LOWESTOFT & WAVENEY BREASTFEEDING SUPPORT

Lowestoft and Waveney Breastfeeding Support safeguarding children procedures

March 2022

Contents

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

Safeguarding Procedures (All staff)

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 the Police or other appropriate external bodies.

The Chief Executive is responsible for supervision of these activities.

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.
- 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.

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

3. Reporting of Safeguarding concerns

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

Safeguarding Officers
Safeguarding Lead for Norfolk and Suffolk: KAYA THORPE 07731400020 / lowestoftandwaveney@hotmail.com

Deputy Safeguarding Lead for Norfolk: LOUISE WHITE Phone/email: 07532707455 lowestoftandwaveney@hotmail.com

Deputy Safeguarding Lead for Suffolk: SAMANTHA SALE Phone/email: 07398224884 / lowestoftandwaveney@hotmail.com

Making a safeguarding referral in NORFOLK

Telephone CADS Professional Consultation Line on 0344 800 8021

The police and relevant emergency services will be contacted in an emergency situation by calling 999.

Unsure of the referral is a safeguarding or welfare referral?

If we are unsure that a safeguarding referral is needed, we will still call the Professional Consultation Line on 0344 800 8021 to speak with a CADS social worker.

Safeguarding referrals are not made via the MASH number above, we will use it for consultation purposes only.

Making a safeguarding referral in SUFFOLK
To report a safeguarding concern about a child the referral will be made using the relevant Suffolk County Council online Portal (child).

If we cannot access the portal we will contact Customer First to make the referral on 0808 800 4005.

The police and relevant emergency services will be contacted in an emergency situation by calling 999.

Unsure of the referral is a safeguarding or welfare referral?
If we are unsure that a safeguarding referral is needed, we will call the Professional Consultation Line on 0345 6061499 to speak with a MASH social worker - or use the new webchat facility

Safeguarding referrals are not made via the MASH number above, we will use it for consultation purposes only.

REPORTING Allegations of abuse or malpractice against a member of staff including volunteers

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. **It also includes allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children.**

It must be used in respect of all allegations that are consistent with the guidance in Working Together i.e. cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child; or
- behaved in a way that indicates s/he is unsuitable 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.

If the allegation is against the Safeguarding Lead then the allegation must be reported to the Lowestoft and Waveney Breastfeeding Support Deputy Safeguarding Lead. 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.

Contact details for LADO's

LADO Norfolk

Local Authority Designated Officers can be contacted for allegations against all staff and volunteers via: Email on LADO@norfolk.gov.uk or
LADO central telephone number 0300 123 2044

LADO Suffolk

Local Authority Designated Officers can be contacted for allegations against all staff and volunteers via: Email on LADO@suffolk.gov.uk or
LADO central telephone number 0300 123 2044

The appropriate safeguarding policy must be followed and in certain circumstances the midwivery service or health visitors can be contacted to flag concerns:

- Midwifery services may be contacted during the antenatal period or if an infant is still under their care (up to 28 days old). An email may be sent to either the designated continuity of care team or the Eden Team at James Paget University Hospital

- Health Visiting Services will be contacted by the Safeguarding Lead to explain the concern and follow any instructions given. Norfolk Health Visiting Service: 0300 3000 123 Suffolk Health Visiting Service: 0345 6078 866

4 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

PHYSICAL ABUSE

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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person .It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate… 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

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving high levels of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

NEGLECT
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to

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

Definitions from *Working together to safeguard children, 2015*

STAFF MUST ALSO BE AWARE OF THE FOLLOWING SAFEGUARDING ISSUES

4.2 Domestic abuse

Be aware that a referral must be made direct to Children's Social Care, 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.

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 influenced by Extremism

Staff may notice a change in a child or adults behaviour that may suggest they are vulnerable to violent extremism. We will follow:

NORFOLK:

https://www.norfolklscb.org/about/policies-procedures/5-19-guidance-on-safeguarding-individuals-vulnerable-to-radicalisation/

After having discussed concerns with appropriate colleagues, being mindful of confidentiality, where the staff member still has concerns that the individual may be vulnerable to violent extremism, a Vulnerable To Radicalisation (VTR) referral form is to be completed and sent to the preventreferrals@norfolk.pen.police.uk. For urgent safeguarding concerns call CADS 0344 800 8021
UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL

SUFFOLK:

https://suffolksp.org.uk/assets/Safeguarding-Topics/Prevent-VTR/2018-02-20-Guidance-on-Safeguarding-Individuals-Vulnerable-to-Radicalisation-VTR-and-Updated-Referral-Form.pdf

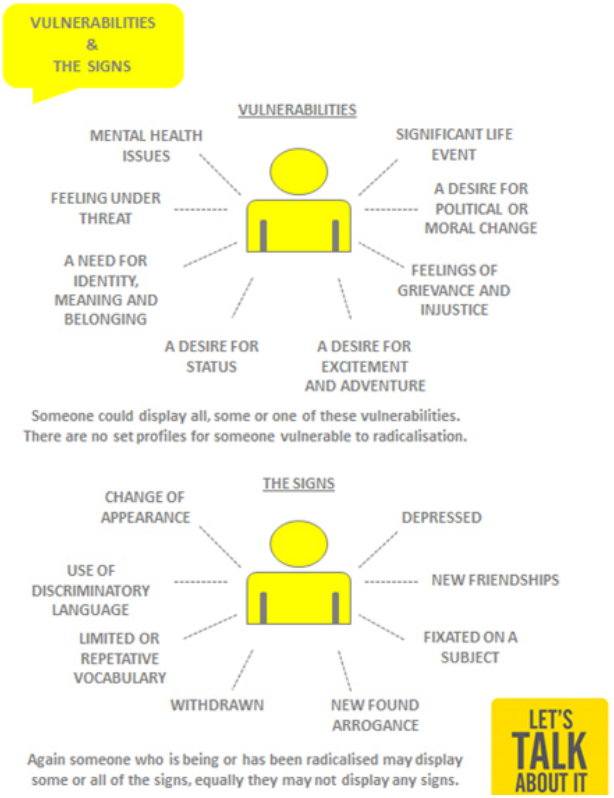
After having discussed concerns with appropriate colleagues, being mindful of confidentiality, where the staff member still has concerns that the individual may be vulnerable to violent extremism, a Vulnerable To Radicalisation (VTR) referral form is to be completed and sent to preventreferrals@suffolk.pnn.police.uk. For urgent safeguarding concerns call Customer First 0808 800 4005
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?

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

- 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

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

4.4 FLOWCHART FOR REFERRAL FOR ACTUAL OR SUSPECTED ABUSE – *FOR STAFF WHO ARE NOT SAFEGUARDING LEADS*

We are all responsible for reporting concerns about a child's welfare. Legislation and guidance for each of the UK's 4 nations clearly sets out expectations with regard to professionals reporting their suspicions that a child or vulnerable adult is at risk of harm to the authorities (NSPCC)

Concerns

Suspicion and or allegation of abuse raised by: child disclosure, observation, report by another person, anonymous communication

RECORD Sign and Date

Consult

Speak with the Safeguarding Officer Kaya Thorpe or Deputy in her absence

IMPORTANT: It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Safeguarding Lead, or appropriate authority

RECORD Sign and Date

Action

DO NOT INVESTIGATE

The Safeguarding Officer would normally make the referral. You would only do so if a delay in contacting the Safeguarding Lead would put a child or adult at risk. Parents and carers should be advised that you are doing this unless this might put the child at risk or cause any delay in referring. You must notify the Safeguarding Lead asap of any referral you make.

Contact: CADS 0344 800 8021 (Norfolk) **Customer First 03456 066 167** (Suffolk) or Police 999 if immediate danger

If the allegation is against a THE ORGANISATION member of staff or volunteer the allegation must also be reported to the NORFOLK LADO: 0300 123 2044 lado@norfolk.gov.uk SUFFOLK LADO: 0300 123 2044 email: lado@suffolk.gov.uk

RECORD Sign and Date

Confirm
DO NOT INVESTIGATE

Referrals must be followed in writing using the Secure Suffolk children and young people's online portal. Send copy of notes/referral to Safeguarding Lead within 24 hours.Norfolk

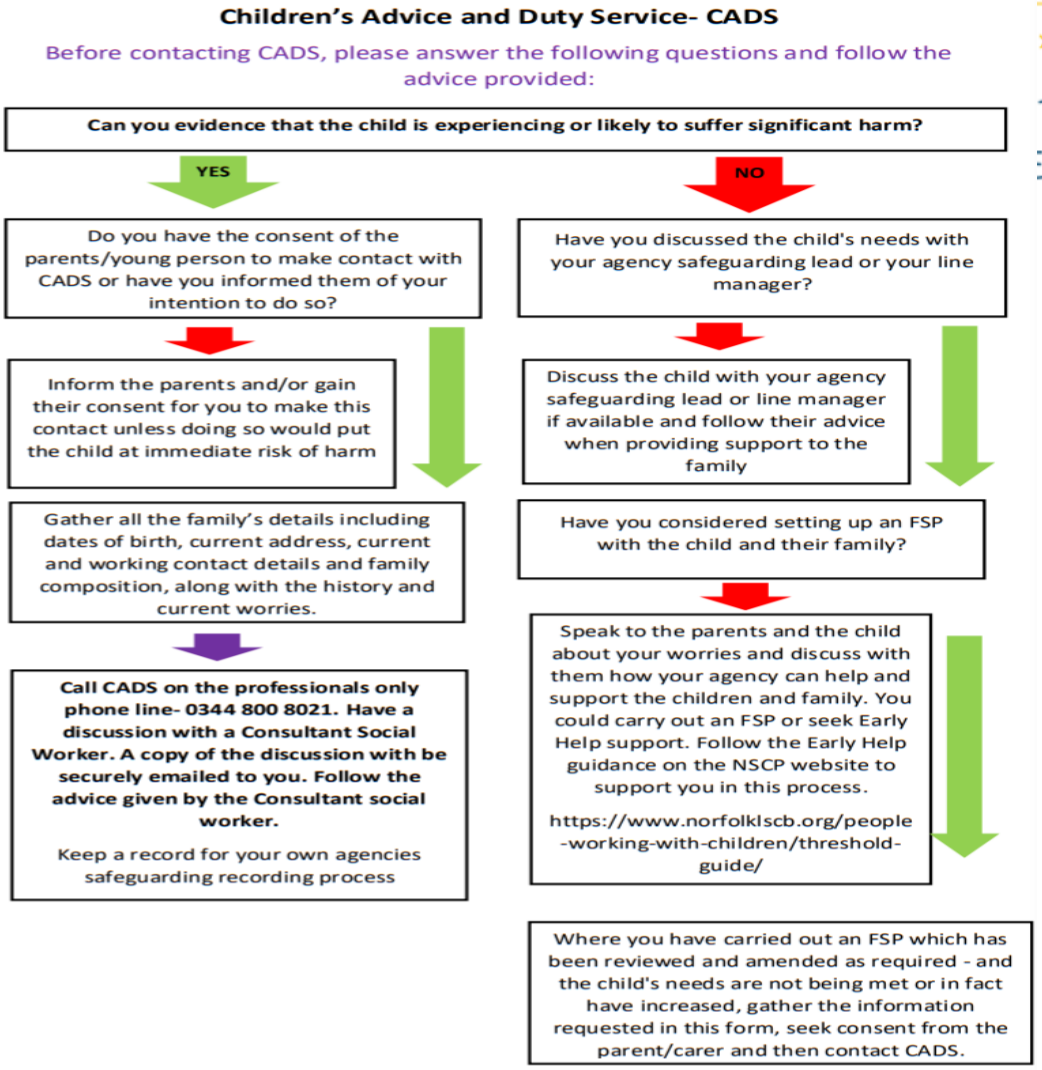
RECORD Sign and Date

Further commitment

You may be required to provide other information, as required.
Remember **all** notes are disclosable should a formal or criminal investigation occur.
Make sure your notes are dated, professional, separate opinion from fact,
use the same words used in the disclosure

RECORD Sign and Date

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795



4.5 Information sharing procedures relating to safeguarding children

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

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

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

In many reviews into deaths of children and or vulnerable adults 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.

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.

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.

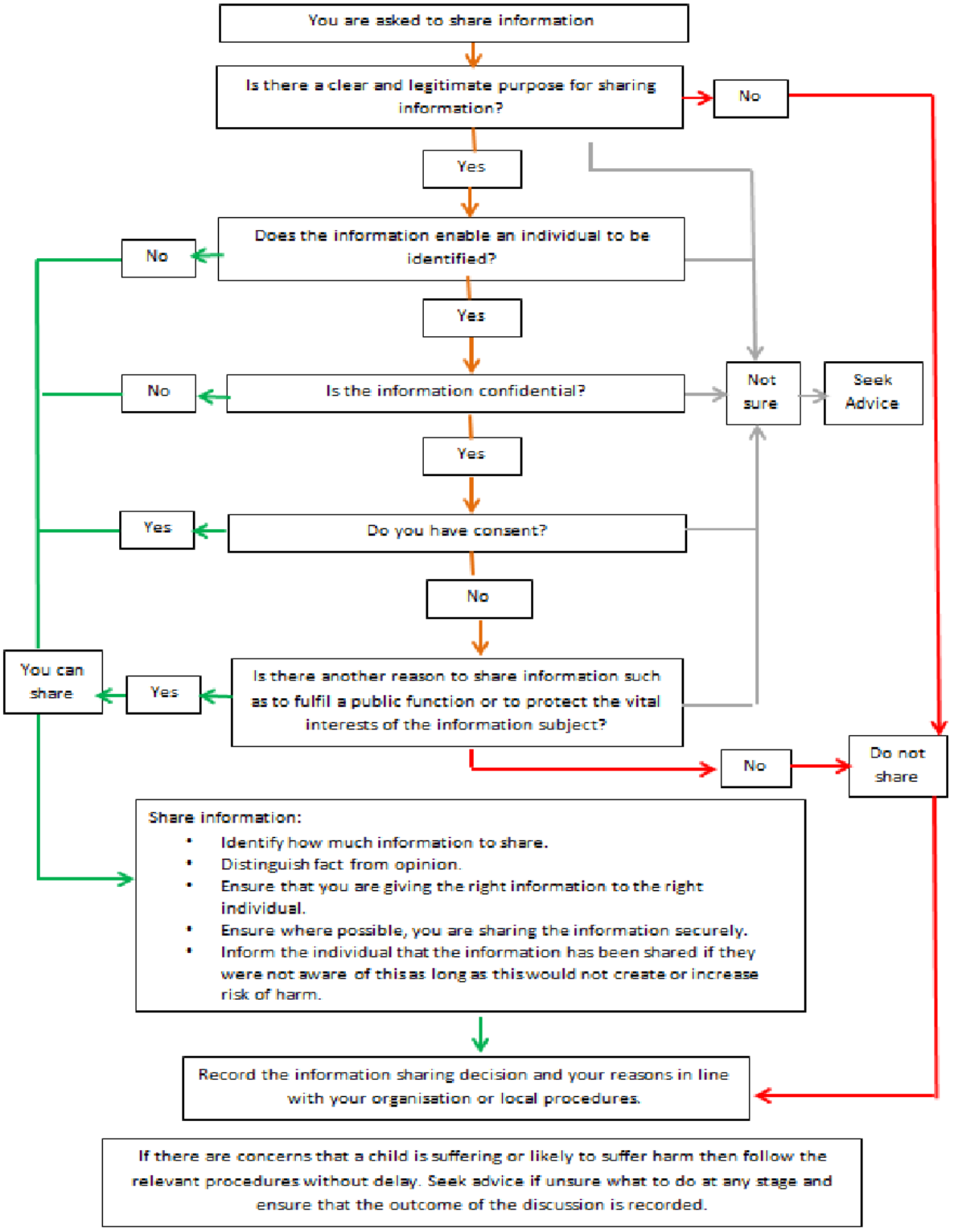
Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must 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.

4.6 Information sharing flowchart



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

Table of Contents

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

1. Responsibilities of Lowestoft and Waveney Breastfeeding Support 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 local Norfolk County Council and Suffolk County Council/LSCB 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 Social 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. 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.

2. Responsibilities of the Lowestoft and Waveney Breastfeeding Support Safeguarding Trustee

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 over all 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

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

SECTION 2: DETAILED PROCEDURES FOR THE ORGANISATION SAFEGUARDING OFFICERS OR STAFF REPORTING IN THEIR ABSENCE

ADDITIONAL PROCEDURES

The following procedures must be followed and referred to as necessary**:** -

- Common Assessment Framework (CAF)
- Child In Need (CIN)
- Domestic abuse

1 Allegations Management : Allegations of abuse or malpractice against a member of staff (including volunteers).

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation. The framework for managing allegations is set out in *Working Together to Safeguard Children: 2015 ,* and *Safeguarding Children and Safer Recruitment in Education 2007.*

The framework for managing cases set out in this procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm.
It also caters for cases of allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children. It should be used in respect of all allegations that are consistent with the guidance in Working Together i.e. cases in which it is alleged that a person who works with children has:

behaved in a way that has harmed, or may have harmed, a child
possibly committed a criminal offence against, or related to, a child; or
behaved in a way that indicates s/he is unsuitable to work with children.

In compliance with the Local Safeguarding Board's Allegations Management guidance, the following procedures will be followed;

Reporting procedure for Allegations
If the allegation is against a Lowestoft and Waveney Breastfeeding Support member of staff the allegation must be reported immediately, at least within one working day, to the Lowestoft and Waveney Breastfeeding Support Safeguarding Lead. If the allegation

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

is against the Safeguarding Lead then the allegation must be reported to the Lowestoft and Waveney Breastfeeding Support Deputy Safeguarding Lead. 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.

LADO Norfolk Contact Details:

Telephone: 01603 223473

Email: lado@norfolk.gov.uk

https://www.norfolklscb.org/wp-content/uploads/2016/11/Raising-Concerns-at-Work.pdf

LADO Suffolk Contact Details:

Telephone: 0300 123 2044

Email: lado@suffolk.gov.uk

Please see embedded guidance from the Suffolk Safeguarding Board regarding Managing allegations for full details.

Initial consideration

The LA Designated Officer (LADO) will discuss the matter with the Lowestoft and Waveney Breastfeeding Support Safeguarding Officer and, where necessary, obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that a child or young person is suffering, or is likely to suffer, significant harm, the LA Designated Officer should immediately inform the police and convene a similar discussion to decide whether a police investigation is needed. That discussion should also involve the employer.

Action following initial consideration

Where the initial evaluation decides that the allegation does not involve a possible criminal offence, it is dealt with by the Lowestoft and Waveney Breastfeeding Support Safeguarding Officer or Chair. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

Where further investigation is required to inform consideration of disciplinary action, the Safeguarding Officer or Chair will discuss who will undertake that investigation with the LA

Designated Officer. In some settings and circumstances, it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of Lowestoft and Waveney Breastfeeding Support or the person's line manager to ensure objectivity. In any case, the investigating officer should aim to provide a report to the employer within 10 working days.

On receipt of the report of the disciplinary investigation, the Safeguarding Officer or Chair should decide whether a disciplinary hearing is needed **within two working days**, and if a hearing is needed it should be held **within 15 working days**

Suspension
The possible risk of harm to children posed by an accused person needs to be managed and evaluated. The evaluation will be in respect of the child/ren involved in the allegation and any other children in the individuals home, work or community life. In some cases it will require consideration to be given to the use of suspension for the person involved in the allegation. This may be until the matter is resolved

A Lowestoft and Waveney Breastfeeding Support member of staff must not be automatically suspended without careful thought and consideration of the circumstances of the allegation. In making the decision, the Safeguarding Officer must consider whether the person should be suspended from contact with children for the duration of the investigation, or until resolution has been reached. In any case, alternatives to suspension should be explored and advice sought from the LA Designated Officer.

If the allegation has been referred and a strategy meeting is to be convened, it will be a task of the strategy meeting to consider the facts of the allegation, and although a senior manager of Lowestoft and Waveney Breastfeeding Support cannot be directed to suspend, they will be supported in making the decision. This should be done after the views of the designated senior named officer from the police and Area Safeguarding Manager have been canvassed.

If the allegation is reported to a Lowestoft and Waveney Breastfeeding Support staff member against a member of staff (including a volunteer) of another organisation or agency then the member of Lowestoft and Waveney Breastfeeding Support staff should consult with the Lowestoft and Waveney Breastfeeding Support Safeguarding Officer and agree who should contact the LADO. However, if any delay in this procedure is likely to put a young person at risk of significant harm then the Lowestoft and Waveney Breastfeeding Support member of staff should contact the LADO directly.

2 Common Assessment Framework (CAF) Procedure

The Common Assessment Framework (CAF) is a tool that any professional working with children, young people and their families can use to help them identify unmet additional needs. It is intended to be used to support the development of relationships with families and early intervention when it is needed.

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

CAF is used when we alone are unable to meet all the identified needs and it is necessary to refer a child with whom we are working to another agency for support. In some cases it may be difficult to establish exactly what the needs are, or how those needs will be met.

Consent from family/young person is required, CAF can only be used when the child or young person and family are happy to work alongside professionals to meet the child's needs.

Read Norfolk LSCB Family Support Process and Forms (previously CAF)

https://www.norfolklscb.org/about/policies-procedures/1-4-family-support-process-and-forms-previously-common-assessment-framework/

Read Suffolk LSCB CAF reporting guidance and practitioner guide
http://suffolkscb.org.uk/assets/files/2016/Quick-Guide-8-CAF-Assessment-and-Thresholdsdoc-Jan-2016.pdf

From Monday 12 November 2018, the CAF referral form must be completed and submitted using the new secure Suffolk Children and Young People's Portal.

3 Children in Need (CIN) procedures

These procedures set out the requirements for agencies in Suffolk to work together to work to achieve good outcomes with children who are 'in need' under the Children Act 1989 and their families. It (has been) agreed by the Suffolk Local Safeguarding Children Board and is mandatory for all agencies.

In accordance with the Suffolk LSCB's Interagency policy and procedure for children in need under the Children Act 1989 THE ORGANISATION is cognisant that it must:

- build and maintain effective partnerships at a strategic and local level to support good outcomes for children in need.
- promote child centred practice where the focus is on the child's safety and welfare
- designate a senior person within each agency to take the lead role for children in need
- give sufficient priority and resources are given to work with children in need to promote good outcomes
- ensure that staff have appropriate knowledge and skills to work effectively with children in need
- ensure they have quality assurance processes in place and participate in multi-agency audits of practice with children in need

In this procedures:

- 'Child' means those 0 -18 years and includes unborn babies.
- 'Parent or carer' includes birth parents, whether or not they live with the child, adoptive and step parents, partners of parents and those with a significant caring role for the child
- CIN means child in need under Children Act 1989 (Section 17)
-

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

Who are children 'in need' under this policy?

- Children with multiple and complex needs who, unless services are provided may be at risk of significant harm and poor outcomes. (Defined in Children Act 1989 Section 17)
- Children in need have needs at Level 3 as defined in Meeting the needs of children and families in Suffolk 2010
- For more information visit http://suffolkscb.org.uk/procedures/lscb-policies-guidance-and-protocols/

Principles for work with children in need

1) The safety and welfare of the child is central at all times.
2) All work with children in need is focussed on achieving the best possible outcomes.
3) Help will be given to children in need and their families as early as possible to prevent difficulties escalating.
4) Establishing rapport and a constructive working relationship with the child (as appropriate to age and understanding) and their parents and carers will be a cornerstone of the work.
5) All relevant agencies have a responsibility to work together to achieve good outcomes for children in need, led by children's social care
6) Parents and carers are, as consistent with the child's safety and welfare, supported to parent effectively and the ACCORD Protocol is used to facilitate support for parents who have a disability or additional support need. http://suffolkscb.org.uk/procedures/lscb-policies-guidance-and-protocols/SearchForm?Search=Children+in+Need&action_results=Search

4 Domestic Incidents/Abuse procedure

Refer to Domestic Abuse policy on LSCB website for further guidance

Norfolk:

https://www.norfolklscb.org/about/policies-procedures/7-4-domestic-violence-and-abuse/

Suffolk

http://suffolkscb.org.uk/procedures/lscb-policies-guidance-and-protocols/SearchForm?Search=Children+in+Need&action_results=Search

A referral must be made direct to Children's Social Care if it seems reasonable to suspect that:

a) 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

b) 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.

Referrals should be made with the agreement of a parent unless the child's best interests are not served by seeking or obtaining consent. Non-consent should not be a barrier to referral if there is on the face of it reasonable cause to suspect that the child may suffer significant harm of otherwise not have significant needs met.

A disclosure or allegation by a victim is not a pre-requisite for referral of concerns regarding a child. Concern about the effects of domestic abuse on a child may be triggered in other ways – for example, by hidden or inadequately explained injuries to a parent or carer, or damage to the home or personal property, or by the behaviour of parents, or concerns expressed by the child, or concerns about the child's wellbeing.

The Government defines domestic abuse as;

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

The legal definition of "significant harm" to children was extended in January 2005 to include harm suffered from seeing or knowing of the abuse of another, particularly in the home. This was reinforced by the Adoption and Children Act 2002.

Child protection referrals where the primary concern relates to a domestic abuse incident may include:

Verbal Altercation

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present
- Children present and victim of abusive behaviour

Damage to Property

- Children not present but usually in the household
- Children present but not witness to the incident
- Children present

Physical Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

- Children present and witness the incident
- Children present and a victim of assault

Sexual Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present and witness to the incident
- Children present and a victim of sexual abuse

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

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

Registered Charity Number 1159208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

2. STAFF RATIOS

Plan the work of the group so as to minimise situations where the abuse of children and/or young people may occur
Arrange that an adult 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.

Ensure that all staff, paid and unpaid, who work with children and young people do not meet one of the children or young people outside designated Lowestoft and Waveney Breastfeeding Support cafe premises without a parent or other adult being present.

Always have at least two adults present with a group, particularly when it is the only activity taking place on THE ORGANISATION premises. OFSTED recommends that the following number of adults should be present when working with children. If there are not enough leaders, the event should not take place.

- Age 13 - 18: 1 adult to 10 children.

However, these are just general recommendations in addition we must always ensure appropriate ratios of leadership to children and young people are observed according to age and gender and reflect the needs identified in the risk assessment for the activity and the group of children and young people involved.

Other good practice

Consent forms including medical details should always be used for children and young people attending the activity and should be readily available during the activity.

Never take a group off the premises with fewer than two adults. Consent forms including medical details should always be used for specific outings or activities outside the THE ORGANISATION premises.

As it is good practice to keep a **record of each activity/**session these will be used. This record should include a register of children and staff and details of any significant incidents.

Always keep a register with the address and contact phone number of every child. These records are to be kept securely, in line with the Data Protection policy.

All staff working with children or young people will be subject to a **DBS enhanced check**. While waiting for a DBS check to arrive the person will never be left alone with children unsupervised.

Any photography or filming of children and young people at Lowestoft and Waveney Breastfeeding Support activities will be subject to the **Photography and filming policy**.

LOWESTOFT & WAVENEY BREASTFEEDING SUPPORT

APPENDIX A: **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.

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795

- 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.

Registered Charity Number 1197208 · lowestoftandwaveneybreastfeeding.co.uk
lowestoftandwaveney@hotmail.com · facebook.com/lowestoftwaveneybreastfeeding · 07759 581795