harm.
- Ensure that records are made of any concerns, and that decisions are clearly recorded with the rationale for the decisions explained.

## **7. Mandatory Reporting**

### **Female genital mutilation (FGM)**

It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. In England and Wales, regulated health and social care professionals and teachers must make a report to the police, if, in the course of their duties:

- they are informed by a child under the age of 18 that they have undergone an act of FGM
- they observe physical signs that an act of FGM may have been carried out on a child under the age of 18

## **8. Safeguarding Leads**

The named safeguarding lead for New Baby Network CIC is Brianna Dymond.

In the absence of the above safeguarding lead, or if the concern is about Brianna the next person in line will be: Phillipa Cresswell.

Name: Brianna Dymond Phone/email: 07943 954829 infantfeeding@newbabynetwork.co.uk

Name: Phillipa Cresswell Phone/email: 07714 746032 phillipa86@gmail.com



# Appendix 1 - Logging Concerns

Logging Concerns Form You can find an electronic copy of this form here:

<https://forms.gle/jgFkj4rbSQ3C4Rjy7>

Name of child/vulnerable adult	
Date form complete	Time form completed
Your name	Your signature
Your role	Your organisation (if not New Baby Network)
What is the concern? (brief summary)	
Please record the following as factually as possible - use actual words if you can	
Who?	What?
Where?	When?
What action was taken, including the names of anyone to whom this information was passed?	
Any additional relevant information? (see policy section "Written Records")	



## Appendix 2 - Definitions of Abuse

Abuse: “Abuse is a single or repeated act or lack of appropriate action, occurring within a relationship where there is an expectation of trust, and which causes harm or distress to a person”. (adapted from Action on Elder Abuse’s definition of elder abuse)

There are 6 main types of abuse of vulnerable people: physical, psychological, emotional, sexual, financial, neglect and discriminatory.

### Physical Abuse

Physical Abuse is the deliberate infliction of pain, physical harm or injury including: hitting, slapping, pinching, pushing, kicking, hair pulling, restraint, withholding or misuse of medication. All children have bumps, trips, and falls, and not all cuts and bruises mean that a child is being physically abused. If a child has repeated or patterned injuries, this needs to be reported.

Indicators include:

- Multiple bruising
- A history of unexplained falls and/or minor injuries
- Fractures not consistent with falls or explanations of the injury
- Unexplained loss of hair, in clumps
- Cuts that are not likely to be explained by self-injury finger marks
- Burns not consistent with possible explanations
- Excessive consumption of alcohol by the vulnerable adult or care giver
- Deterioration of health without obvious cause
- Increasing immobility
- Breathing problems from drowning, suffocation, or poisoning
- Dehydration The effects of poisoning (e.g. vomiting, drowsiness, seizures)
- Over or under use of medication
- Withdrawal
- Displays frozen watchfulness
- Flinching or shrinking away at the approach of adults
- Head injuries in babies and toddlers may be signalled by the following symptoms: swelling, bruising, fractures, being extremely sleepy, breathing problems, vomiting seizures, being irritable or not feeding properly

### Psychological and emotional abuse

Psychological and emotional abuse is any pattern of behaviour by another that results in the psychological harm to a vulnerable person and may include: humiliation, insults, ridicule, bullying, threats of harm or abandonment, verbal or racial abuse, enforced isolation, coercion, lack of privacy or choice, denial of dignity. As is the nature of emotional abuse, vulnerable people may not understand they are being abused and may not talk about it

Indicators include:

Strain within the relationship



Indications that the abuser acts differently with the vulnerable adult when the worker is present than at other times:

- An air of silence in the home when the alleged abuser is present
- A general lack of consideration for the vulnerable adult's needs
- Refusal to allow the vulnerable person an opinion of their own
- Denial of privacy in relation to their care, feelings or other aspects of their life
- A denial of access to the vulnerable adult, especially where the adult is in need of assistance which they will consequently not receive
- Denial of freedom or movement e.g. locking the person in a room or tying them to a chair
- Alterations in the psychological state – possibly withdrawal or fear
- Lack of confidence and self-esteem
- Difficulties controlling emotions
- Extreme behaviour, like becoming overly demanding, aggressive, having outbursts, or becoming passive
- Difficulties making and maintaining relationships
- Behaviour that is inappropriately infantile or adult-like
- Persistent running away from home or being missing from school
- Anxiety, unhappiness or withdrawal
- Having few or no friends
- Seeming to be isolated from parents/family
- Lack social skills
- Self-harm or attempts at suicide
- Babies or toddlers might not have a close relationship or bond with their parent(s)
- Babies or toddlers might be overly affectionate with strangers

NSPCC guidance on emotional abuse, including help if someone feels they are being emotionally abusive:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/>

## **Sexual Abuse**

Sexual Abuse is any sexual act to which the vulnerable person has not, or could not, consent and/or was pressured into consenting.

Acts may include: fondling, sexual intercourse, offensive or suggestive language, inappropriate touching

Indicators for children or vulnerable adults include:

- Unexplained bruising around the vaginal or genital areas
- Unexplained difficulties in walking
- Reluctance of the person to be alone with an individual known to them
- Unexplained behaviour change
- Unexplained bleeding from vaginal or genital areas
- Stained or bloody underwear
- Urinary infections or sexually transmitted infections
- Persistent sore throats
- Pregnancy
- Exhibits an inappropriate knowledge of sex for their age
- Exhibits sexualised behaviour in their play or with other children
- Bed wetting (if inconsistent with additional physical needs)



- Uses inappropriate sexual language
- Bloody under clothing
- Sleep disturbances or nightmares
- Lack of peer relationships
- Alcohol or drug use in children
- Self harm or attempts at suicide
- Being secretive about what they are doing online or who they are talking to
- Having lots of new phone numbers, texts, or messages

## **Neglect**

Neglect includes ignoring medical and 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. Neglect may be deliberate or by default where the abuser is not able to provide the care needed and may not recognise the need for that care to be given. The abuser may also be neglecting themselves.

Indicators include:

- Persistent hunger
- Loss of weight, or being consistently underweight
- Poor hygiene
- Inappropriate dress
- Consistent lack of supervision for long periods, especially during activities which hold danger for them
- Denial of religious or cultural needs
- Constant fatigue or listlessness
- Physical problems and medical needs that are not attended to
- Frequent and untreated nappy rash in infants
- Developmental problems, including poor language or social skills
- Changes in behaviour, such as becoming clingy, aggressive, withdrawn, depressed or anxious, displaying obsessive behaviour

Discriminatory Abuse - includes racist or sexist abuse based on a person's disability, and other forms of harassment, slurs, or similar treatment

**Warning Note: More than one of these six types of abuse may occur at one time, though only one may present itself initially.**

## **Financial Abuse**

Financial Abuse is the misappropriation of the funds of a vulnerable adult and may include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits

Indicators include:

- Situations where, despite having a personal income/pension, the vulnerable adult is without money soon after its receipt, particularly where that person is not able to spend money without assistance
- Unexplained shortage of money despite a seemingly adequate income
- Unexplained withdrawals from saving accounts
- Unexplained disappearance of financial documents e.g. building society books and bank statements



# Policy Record

CREATION: May 2020

REVIEW 1: September 2021

REVIEW 2: September 2023

REVIEW 3: February 2024

REVIEW 4: January 2025

REVIEW 5: January 2026