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**Lowestoft and Waveney Breastfeeding Support**

**Safeguarding Children Procedures**

**April 2025**

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### **Safeguarding Procedures (All staff and volunteers)**

### **1.1 Responsibilities**

The responsibilities for dealing with safeguarding lie with the following:

Safeguarding is everyone’s responsibility.

All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding. It is important that Staff are also aware of the Government’s PREVENT strategy. The aim of this is to stop people becoming terrorists or supporting violent extremism in all its forms. This can also be a safeguarding issue but has different reporting mechanisms.

The Safeguarding Officer(s) will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing Children’s Services or the Police or other appropriate external bodies.

The Chief Executive is responsible for supervision of these activities.

### **1.2. Safeguarding procedures**

* Safeguarding is everybody’s responsibility
* Lowestoft and Waveney Breastfeeding Support’s commitment to keeping children and young people safe is regularly and consistently referenced in all our key policies, procedures, website and appropriate documents.
* Lowestoft and Waveney Breastfeeding Support communicates its safeguarding policies and procedures to all staff. This is done as part of induction, at supervision for relevant roles and policies and procedures are available on the staff ‘shared drive’ under policies and procedures: safeguarding.
* Lowestoft and Waveney Breastfeeding Support communicates its safeguarding policies and procedures to all staff and relevant stakeholders, including the children and young people we support through its website, staff and documentation. Safeguarding updates on practice or referral routes etc is a standing item on internal team meeting agendas. Volunteers are asked to sign a distribution sheet to confirm that have read and will follow policy. This will be re-signed each time changes are made.
* Lowestoft and Waveney Breastfeeding Support communicates its safeguarding policies and procedures to its Board Members as part of a standing agenda item at Board meetings.

### **1.3. Reporting of Safeguarding Concerns**

If you are worried about a child, talk to the Safeguarding Lead to discuss your concerns at the earliest opportunity.

**Safeguarding Officers**

Lead Safeguarding Officer Kaya Thorpe 07731400020 (7am – 10pm)

Deputy Safeguarding Officer Lisa Roberts 07758 752082 (7am – 10pm)

Safeguarding Trustee Vivien Crane 07751 204501 or [vivf\_rose@hotmail.com](mailto:vivf_rose@hotmail.com)

Procedure for contacting the Safeguarding Trustee is: when a volunteer wants emotional support after having raised a safeguarding: they can contact via WhatsApp or email, giving no specific identifying details of the safeguarding and request a debrief.

The Safeguarding Trustee may also be contacted for a Safeguarding Referral if neither the Lead Safeguarding Officer or Deputy Safeguarding Officer is contactable.

**Norfolk Procedure**  
  
If the Lead Safeguarding Officer or Deputies are unavailable anyone with a safeguarding concern can contact The Children’s Advice and Duty Service (CADS).

-A staff member or volunteer can call (0344 800 8021)

-A parent or member of the public can call (0344 800 8020).

**Suffolk Procedure**

If the Lead Safeguarding Officer or Deputies are unavailable and you are concerned about a child use the appropriate referral process is below:

**If a child being at risk of immediate harm call the Police on 999.**

If there is an urgent risk to the safety of a child, call Customer First on **0808 800 4005**.

For other safeguarding concerns submit a multi-agency referral form using the Suffolk Children’s and Young People’s Portal. [Reporting a child at risk of harm, abuse or neglect (safeguarding) - Suffolk County Council](https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding)

When unsure whether a referral is required, you can call the MASH Professional Consultation line on 0345 6061499 to speak with a MASH social worker - or use the new webchat facility available at the bottom of this page.

### **Responsibilities of Lowestoft and Waveney Breastfeeding Support Safeguarding Officer(s)**

### **2.1. Responsibilities of Lowestoft and Waveney Breastfeeding Support Lead Safeguarding Officer**

This role will work closely with the senior Board level lead. The Lead Safeguarding Officer’s role is to support other staff to recognise the needs of children, including identifying and responding to possible abuse. The role will be given sufficient resource and, supervision and support them to fulfil their child welfare and safeguarding responsibilities effectively

They will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm and promotes their welfare.

In the case of allegations made against Lowestoft and Waveney Breastfeeding Support Staff (including volunteers) the Safeguarding Lead will work with the LADO and must follow either Norfolk or Suffolk safeguarding partnership procedures. In cases of actual or suspected abuse by a member of Lowestoft and Waveney Breastfeeding Support staff the Safeguarding Lead in consultation with the LADO will ensure the Police and/or other statutory bodies like Children’s Services are informed as appropriate. The victim must be protected from further abuse while the Police/ external agencies conduct their own investigation.

If not already aware any allegation must be reported to the Safeguarding Lead unless the Safeguarding Lead is the alleged perpetrator, in that situation the report will be made to the Lowestoft and Waveney Breastfeeding Support Deputy Safeguarding Lead.

Any information held either electronically or in hard copy will be held securely in a password protected document or sealed envelope in a secure, locked cabinet/drawer/file box. Any electronic database used for recording and reporting abuse internally will protect the identity of the child and use an identifying code rather than the name so as to ensure confidentiality.

The Lead Safeguarding Officer will be the named person that concerns are reported to. They will liaise with Children’s Services and other agencies and make referrals to Children’s Services and Local Authority Designated Officer when required.

They will be responsible for:

* Making sure the policy is reviewed yearly and updated when changes happen at local/national level
* Ensuring all staff/volunteers/visitors/parents are aware of this policy and the procedures to follow
* Ensuring all staff and volunteers have received appropriate safeguarding information during induction and have received safeguarding training
* Ensuring that safer recruitment practices are followed and update staff on changes to safeguarding
* Completing designated safeguarding person training
* Following the Norfolk Continuum of Needs Guidance produced by the Norfolk Safeguarding Children Partnership (NSCP) – [Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC](https://norfolklscp.org.uk/people-working-with-children/norfolk-continuum-of-needs-guidance)
* Following the Suffolk Threshold Matrix [Suffolk+Threshold+Matrix+2024.pdfa](https://static1.squarespace.com/static/62ea37b2f412d231ae2c2f35/t/6644661fb478c6299818987a/1715758623855/Suffolk+Threshold+Matrix+2024.pdf)

### **2.2 Responsibilities of the Lowestoft and Waveney Breastfeeding Support Safeguarding Trustee**

Lowestoft and Waveney Breastfeeding Support’s Safeguarding Trustee is Vivien Crane who may be contacted on 07751 204501 or [vivf\_rose@hotmail.com](mailto:vivf_rose@hotmail.com).

In its publication Strategy for dealing with safeguarding vulnerable groups including children’s issues in charities, the Charity Commission is clear that Trustees have primary responsibility for safeguarding in Lowestoft and Waveney Breastfeeding Support while some responsibilities can be delegated overall responsibility lies with the Board.

To enable the Board not only to support the management and staff team in the organisation, including the Safeguarding Lead Officer, but also to provide an important mechanism for critically evaluating the information presented to the Board by the management team, and, where necessary, challenging and checking it out.

To ensure that Lowestoft and Waveney Breastfeeding Support is taking steps to safeguard and take responsibility for the children with whom it works and is acting in their best interests, taking all reasonable steps to prevent any harm to them, assessing and managing risk, ensuring safeguarding policies and procedures are in place, undertaking ongoing monitoring and reviewing of policies and procedures including complaints and recruitment, to ensure that safeguards are being implemented and are effective, that Lowestoft and Waveney Breastfeeding Support is responding appropriately to allegations of abuse`

### **Procedure for handling a disclosure from a child**

### **3.1. Guidance for if a child makes a disclosure:**

* Listen and be supportive
* Do not ask any leading questions, interrogate the child, or put ideas in the child’s head, or jump to conclusion
* Do not stop or interrupt a child who is recalling significant events
* Never promise the child confidentiality– it must be explained that information will need be to be passed on to help keep them safe
* Record what was said immediately as close to what was said as possible. Also record what was happening immediately before the child disclosed
* Contact the lead safeguarding officer or deputy immediately

Recording a disclosure from a child:

A disclosure from a child will be recorded on the Recording Form of Safeguarding Concerns (Appendix E); the form contains a Body Map that can be used to identify the site of any injuries. If the disclosure is reported by a volunteer, either the volunteer will fill out the form and email it to the Lead Safeguarding Officer (or Deputy) OR the Lead Safeguarding Officer or Deputy can take information over the phone and fill it in themselves.

Volunteers are expected to delete any information emailed and will be informed to do so. Records will be stored electronically by the Lead Safeguarding Officer on a password protected computer, in a password protected sharepoint folder only accessible to the Lead Safeguarding Officer, Deputy Lead Safeguarding Officer and Safeguarding Trustee. Records will be kept electronically. If any notes were made on paper, these would be shredded and disposed of as soon as uploaded electronically.

An anonymous form will be filled in with all identifying details removed for the purposes of the Lead Safeguarding Officer and Deputy Safeguarding Officer informing the Board of Trustees about any safeguarding incidents.

**Making a safeguarding referral**

**Norfolk Procedure**

If the lead safeguarding officer feels a child is at risk of immediate harm they will call the Police on 999.

**Contacting The Children’s Advice and Duty Service-CADS**

* If we are concerned that a child or children is experiencing or likely to suffer significant harm we will telephone (CADS) immediately on 0344 800 8021
* When considering whether to contact CADS we will consult the CADS Flowchart at the end of this policy and the [Norfolk Continuum of Needs Guidance](https://norfolklscp.org.uk/people-working-with-children/norfolk-continuum-of-needs-guidance) 2023 produced by the Norfolk Safeguarding Children Partnership (NSCP)
* We will gain consent from the parent to contact CADS, unless to do so would place the child at further risk of harm or undermine a criminal investigation.
* CADS will advise us of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children’s Services. Or a formal referral, recording the level of need. Depending on the level, the referral will be processed into either a Family Support Team or Social Work Team.
* A consultation feedback letter will be provided as a record of all conversations and provide a clear audit trail of the outcome agreed.
* We will not investigate and will be led by the Local Authority and/or the Police.
* We will keep written dated records of all conversations with CADS.

**Suffolk Procedure**

If the Lead Safeguarding Officer or Deputies are unavailable and you are concerned about a child use the appropriate referral process is below:

**If a child being at risk of immediate harm call the Police on 999.**

If there is an urgent risk to the safety of a child, call Customer First on **0808 800 4005**.

For other safeguarding concerns submit a multi-agency referral form using the Suffolk Children’s and Young People’s Portal. [Reporting a child at risk of harm, abuse or neglect (safeguarding) - Suffolk County Council](https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding)

When unsure whether a referral is required, you can call the MASH Professional Consultation line on 0345 6061499 to speak with a MASH social worker - or use the new webchat facility available at the bottom of this page.

### **3.2. Managing allegations against people working or volunteering with children**

Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children who attend our setting. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We work to the thresholds for harm as set out in *‘Working Together to Safeguard Children’ (*2023).

An allegation may relate to a person who works / volunteers with children who has:

* + behaved in a way that has harmed a child, or may have harmed a child and/or;
  + possibly committed a criminal offence against or related to a child and/or;
  + behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
  + behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The 4th bullet point above recognises circumstances where a member of staff (including locum or supply staff) or volunteer is involved in an incident outside of setting/agency/work place which did not involve children but could have an impact on their suitability to work with children; this is known as transferrable risk.

At **Lowestoft and Waveney Breastfeeding Support** we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by our organisation to the LADO service directly.

We will take all possible steps to safeguard our children and to ensure that the adults at *­­­­­­­­­­***Lowestoft and Waveney Breastfeeding Support** are safe to work with children.

**If the allegation is against a** **Lowestoft and Waveney Breastfeeding Support member of staff or volunteer the allegation must be reported immediately, at least within one working day, to the Lowestoft and Waveney Breastfeeding Support** **Safeguarding Lead**. This includes concerns relating to agency, supply and specialist staff, students and volunteers.

The Lowestoft and Waveney Breastfeeding Support Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day. If the allegation is against the Lead Safeguarding Officer or Deputy Lead Safeguarding Officer then the allegation must be reported to the Lowestoft and Waveney Breastfeeding Support Safeguarding Trustee.

**Norfolk LADO Procedure**

The LADO can be contacted at [lado@norfolk.gov.uk](mailto:lado@norfolk.gov.uk)

When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures [NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children](https://norfolklscp.org.uk/about/policies-procedures/safer-workforce/83-allegations-against-persons-who-workvolunteer-with-children) and [The Management of Allegations Against People Working with Children Procedure](https://norfolklscp.org.uk/media/ubbphlng/the-management-of-allegations-against-people-working-with-children-procedure-february-2023.pdf) are adhered to and will seek appropriate advice.

The LADO referral form can be downloaded here under the LADO tab, along with more information:

<https://norfolklscp.org.uk/people-working-with-children/how-to-raise-a-concern>

For further information on the role/remit of Norfolk LADO Service, please see [NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children](https://norfolklscp.org.uk/about/policies-procedures/safer-workforce/83-allegations-against-persons-who-workvolunteer-with-children) and [The Management of Allegations Against People Working with Children Procedure](https://norfolklscp.org.uk/media/ubbphlng/the-management-of-allegations-against-people-working-with-children-procedure-february-2023.pdf)

**Suffolk LADO Procedure**

Local Authority Designated Officers can be contacted for allegations against all staff and volunteers via: Email on [LADO@suffolk.gov.uk](mailto:LADOCentral@suffolk.gcsx.gov.uk) or

LADO central telephone number 0300 123 2044

For the latest Suffolk LADO procedure we will consult:

[LADO — Suffolk Safeguarding Partnership (suffolksp.org.uk)](https://www.suffolksp.org.uk/local-authority-designated-officers-lado#gsc.tab=0)

### **3.3. Making a Barring Referral to the Disclosure and Barring Service**

If an allegation has been made about a staff member or volunteer, then our organisation has a legal duty to make a barring referral if the following conditions are met:

**Condition 1**

* you withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, retired, been made redundant or retired.

**Condition 2**

You think the person has carried out 1 of the following:

* engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
* satisfied the harm test
* received a caution for, or a conviction for, or been convicted for a relevant offence

More information on Barring Referrals can be found [online](https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs). If we need guidance on making a Barring Referral, we will contact the [East of England DBS Outreach Advisor](https://www.gov.uk/guidance/the-dbs-regional-outreach-service) for support. A Barring Referral can be completed online via the DBS [website](https://www.submit-a-barring-referral.service.gov.uk/start)

**Barring referrals are to be made by the Lead Safeguarding Officer. If the allegation is against the named person, then the referral must be made by the Safeguarding Trustee.**

There could be times when we might consider that we should still make a referral in the interests of safeguarding children even if the legal duty to refer has not been met. This could include acting on advice of the police or a safeguarding professional, or in situations where there may not be enough evidence to dismiss or remove a person from working with vulnerable groups. DBS are required by law to consider any and all information sent to them from any source. This includes information sent to them where the legal referral conditions are not met. If we do make a referral to DBS where the referral conditions are not met, we will do so in consideration of relevant employment and data protection laws.

### **Recognising Child Abuse**

Abuse can take many forms and the examples in the definitions below are not exhaustive. There may be other situations not covered in the examples below that give you concern for a child’s safety and wellbeing. If you have a concern follow the reporting flowchart.

### **4.1 Definitions of Abuse**

**Abuse** - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

**Physical abuse-**A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse -**The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, 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-**Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in 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 Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect-**The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

• provide adequate food, clothing, and shelter (including exclusion from home or abandonment)

• protect a child from physical and emotional harm or danger

• ensure adequate supervision (including the use of inadequate caregivers)

• ensure access to appropriate medical care or treatment

• provide suitable education It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs

***Definitions of Abuse and Neglect from Working Together to Safeguard Children 2023***

**Additional safeguarding concerns to be aware of are:**

* Domestic Abuse
* The Prevent Duty
* Radicalisation
* Child Sexual Exploitation
* FGM – Female Genital Mutilation
* Forced Marriage
* Honour Abuse
* County Lines
* Child Criminal Exploitation
* Online Abuse

### **4.2 Domestic Abuse**

**Be aware that a referral must be made direct to Children’s Services, following the reporting flowchart below, if it seems reasonable to suspect that:**

* a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
* the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

In Norfolk refer to the NSCP policy 7.4 [Domestic Violence and Abuse Policy | NSCP (norfolklscp.org.uk)](https://norfolklscp.org.uk/about/policies-procedures/complex-families-and-working-with-parentscarers/74-domestic-violence-and-abuse).

In Suffolk refer to the Suffolk Safeguarding Partnership website for further guidance and accompanying information.

Recognising signs and symptoms of possible and actual abuse can be found at Appendix B of this document.

## 

### **4.3 PREVENT: Vulnerable to Radicalisation (VTR) or Influence by Extremism**

**PREVENT** - Prevent is part of the UK's Counter-terrorism strategy [CONTEST](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fcollections%2Fcontest&data=05%7C01%7Cgemma.hampton%40norfolk.gov.uk%7C1f6717d58570496ec01708db9e3c38c4%7C1419177e57e04f0faff0fd61b549d10e%7C0%7C0%7C638277753722537623%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=SszW9lOF7Z6s6DZrMhth6agozQOPw3MT6W1hsTOwTpE%3D&reserved=0). The aim of Prevent is to stop people from becoming terrorists or supporting terrorism.

The key terms to be aware of are as follows:

**​Extremism** - the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

**Terrorism** - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system.

**Radicalisation -**When we talk about radicalisation it means someone is being encouraged to develop extreme views or beliefs in support of terrorist groups and activities. radicalisation and the potential path towards terrorism and extremism can occur through face to face or online interactions. It is sadly the case that it is becoming easier than ever to be groomed by terrorist recruiters on the internet and to find extremist materials.

Encouraging susceptible individuals to commit acts of terrorism on their own initiative is a deliberate tactic seen in emerging ideologies and seen in their propaganda. This is exacerbated by online environments which bring together and facilitate individuals sharing and validating thoughts and ideas.

Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. The importance of noticing the hallmarks of concern within these online communities, in friends or wider social spaces as well as work and educational settings has probably never been as important as it is now. There are some common signs that may mean someone is being radicalised.

* Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
* Expressing anger or extreme views towards a particular group such as a different race or religion.
* Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

It’s often the case that professional curiosity and belief in your own ability to determine if something just doesn’t sit right is sometimes a good check point to flag up where something may be going wrong, especially in the early stages of radicalisation.

**Norfolk Prevent Duty Procedure**

**Responding to a Concern-Notice – Check – Share**

**Notice-**A staff member or volunteer working with a child or young person could be the person to notice that there has been a change in the individual’s behaviour that may suggest they are vulnerable to radicalisation. Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. There are some common signs that may mean someone is being radicalised.

* Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
* Expressing anger or extreme views towards a particular group such as a different race or religion.
* Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

**Check-**The next step is for the staff member or volunteer to speak to the manager or safeguarding lead to better understand the concerns raised by the behaviours observed to decide whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action or a referral not related to radicalisation or extremism.

**Share-**Where the staff member or volunteer still has concerns that the individual may be vulnerable to radicalisation, then the organisation’s safeguarding procedures will be followed, and this safeguarding concern will be reported to the Children’s Advice and Duty Service (CADS).

Following this the Prevent referral form should be completed, which can be downloaded from here [referral form](https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/crime-and-disorder-partnerships/preventing-radicalisation) and sent to: [**preventreferrals-NC@Norfolk.police.uk**](mailto:preventreferrals-NC@Norfolk.police.uk)

An initial assessment of the referral will be carried out prior to any further information gathering on the individual.

**For urgent radicalisation concerns contact Norfolk police on 101 or, in an emergency, 999.**

Additional [information and guidance on Prevent](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.norfolk.gov.uk%2Fwhat-we-do-and-how-we-work%2Fpolicy-performance-and-partnerships%2Fpartnerships%2Fcrime-and-disorder-partnerships%2Fpreventing-radicalisation&data=05%7C01%7Cgemma.hampton%40norfolk.gov.uk%7C1f6717d58570496ec01708db9e3c38c4%7C1419177e57e04f0faff0fd61b549d10e%7C0%7C0%7C638277753722693863%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=XXGLt%2BqWwzRDOi1UxyngJ9H6woYMNqc%2Bi7lslO59jww%3D&reserved=0) is available on the Norfolk County Council website.

**Suffolk Procedure**

If you have an urgent safeguarding situation that presents an imminent risk to a child, please call Customer First on **0800 917 1109**.  
   
For non-urgent prevent referrals, please complete the National Prevent Referral form on the [Suffolk Safeguarding Partnership website](https://suffolksp.org.uk/safeguarding-topics/prevent/).

Staff may notice a change in a child or adults behaviour that may suggest they are vulnerable to violent extremism. Guidance can be found at: [Prevent — Suffolk Safeguarding Partnership](https://www.suffolksp.org.uk/prevent)

UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL

# 

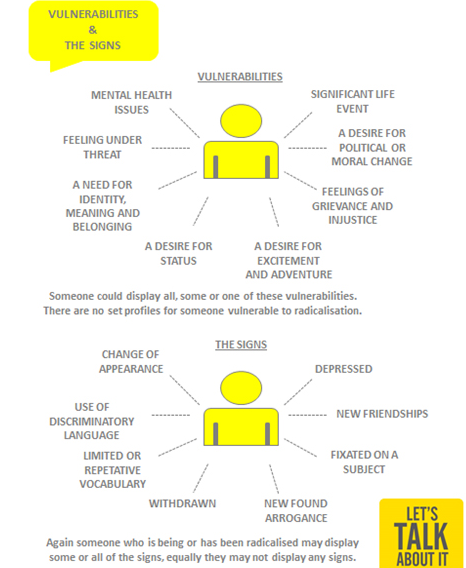
#### Guidance Notes for Recognising VTR

**Who is Vulnerable to Radicalisation?**

People who are vulnerable to radicalisation come from all walks of life, genders, ages and social groups, income levels, professions etc.

There is no profile for someone who could be drawn into terrorism.

Extremism is any form of extremism; this includes extreme right wing views, animal rights issues as well as religious views. It is unhelpful to have a narrow view of who can be VTR. It is important to keep an open mind. Looking at the factors associated with a person who becomes vulnerable to it can be helpful to look at. They include;



This guide is to help you refer concerns about an individual who may be vulnerable to being drawn into terrorism. Below are questions which may help you to quantify and structure your concerns. The list is not exhaustive and other factors may be present but they are intended as a guide to help communicate your professional judgement about what has led you to make a referral.

**Faith / ideology**

* Are they new to a particular faith / faith strand?
* Do they seem to have naïve or narrow religious or political views?
* Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?
* Have there been specific examples or is there an undertone of “ Them and Us “ language or violent rhetoric being used or behaviour occurring?
* Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
* Are there particular grievances either personal or global that appear to be unresolved / festering?
* Has there been an increase in unusual travel abroad without satisfactory explanation?

**Personal / emotional / social issues**

* Is there conflict with their families regarding religious beliefs / lifestyle choices?
* Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration? Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?
* Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?
* Have they got / had extremist propaganda materials ( DVD’s, CD’s, leaflets etc.) in their possession?
* Do they associate with negative / criminal peers or known groups of concern?
* Are there concerns regarding their emotional stability and or mental health?
* Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

**Risk / Protective Factors**

* What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.
* Is there any evidence of others targeting or exploiting these vulnerabilities or risks?
* What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

### **4.4 Additional Safeguarding Issues**

**Child Sexual Exploitation-**CSE is a form of child sexual abuse. It occurs when an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a children or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through use of technology.

**FGM – Female Genital Mutilation**- (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting". FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. **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. The maximum penalty for FGM is 14 years’ imprisonment.

**Forced Marriage-**People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when some face physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (eg if they’re made to feel like they’re bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

* taking someone overseas to force them to marry (whether or not the forced marriage takes place)
* marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)

**Honour Abuse-**Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

* become involved with a boyfriend or girlfriend from a different culture or religion
* want to get out of an arranged marriage
* want to get out of a forced marriage
* wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of ‘honour’ do not always include violence. Crimes committed in the name of ‘honour’ might include:

* domestic abuse
* threats of violence
* sexual or psychological abuse
* forced marriage
* being held against your will or taken somewhere the victim doesn’t want to go
* assault/killing

**County Lines-**A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of ‘deal line’. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

**Child Criminal Exploitation-**A term to describe where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

(a) in exchange for something the victim needs or wants; and/or

(b) for the financial or other advantage or the perpetrator or facilitator; and/or

(c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

**Online Abuse-**any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. It can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

Children may experience several types of abuse online: Cyberbullying, Emotional abuse-which can include emotional blackmail, Sexting-pressure or coercion to create sexual images, Sexual abuse, Sexual exploitation and Grooming-perpetrators may use online platforms to build a trusting relationship with the child to abuse them.

A child experiencing abuse online might:

-spend a lot more or a lot less time than usual online, texting, gaming or using social media

-seem distant, upset or angry after using the internet or texting

-be secretive about who they're talking to and what they're doing online or on their mobile phone

-have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet

Be mindful that some of the signs of online abuse are similar to other types of abuse.

## 

### **4.5**. **Norfolk Flowchart for Referral for Actual or Suspected Abuse: Children**

|  |  |  |
| --- | --- | --- |
| If the matter is urgent because a child is in immediate danger phone 999 for the Police. | | |
|  |  |  |
| See it.  Are they safe? If you are concerned about a child you could help stop abuse  if you follow the safeguarding policy and procedure (use this flowchart)  It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Safeguarding Lead and/ or appropriate authority | | |
|  |  |  |
| Recognise it.   * Share your concerns/ information with the Safeguarding Lead/ Deputy Safeguarding Lead. * *For concerns about a child (under 18 years of age)*: Use the Norfolk Continuum of Needs Guidance produced by the Norfolk Safeguarding Children Partnership (NSCP)to guide your discussions on thresholds for safeguarding referrals * If you need to discuss whether or not a referral is required, call Children’s Advice and Duty Services (CADS) for professionals or volunteers on 0344 800 8021 or for a member of the public on 0344 800 8020 * If there is immediate danger to the child call 999 for the Police. | | |
|  |  |  |
| **Report it**  If you have a concern about a child and need to make a safeguarding referral using the CADS phone line on 0344 800 8021 | | |
|  |  |  |
| **Contact information**  Safeguarding referral via callings CADS: 0344 800 8021  **Police: 999 if it is an emergency**  Safeguarding Lead: tel.: 07731400020  email: kaya@lowestoftandwaveneybreastfeeding.co.uk  Safeguarding Deputy: tel.: 07758 752 082  Safeguarding Trustee: tel. 07751 204501   email: [vivf\_rose@hotmail.com](mailto:vivf_rose@hotmail.com) | | |
|  |  |  |
| Notes:  reporting for CYP | | |
| * Parents/ carers should be advised that you are making a referral unless this might put the child at risk or cause any delay in referring * **Local Authority Designated Officer (LADO) Referrals** If you have concerns about an adult working with a child under the age of 18 that you would like to report, [access the LADO page for more information](https://suffolksp.org.uk/working-with-children-and-adults/children/local-authority-designated-officers-lado/) | | |
| Remember ALL notes will be disclosable should a formal or criminal investigation occur. *Ensure that your notes are signed, dated, professional, separate opinion from fact, are recorded verbatim using the same words as were used during the disclosure.* | | |

### **4.6.Suffolk Flowchart for Referral for Actual or Suspected Abuse: Children**

|  |  |  |
| --- | --- | --- |
| If the matter is urgent because a child is in immediate danger phone 999 for the  Police. | | |
|  |  |  |
| See it.  Are they safe? If you are concerned about a child you could help stop abuse  if you follow the safeguarding policy and procedure (use this flowchart)  It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Safeguarding Lead and/ or appropriate authority | | |
|  |  |  |
| Recognise it.   * Share your concerns/ information with the Safeguarding Lead/ Deputy Safeguarding Lead. * *For concerns about a child (under 18 years of age)*: Use the *Suffolk Thresholds of Needs Matrix* to guide your discussions on thresholds for safeguarding referrals * If you need to discuss whether or not a referral is required, call the MASH Professional Consultation Line on 0345 6061499 to speak with a MASH social worker - or use their webchat * If there is immediate danger to the child call 999 for the Police. | | |
|  |  |  |
| **Report it**  If you have a concern about a child and need to make a safeguarding referral use the relevant online [Suffolk Children and Young people’s Portal](https://suffolksp.org.uk/concerned/) | | |
|  |  |  |
| **Contact information**  Safeguarding referral: [Via portal](https://suffolksp.org.uk/concerned/).  Customer First [0808 800 4005](tel:00448088004005)  MASH Professionals Consultation line [03456 061 499](tel:00443456061499)  **Police: 999 if it is an emergency**  Safeguarding Lead: tel.: 07731400020  email: kaya@lowestoftandwaveneybreastfeeding.co.uk  Safeguarding Deputy: tel.: 07758 752 082  Safeguarding Trustee: tel. 07751 204501   email: [vivf\_rose@hotmail.com](mailto:vivf_rose@hotmail.com) | | |
|  |  |  |
| Notes:  reporting for CYP | | |
| * Parents/ carers should be advised that you are making a referral unless this might put the child at risk or cause any delay in referring * **Local Authority Designated Officer (LADO) Referrals** If you have concerns about an adult working with a child under the age of 18 that you would like to report, [access the LADO page for more information](https://suffolksp.org.uk/working-with-children-and-adults/children/local-authority-designated-officers-lado/) | | |
| Remember ALL notes will be disclosable should a formal or criminal investigation occur. *Ensure that your notes are signed, dated, professional, separate opinion from fact, are recorded verbatim using the same words as were used during the disclosure.* | | |

### **Information Sharing Procedures Relating to Safeguarding Children**

### **5.1 Record Keeping**

Records will be kept electronically. A Recording of Safeguarding Concerns Form (Appendix E) will be filled in. Personal information recorded will include families details such as dates of birth, current address, current and working contact information, family composition, history and the nature of the concern. A log will be kept in the same document of action taken.

A separate anonymised form will be kept that removes details and identifying information for the purposes of informing the trustee board about safeguarding incidents.

Records will be stored electronically on a passworded laptop inside a passworded sharedrive accessible only to the Safeguarding Lead, Deputy Safeguarding Lead and Safeguarding Trustee.

To be read in conjunction with the Lowestoft and Waveney Breastfeeding Support Information Sharing policy and procedure

Through the safe and effective sharing of information it aims to ensure that children get the support they require from external services and that the people it works with are protected from harm, abuse or neglect.

In many reviews into deaths of children the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. **It is imperative that Lowestoft and Waveney Breastfeeding Support staff understand the requirement to share safeguarding information in order to protect vulnerable children from harm.**

Confidentiality and information sharing must be integrated across all aspects of Lowestoft and Waveney Breastfeeding Support services and management as its users have the right to privacy and confidentiality and to understand when “secrets” cannot be protected for their best interests.

### **5.2. Information Sharing Definitions**

**Confidentiality:** Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

Lowestoft and Waveney Breastfeeding Support understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user’s prior expressed consent to disclose such information, however there are exceptions which will be discussed below.

**Breach of confidentiality:** Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

**Even where sharing of confidential information is not authorised, THE ORGANISATION may lawfully share it if this can be justified in the public interest.**

Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it would place someone at risk of harm or undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the Manager with the CE on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

**Public interest**: A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to 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 factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

**Serious crime:** This means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

### **5.3 Information Sharing Flowchart**



**Working with parents and carers**

### **6.1 Sharing Policies with Parents and Carers**

Policies are held on the website <http://www.lowestoftandwaveneybreastfeeding.co.uk> QR codes provide direct access.

All parents and carers will be made aware of the following three points:

i) Where they can access LWBS policies and a QR code to do so

ii) Parents will be informed of our legal duty to assist other agencies with Safeguarding enquiries and that we will we contact The Children’s Advice and Duty Service (CADS) if we have concerns about the welfare of their child

iii) Parents will be made aware that we will need to share information with the relevant authorities if we have concerns about the welfare of their child, and that we do not have to seek consent from them if there are serious concerns about harm or likely harm to their child

This will be done by:

i) Parents accessing the home visit services are given a form with this information with a tick box and signature to confirm they have read it

ii) At groups information and a QR code will be displayed upon a board, a physical copy kept in a folder and volunteers will make new attendees aware of where this information is displayed and can be found

iii) At walks or outdoor events, the information will be carried by the volunteer or employee leading the group who will make attendees aware at the start

### **6.2 Online Safety**

Online Safety includes the use of photography and video, the internet and social media sites, mobile phones and smart watches. LWBS hold a separate Online Safety policy.

The following measures are in place to promote online safety:

* A [‘**Report Harmful Content’**](https://swgfl.org.uk/services/report-harmful-content/report-harmful-content-button/) Button to our website so that users can easily report harmful content
* Any removable media containing personal or sensitive data (e.g. USB sticks or devices that leave our organisation) are secured through password and/or encryption
* Personal data is managed in in compliance with The Data Protection Act 2018
* Having the latest operating system security updates installed
* Passcode and lock screened are used on all devices owned by the charity
* Staff and volunteers are not permitted to use any devices in the organisation for personal use unless necessary

*Online Communications*

Our organisation uses a range of online services to communicate which include:

* *Website*
* *Social media pages*
* *Social media messaging*
* *Text messaging*
* *Online portal pages*
* *WhatsApp*
* *Email*

All communications take place through clear and established systems and will be professional in nature. 

Communications are monitored for concerns/complaints. There are processes in place to respond and resolve complaints or comments concerning our organisation or staff/volunteers. 

All staff/volunteers will be asked to read and sign the Online Acceptable Use Agreement, which sets out rules on the use of personal online communications.

***Digital Images and Videos***

Our organisation uses digital images and video as a tool to record and inform families and parents of the progress and activities of their children.

We gain written permission from parents to record and use digital images and video of their children. Through this process, we respect their rights under the Data Protection Act 2018.

Our organization stores images securely via the use of password protected share point and we meet legal requirements on how long we retain those images.

Parents are asked to sign a declaration which sets out how they are to use to digital images/videos of their child taken by them at the organisation

***Personal Mobile Phones and Smart Watches***

There are safeguarding risks associated with the use of personal mobile phones and smart watches. Our organisation has measures in place to protect children, from the unacceptable use of technology or exposure to inappropriate materials on this technology. It is the responsibility of all members of staff to be vigilant and to report any concerns.

**Rules on Personal Mobile Phones**

-Personal mobile phones should be used minimally and only when necessary within group settings

* If personal phones are used to take images during a session volunteers must ensure that there is a purpose to the image and that all families have consented and signed the appropriate paperwork
* If a volunteer needs to take call during a session, please make sure another volunteer is aware and move to a suitable space if possible
* Social media should not be used within a session unless there is a purpose such as advertisement of the session via facebook/Instagram
* For images that may be of a personal nature, the IBCLC must only use their work phones and not their personal phones

**Rules on Smart Watches**

Only smart watches without cameras are permitted to be worn purely to perform the function of a watch when working with children as an International Board Certified Lactation Consultant.

The following steps must be adhered to by staff wearing smart watches without cameras:

-The watch must be on silent at all times

-Staff should not use their smart watch to access photos or images while working

-Staff need to be vigilant of others checking their smart watches and remind them of our policy

-With ongoing technology advances, the organisation reserves the rights to request the removal of a Smart Watch if it deemed a safeguarding risk to children

For volunteers wearing Smart Watches with a camera, we ask volunteers to follow the same rules as well as not using a smart watch as a camera

Further information is held in the Online Safety Policy.

### **6.3 Other Relevant Policies and Legislation**

**Relevant Policies**

Our safeguarding policy should be read in conjunction with the other following policies which also fall under our safeguarding umbrella:

Online Safety Policy

Volunteer Code of Conduct

Employee Code of Conduct

GDPR   
Safer Recruitment

**Relevant Guidance and Legislation**

-Working Together to Safeguard Children 2023

-What to do if You’re Worried a Child is Being Abused 2015

-Children Act 2004

-Children Act 1989

-The Online Safety Act 2023

-Data Protection Act 2018

-The Prevent Duty Guidance 2023

-Norfolk Continuum of Needs Guidance 2023

[Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC (norfolklscp.org.uk)](https://norfolklscp.org.uk/people-working-with-children/norfolk-continuum-of-needs-guidance)

Norfolk Safeguarding Children Partnership Policies and Procedures

[Polices & Procedures | Norfolk Safeguarding Children Partnership (norfolklscp.org.uk)](https://norfolklscp.org.uk/about/policies-procedures)

Suffolk Safeguarding Framework and Threshold Matrix

[Safeguarding Framework and Threshold Matrix — Suffolk Safeguarding Partnership (suffolksp.org.uk)](https://www.suffolksp.org.uk/safeguarding-framework-and-threshold-matrix#gsc.tab=0)

Suffolk Safeguarding Partnership Policies, Procedures and Practice Guidance

[Policies, Procedures & Practice Guidance — Suffolk Safeguarding Partnership (suffolksp.org.uk)](https://www.suffolksp.org.uk/policies-procedures-and-practice-guidance#gsc.tab=0)

### **6.4 Useful Contacts for Norfolk**

* Norfolk Children’s Advice and Duty Service (CADS) 0344 800 8021
* Norfolk Children’s Services 24 hours 0344 800 8020
* Norfolk Police 101 / In an emergency 999
* Norfolk Local Authority Designated Officers (LADO) Team [lado@norfolk.gov.uk](mailto:lado@norfolk.gov.uk)
* Norfolk Safeguarding Children Partnership (NSCP) [norfolklscp.org.uk](https://norfolklscp.org.uk/)
* Safer Programme 01603 228966 [safer@norfolk.gov.uk](mailto:safer@norfolk.gov.uk)
* The Disclosure and Barring Service Regional Outreach Service

The DBS Regional Outreach service - GOV.UK (www.gov.uk)

### **6.5 Useful Contacts for Suffolk**

* Suffolk Customer First 0808 800 4005
* Suffolk Professional Consultation Line to speak to MASH social worker 0345 606 1499
* Suffolk Police 101 / In an emergency 999
* Suffolk Local Authority Designated Officers (LADO) Team [lado@suffolk.gov.uk](mailto:lado@suffolk.gov.uk)
* Suffolk Safeguarding Children Partnership (NSCP) [Suffolk Safeguarding Partnership (suffolksp.org.uk)](https://www.suffolksp.org.uk/)
* The Disclosure and Barring Service Regional Outreach Service

The DBS Regional Outreach service - GOV.UK (www.gov.uk)

**Policy Review**

We will make changes to our policy and procedures in line with Norfolk Safeguarding Children Partnership’s guidance and the guidance from the Suffolk Safeguarding Partnership.

Name: Kaya Thorpe

Signed: K.Thorpe

Role: Chief Executive Officer and Designated Safeguarding Person

Date: 08/04/2025

Name: Elizabeth Fleischer

Signed: E.Fleischer

Role: Chair of Trustees

Date: 08/04/2025

This policy will be reviewed on: 08/04/2026................................................................

This policy will be reviewed by: Kaya Thorpe, Designated Safeguarding Lead, Elizabeth Fleischer, Chair of Trustees

### **Appendix A****: Good Practice:**

### **1. How To React When a Child/Young Person Wants To Talk About Abuse**

* **General points**
* Take seriously what the child/young person says (however unlikely the story may sound)
* Keep calm
* Look at the child/young person directly
* Be honest
* Let them know you will need to tell someone else – don’t promise confidentiality
* Reassure them they are not to blame for the abuse
* Be aware that the child/young person may have been threatened
* Never push for information
* Ask questions for clarification only; avoid asking questions that suggest a particular answer.
* **Helpful things to say or show**
* Show acceptance of what the child/young person says
* “I am glad you have told me”
* “It’s not your fault”
* “I will help you”
* **Avoid saying**
* “Why didn’t you tell anyone before?”
* “I can’t believe it”
* “Are you sure this is true?”
* Never make false promises
* Never make statements such as “I am shocked!”, or “don’t tell anyone else”
* **Concluding**
* Reassure the young person that they were right to tell you and that you take them seriously
* Let the young person know what you are going to do next and that you will let them know what might happen Immediately report the matter, as per procedures

#### 2. Staff ratios

**Groups are organised so as to minimise situations where the abuse of children and/or young people may occur.**

Children attending groups do so with their parent or carer, the groups are drop-ins for parents/carers with under 5s. Parents and carers remain responsible for their child and the groups do not function as any form of childcare. Groups are arranged so that an adult (volunteer or employee) is not left alone with a child or young person where there is little or no opportunity of the activity being observed by others. This may mean groups working within the same large room or working in an adjoining room with the door left open. This good practice can be as much benefit to the adult as to the child or young person.

### **Appendix B:****Recognising Possible Child/Young Person Abuse**

The following behavioural signs *may* be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

**Physical signs**

* Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
* Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
* Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
* Injuries which have not received medical attention.
* Instances where children/young people are kept away from the group inappropriately or without explanation.
* Self-mutilation or self-harming e.g.. cutting, slashing, drug abuse.

**Emotional signs**Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also depression/aggression.

* Nervousness or inappropriate fear of particular adults.
* Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.
* Persistent tiredness, wetting or soiling of bed or clothes by an older child.

**Signs of neglect**

* Regular poor hygiene
* Persistent tiredness
* Inadequate clothing
* Excessive appetite
* Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

**Indicators of possible sexual abuse**

* Any direct disclosure made by a child/young person concerning sexual abuse.
* Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
* Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
* Preoccupation with sexual activity through words, play or drawing.
* Child/Young person who is sexually provocative or seductive with adults.
* Inappropriate bed-sharing arrangements at home.
* Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
* Other emotional signs (see above) may be indicative of sexual or some other form of abuse.

### **Appendix C: The Children’s Advice and Duty Service Flowchart Norfolk**

A diagram of a child's attention

Description automatically generated

### **Appendix D: Parent and Baby/Toddler Group**

Lowestoft and Waveney Breastfeeding Support run breastfeeding cafes, these are 90 minute drop-in groups attended by any family wishing to access breastfeeding, social or sling support, children are welcome with their parent/carer. The groups are located in community spaces such as libraries, cafes, church halls and community outdoor spaces. Groups are facilitated by trained volunteers and sometimes attended by employees.

Key policies, including Safeguarding and Code of Conduct, are displayed upon a board. Each group maintains a sign-in sheet (electronic or paper) which includes information about the Lead Safeguarding Officer, their role and legal duty to report any safeguarding concerns. The sign-in sheet takes information about the parent’s full name, baby/child’s name and date of birth, address, phone number and tick boxes for the reason for attending and whether permission is given for photos to be taken or used. Sign-in sheets are either immediately uploaded electronically via a secure form accessibly to the Lead Safeguarding Officer or paper copies are taken by the group lead and stored in a locked file box and destroyed once the information has been uploaded electronically.

New attendees are greeted by a volunteer, the volunteer will make them aware that there is a display of policies and on the sign in sheet this information will be available.

**Procedure for Managing Safeguarding Concerns at the Group**

The named person for responsible for safeguarding at the group is Lead Safeguarding Officer Kaya Thorpe who can be contacted by telephone on 07731 400 020 or alternatively, Deputy Safeguarding Officer Lisa Roberts who can be contacted by telephone on 07758 752 082.

Refer to section 3 in our main policy for the procedure on ‘Reporting Safeguarding concerns’.

**Group Code of Conduct for Parents/Carers**

Please see the code of conduct for all families attending groups under the banner of Lowestoft and Waveney Breastfeeding Support.

● Parents are responsible for the safety and wellbeing of their children during sessions. Equipment provided by LWBS will be checked from a safety perspective along with risk assessments on each venue.

● Parents are responsible for the care of their children during a session

Parents are responsible for the behaviour of their child/children within a session and are expected to manage their behaviour where it could lead towards conflict or unsafe behaviour.

● Please be mindful everyone has a different journey and may have different parenting experiences. Everyone is welcome in group setting

● Please raise to volunteers/staff if you have concerns around behaviour from another parent/volunteer/staff member during a session

● If you have concerns about the venue please raise immediately to the group lead

● If you have concerns about safeguarding from either a volunteer or parent you will need to either speak to the group lead or report to Kaya Thorpe, Designated Safeguarding Lead for the charity via phone on kaya@lowestoftandwaveneybreastfeeding.co.uk 07731400020 or email

● We ask that all families respect the venues we use, treat it with due care and respect. Report any damage to the venue immediately to the group lead.

● Please follow our food policy and respect each venues food and drink policies.  
  
*Any of the following behaviour/s from Parents will not be tolerated:*

* Disruptive behaviour.
* Using loud/or offensive language, swearing, using profane language or displaying a temper.
* Threatening in any way to a any adult or child.
* Damaging or destroying the group’s property.
* Abusive or threatening e-mails or text/voicemail/phone messages or other written communication.
* Defamatory, offensive, or derogatory comments regarding the group or any children, parents, staff, or volunteers associated with group. This includes online content on social media sites
* The use of physical aggression towards another adult or child. This includes physical punishment of your own child at the group.
* Approaching someone else’s child to discipline or chastise them because of the actions of this child towards your own child.
* Smoking, taking illegal drugs or the consumption of alcohol at the group.

If the group suspects, or becomes aware, that a parent/carer has breached the code of conduct, the group will gather information from those involved and speak to the parent/carer about the incident to determine what they next steps will be. The volunteers/parents will pass concerns to Kaya Thorpe, Designated Safeguarding Person and Chief Executive Officer or Elizabeth Fleischer, Chair of Trustees who will speak to the families in question and complete a full investigation.

All families will be able to access the policies to read in groups and will be directed to the board on arrival before signing in. They will be required to tick that they have read the policies if this is their first visit.

Group Code of Conduct and Responsibilities for Group Leaders/Volunteers

**Café/Group Protocol**

Group Protocol for Café/group Leads

* You are responsible for ensuring that your café has volunteers for each session. Every session must have two volunteers – Southwold is the exception due to other staff. Babywearing pop ups also require one volunteer if within another session.
* Please ensure group numbers recorded on our new spreadsheet for each session
* <https://forms.gle/qzQPB7YCuz74Mj7m8>
* Please report to Kaya asap any issues with venue, equipment or staffing
* Ensure all sessions are set up before the start time. Two volunteers must be in attendance before the session begins.
* Please ensure that policies and procedures are visibly displayed
* Volunteers are responsible for notifying the designated safeguarding person of any concerns with families during a session.
* All volunteers must make sure they have knowledge of the venues fire safety policy and where the nearest exit is. Information should be displayed by the venues themselves along with clear signage.
* Please return café settings to original state before leaving the venue.
* Volunteers are required to check all toys at the end of each session and remove any broken toys from the cases and pass to Kaya.
* No photos are to be taken by volunteers as per our online safety policy.
* Please report any concerns with other volunteers to Kaya at an appropriate time
* Ensure that any donations are handed to Kaya at the end of each term
* Sign in sheets are to be handed to Kaya every half term if done in paper form. Until handed in they must be kept with the café bags and locked away with all equipment.
* Risk assessments are completed with each venue change and in September each year.
* Please report any risk assessment updates to Kaya immediately

**Information on group volunteers**

Volunteers are recruited to hold various roles within the charity

Breastfeeding Volunteers

* All volunteers are interviewed by Kaya Thorpe, Chief Executive Officer and one trustee
* All volunteers require a reference to access their training
* All volunteers complete their Association of Breastfeeding Mothers Peer Supporter course as a minimum. Some will more towards ABM Breastfeeding Counsellor training.
* Volunteers are expected to complete one session of volunteering per month
* All volunteers must communicate to Kaya if they require an extended break in volunteering
* All volunteers are expected to keep up to date with their updates and training as per ABM guidelines

Babywearing volunteers

* All volunteers are interviewed by Kaya Thorpe, Chief Executive Officer and one trustee
* All volunteers require a reference to access their training
* All volunteers complete their Slingababy Peer Supporter course as a minimum. Some will more towards Slingababy Sling Consultant Training.
* Volunteers are expected to complete one session of volunteering per month
* All volunteers must communicate to Kaya if they require an extended break in volunteering
* All volunteers are expected to keep up to date with their updates and training as requested by Kaya Thorpe or Victoria Bellward, Sling Lead.

**Managing Allegations against people working or volunteering with children at the group**

If a parent attending the group makes an allegation about lead for safeguarding, they can directly report their concern to the Local Authority Designated Officer (LADO).

In Norfolk the parent will need to complete a LADO referral form which can be downloaded from the Norfolk Safeguarding Children Partnership Website and emailed to the LADO directly at [lado@norfolk.gov.uk](mailto:lado@norfolk.gov.uk).

In Suffolk a parent can contact the LADO by email [LADO@suffolk.gov.uk](mailto:LADO@suffolk.gov.uk) or  call. 0300 123 2044

**Record Keeping and Information Sharing**

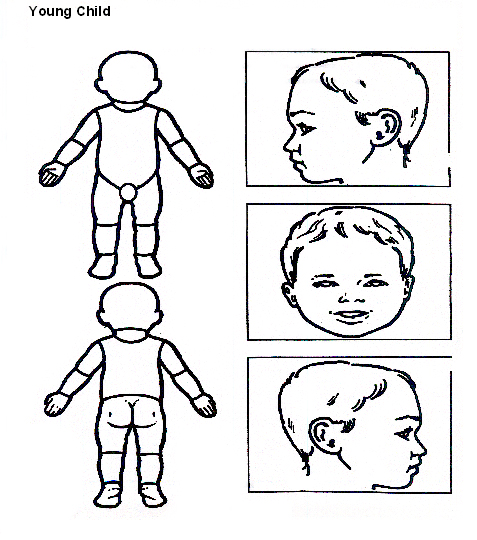
Our group cannot guarantee confidentiality if there is a child safeguarding concern, as we will need to share these concerns with the Children’s Advice and Duty Service. It is an expectation that our group would seek parental consent to share information first unless to do so would place somebody at risk of harm or undermine a criminal investigation. Refer to section 4.5 in our main policy for more information on the process for information sharing.

### **Appendix E:** **Recording Form for Safeguarding Concerns**

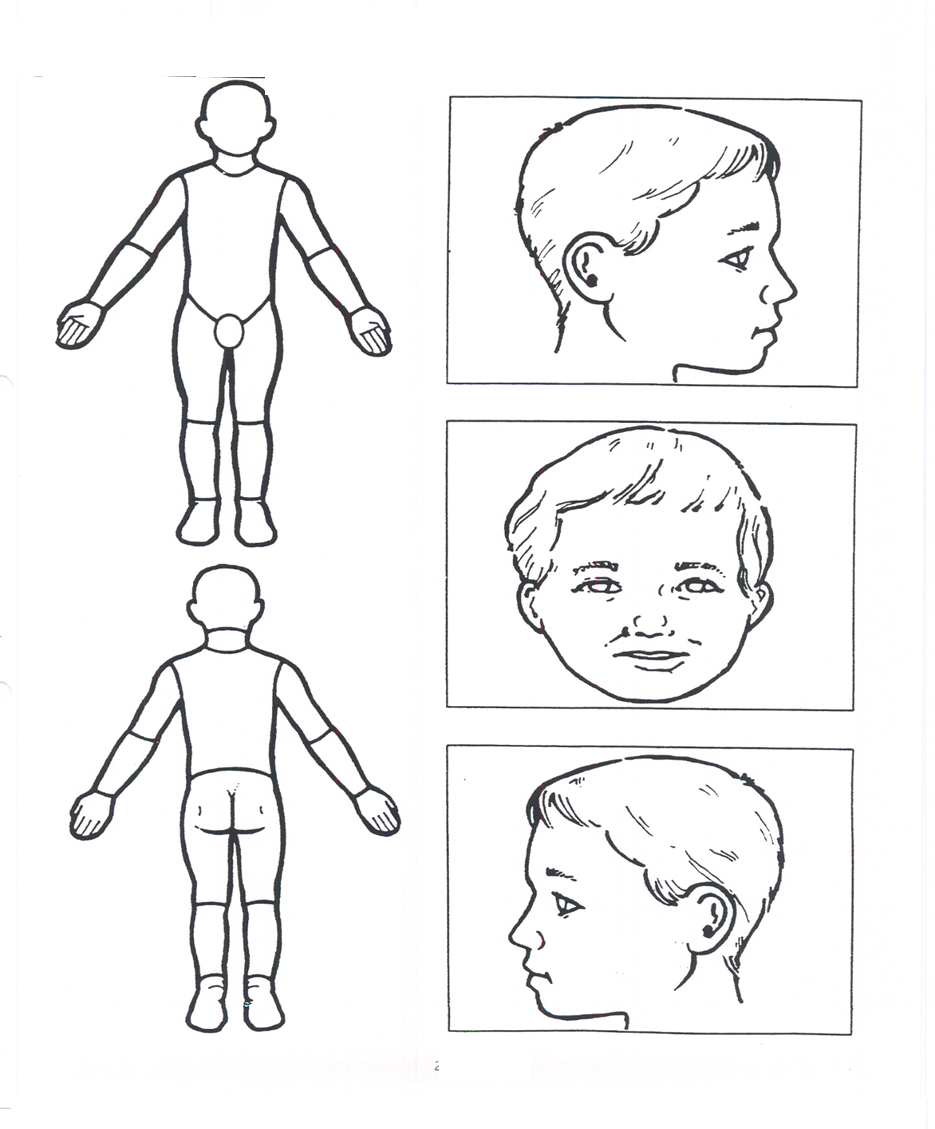
Staff, volunteers and regular visitors are required to complete this form and pass it to Kaya Thorpeif they have a dafeguarding concern about a child in our organisation.

| **Information Required** | **Enter Information Here** |
| --- | --- |
| Full name of child |  |
| Date of birth |  |
| Your name and position in the organisation |  |
| Nature of concern/disclosure  *Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.*  *[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]*  *[Make it clear if you have a raised a concern about a similar issue previously]* |  |
| Time & date of incident: |  |
| Name and position of the person you are passing this information to? |  |
| Your Signature |  |
| Time and date form completed |  |
| Time form received by DSP/SLP |  |
| Action Taken by DSP/SLP |  |
| Referral made to Police [yes/no, date and time] |  |
| Referral made to CADS [yes/no, date and time] |  |
| Referral made to LADO [yes/no, date and time] |  |
| Referral Made to Other Agency [yes/no, date and time, name of organisation] |  |
| Parents/Carers Informed [yes/no, date and time]. If yes include names of those who have been informed. If no, please state why. |  |
| Feedback given to the child [yes/no, date and time] |  |
| Feedback given to person who recorded the disclosure [yes/no, date & time] |  |
| Further Action Agreed |  |
| Full Name of DSP/SLP |  |
| Signature of DSP/SLP |  |

**Body Map**

**Indicate clearly where the injury was seen and attach this to the referral form**

**Body Map**

**Older Child**

**Indicate clearly where the injury was seen and attach this to the referral form.**