



Safeguarding Policy and Good Practice Guidelines

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Signed by staff member	Page 20

- For the purpose of this Policy, Newlife the Charity for Disabled Children includes all its employees, volunteers and trustees.
- A child is defined as anyone who has not reached their 18th birthday including unborn children.
- Newlife is committed to practices which protect children from harm.

ALWAYS:

- Always work in an environment avoiding private, unobserved situations.
- Treat all children, service users, staff and volunteers equally and with respect and dignity.
- Always put the needs of the child/adult at risk first.
- Always maintain a safe and appropriate distance with the child/adult at risk.
- Involve the parents of children, or carers wherever possible as long as it doesn't put the child at increased risk of harm.

NEVER:

- Never make sexual suggestive comments, even in fun.
- Never do things of a personal nature for a child/adult at risk that they can do for themselves.

1. INTRODUCTION

1.1 Newlife the Charity for Disabled Children provides a charitable service for children i.e. up to the age of 18 and also to adults at risk, between the ages of 18 and 19. As some of Newlife's staff and volunteers have learning

difficulties, this safeguarding policy encompasses both children and adults at risk. Newlife recognises that safeguarding children includes unborn children.

1.2 The contents of this safeguarding policy are in line with the requirements set out in the statutory guidance for all those working with children "*Working Together to Safeguard Children, 2023*"¹ There is no equivalent statutory guidance for Adults at risk. The Care Act 2014² sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

1.3 Newlife is committed to the safeguarding and protection of children³ and adults at risk and recognises the particular vulnerability of the children and adults we are working with. Newlife recognises that 1 in 5 children have faced one form of child abuse before they turn 16 and that children with disabilities are three to four times more likely to be maltreated than other children⁴. The charity also recognises the vulnerabilities of adults with learning disabilities.

1.4 It is the duty of all those who work with children and adults at risk to prevent harm, abuse and neglect of every kind and to report any abuse or neglect discovered or suspected. The charity acknowledges responsibility for the safeguarding of children and adults at risk that are directly involved in any of its events or activities or when disclosures are made concerning a child, or adult at risk. For the purpose of this policy, Newlife includes staff, volunteers, trustees and anyone else who has a formal role in the furtherance of the aims of the charity.

1.5 Newlife endeavours to safeguard children and adults at risk by:

- Having safeguarding procedures and a code of practice for all who work on behalf of the organisation
- Reporting concerns to authorities
- Following procedures for recruitment and selection of staff, volunteers and trustees, and providing effective management for all staff and volunteers through support and training.
- Reviewing of the Safeguarding Policy and Code of Practice annually.
- Newlife plans the work of the organisation so as to minimise situations where the abuse of children or adults at risk may occur.

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

² <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

³ In law a child is a child until they reach the age of 18.

⁴ http://www.unicef.org/sowc2013/focus_violence.html

1.6 "Child Protection is part of safeguarding and promoting welfare ... to protect specific children who are suffering or who are at risk of suffering significant harm." ⁵ Safeguarding legislation and government guidance says that safeguarding children means:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Enabling children to have optimum life chances and to enter adulthood successfully

1.7 Both children and adults at risk legislation and statutory guidance set out the requirement for a local authority to make enquiries where there is reasonable cause to suspect a child/adult is being maltreated.

1.8 This safeguarding policy must be used in conjunction with Newlife's other policies.

1.9 This safeguarding policy is designed to work in conjunction with the safeguarding procedures of Staffordshire Safeguarding Children Board⁶ and Staffordshire and Stoke on Trent Safeguarding Adults Partnership⁷. All staff/volunteers must read and become familiar with the safeguarding policy as part of their induction programme.

1.10 If the concern is about a child from a local authority outside of Staffordshire it is their local procedures that must be followed and those will be found on their Local Safeguarding Children Board. The same would apply to Adults at risk.

1.11 Encompassed within this safeguarding policy is a framework for the recognition of abuse as well as guidance for staff in the event of a concern or allegation about a child, or adult at risk.

2. DESIGNATED SAFEGUARDING CONTACTS:-

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

⁶ <http://www.staffsscb.org.uk/Professionals/Procedures/Section-Three/Section-3-ManagingIndividual-Cases.aspx>

⁷ <https://www.staffordshire.gov.uk/health/care/reportingabuse/safeguarding/StaffordshireandStokeon.aspx>

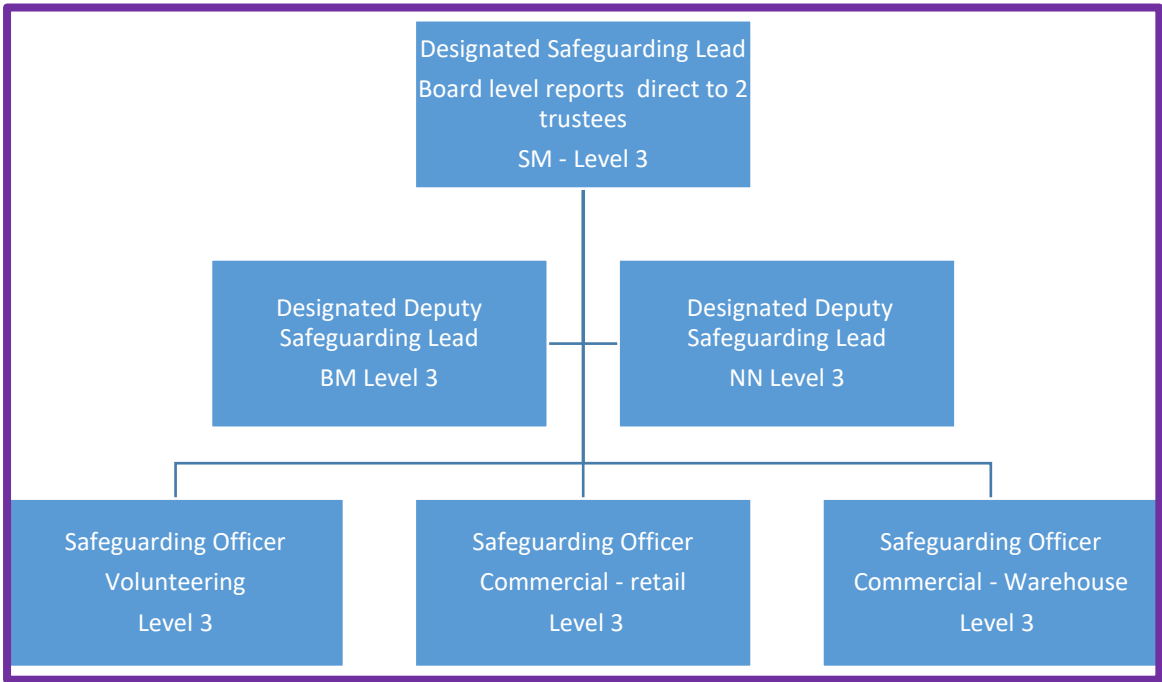
2.1 The Designated Safeguarding Lead for Newlife is Stephen Morgan (Director of Governance). He is a member of the Newlife Leadership team and has a key duty to take lead responsibility for ensuring that staff are aware of issues relating to the welfare of children, young people and adults at risk of harm. He will undertake up to date Safeguarding lead training and refresher training at least every two years.

The designated lead and deputies are responsible for ensuring that:

- Cases of suspected abuse or allegations are appropriately referred to relevant agencies;
- Advice and support staff on issues relating to safeguarding is provided;
- A record of any safeguarding referral, complaint or concern is kept (even where that concern does not lead to a referral);
- Make appropriate referrals;
- Liaise with agencies;
- Staff and volunteers have access to Newlife's Safeguarding Policy;
- Staff receive basic training in safeguarding issues and are aware of the safeguarding procedures;
- Safer recruitment practices are in place.

2.2 The Designated Deputy Safeguarding Leads are Beth Marsh (Child and Family Support team Nurse) and Nicole Norris (Executive Assistant to Leadership team). They will undertake up to date safeguarding lead training and refresher training at least every two years. Designated Deputy Safeguarding Leads have extensive experience and are able deputise in the absence of the Safeguarding Lead.

2.3 The Designated Safeguarding Officers are Amanda Wain (Warehouse Supervisor), Jenna Clifton (Area Manager – Retail Team) Kate Marsh (HR Business Partner) and Lindsey Etheridge (volunteer manager). All Officers are safeguarding lead trained and work closely with the lead and deputies with any concerns.



2.3 Designated Trustees - Vanessa Sloane and Jane Edgerton.

Trustees are briefed by the Designated Safeguarding Lead, regarding yearly updates to the policy and procedure and activity to maintain high standards in relation to safeguarding.

2.4 The trustees will have regular updates on safeguarding matters directly from the Designated Safeguarding lead and are briefed each time there is a safeguarding concern.

3. DEFINITIONS OF ABUSE

3.1 CHILD ABUSE

Abuse is defined in statutory guidance as “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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children”.

3.1.1 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 (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

3.1.2 EMOTIONAL ABUSE

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to 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.

3.1.3 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 care-givers);
or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.1.4 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.

3.1.5 SIGNIFICANT HARM

The Children Act 1989 defines 'harm' as "ill-treatment or the impairment of health or development". 'Development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical. As a result of the Adoption and Children Act 2002, the definition of harm also includes "impairment suffered by hearing or seeing the ill-treatment of another"

3.2 ADULT ABUSE

The definitions of adult abuse are set out in the Care Act, 2014 and include:

3.2.1 PHYSICAL ABUSE

Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

3.2.2 SEXUAL ABUSE

Including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

3.2.3 PSYCHOLOGICAL ABUSE

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

3.2.4 FINANCIAL OR MATERIAL ABUSE

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

3.2.5 NEGLECT AND ACTS OF OMISSION AND SELF-NEGLECT

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

3.2.6 DISCRIMINATORY ABUSE

Including racism, sexism, abuse that is based on a person's disability, and other forms of harassment, slurs or similar treatment.

3.2.7 DOMESTIC VIOLENCE, OR ABUSE

Including psychological, physical, sexual, financial and/or emotional. Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse to those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour'- based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include acts of assault, threats, humiliation and intimidation, harming, punishing, or frightening the person, isolating the person from sources of support, exploitation of resources or money, preventing the person from escaping abuse and/or regulating everyday behaviour.

3.2.8 ORGANISATIONAL ABUSE

Including neglect or poor care practice within an institution or specific care setting such as a hospital or care home, or poor practice in relation to care provided in one's own home.

3.2.9 MODERN SLAVERY

Including human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography, making workers dependent on you, exploiting the dependency of workers, withholding an individual's passport, forcing people to work for long hours for low pay and no paid overtime and/or debt bondage – being forced to work to pay off debts that realistically they never will be able to while providing poor housing and poor working conditions.

3.2.10 RADICALISATION

Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity. The 'Prevent Agenda' works to stop individuals from getting involved or supporting terrorism or extremist activity.

3.2.11 ONLINE ABUSE

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

4. RESPONDING TO CONCERNS OF ABUSE AND NEGLECT (See Appendix One)

4.1 If any member of staff/volunteer has a concern about a child or adult at risk they **have a duty** to act on that concern, even if that member of staff is not concerned the child or adult at risk is at immediate risk of harm. See Appendix I(a) and I(b) for the relevant action to take. Safeguarding is everybody's responsibility.

5. ESCALATION PROCEDURE

5.1 Both Staffordshire Safeguarding Children Board and Staffordshire and Stoke on Trent Safeguarding Adults Partnership set out their escalation procedure on their websites. In essence what the policies say is that if any professional has a safeguarding concern that they consider is not being addressed within their own organisation, or another, then they have a duty to escalate their concerns and the policy makes clear how this should be done. Therefore all staff have a duty to ensure any safeguarding concern they have is addressed and they are satisfied that the child is no longer at risk. Furthermore Newlife has a Whistleblowing policy available to all staff if escalation is required.

5.2 As with child protection and adults at risk procedures, staff must follow the escalation policy of the local authority in which the child/adult at risk resides.

6. RESPONDING TO SAFEGUARDING CONCERNS ABOUT ANOTHER MEMBER OF STAFF/ VOLUNTEER (See Appendix Two)

6.1 If any staff member has a safeguarding concern about another member of staff or volunteer they have a duty to act on that concern. Again Newlife's whistleblowing policy protects staff if that concern involves a superior or line manager.

6.2 Every concern will be taken seriously and investigated fully.

6.3 Newlife recognises that it is important to support staff throughout any investigation.

6.4 Newlife may instigate disciplinary procedures to examine whether the staff member has been guilty of misconduct in the course of his/her duties as an employee. Criminal prosecution may not be an outcome of an investigation but this does not mean that action in relation to the child/young person/adult at risk of protection or employee(s) being disciplined will not be taken.

6.5 If Newlife permanently removes an individual from work because a decision has been made that the person poses a risk of harm to children or adults at risk the organisation will make a referral to the Disclosure and Barring Service and follow subsequent procedures.

6.6 If any staff member has a concern about a professional, adult working with or volunteering with children they can contact LADO (Local Authority Designated Officer) in Staffordshire through the first response team.

APPENDIX 1a – SAFEGUARDING PROCEDURES FOR CHILDREN

Step 1. What should you do if someone discloses something to you or you see or hear something of concern

- Do not investigate concerns or allegations yourself, but report them immediately to a member of the Safeguarding Team. Contact details for the Designated Safeguarding lead, deputies and officers are available in Section 2.



- Information should be passed to the Safeguarding Lead/Deputies **at the earliest opportunity**. You can speak to a member of the safeguarding team on 01543 468888 9.00am – 5.00pm Monday to Friday or out of office hours including weekends on 07875 337176.

However if someone wants to talk to you, please remember the following:-

- Listen carefully and stay calm – you need to listen without making assumptions or judgements
- Never promise confidentiality – you will have to break it, and with it, the persons trust in you.
- Do not interview a child or young person. Question normally and without pressure and only to ask for clarity and understand what you have heard. Never ask leading questions or act as an investigator. Do not put words into their mouth.
- Inform them that you must pass the information on, but that only to those that need to know about it will be told. Inform them of to whom you will report the matter.
- Note the main points carefully including the date and time.

- Use the Safeguarding Form, if possible, to gather key information and as a record of your discussion. You can obtain a copy of the form from a member of the safeguarding team. (Appendix C)

IMPORTANT - This concern should not be discussed with anyone outside of this process.



The safeguarding team will make a decision about what response is required and what the next steps should be.



If a child is at immediate risk or serious harm – **REPORT IT** immediately by ringing 999 or seek medical intervention. Once you have done this, contact a member of the safeguarding team.

Step 2. Designated Safeguarding Lead or member of safeguarding team decides next course of action

The Safeguarding lead/team decides whether:-

- a) **Low level or emerging concerns** - Local services may still need to be involved / aware of concerns in order to share information in the best interest of the child to support family to gain involvement from necessary services. A possible result may be an *Early Help assessment (EHA)*
- b) **Complex/serious concerns.** Consultation with social care for advice through MASH (Multiple Agency Safeguarding Hub) is required. This may result in a *Child Plan or Child in Need assessment.*
- c) **Child protection concerns.** Immediate referral is required to social care due to significant risk of harm or injury to the child. If a

referral is made to social care the safeguarding lead and/or worker may need to inform the family of the referral, unless there is a concern this might put an individual at risk of harm.

d) **No further action is required.** A log of the reason/rationale behind this decision will still be made (see step 5)

NB) It is likely the Safeguarding team will/may consult Threshold guidance from the relevant Local Safeguarding Children's Partnership (LSCP) to assist with decision making.



Step 3.

If a referral is made to social care the safeguarding team may contact the lead professional (if applicable) informing them of the referral and the reason for the referral.



Step 4.

The Safeguarding team will keep a log of the concern raised on the Safeguarding report monitoring spreadsheet saved on NLFS02/Safeguarding/Historical records/Safeguarding report monitoring. Any follow-up required will be recorded on here.



Step 5.

- Designated Trustees Safeguarding leads are kept up-to-date of any safeguarding concerns by the Safeguarding lead/team
- The safeguarding team will liaise with professionals to make sure safeguarding risks are reduced
 - Feedback to a team member who has raised a concern

- Team members can seek support from the Safeguarding Team or People Team

APPENDIX 1b – SAFEGUARDING PROCEDURES FOR ADULTS AT RISK

Step 1. What should you do if someone discloses something to you or you see or hear something of concern

- Do not investigate concerns or allegations yourself, but report them immediately to a member of the Safeguarding Team
- Information should be passed to the Safeguarding Lead/Deputies **at the earliest opportunity**. You can speak to a member of the safeguarding team on 01543 468888
9.00am – 5.00pm Monday to Friday or out of office hours including weekends on 07875 337176.

However if someone wants to talk to you, please remember the following:-

- Listen carefully and stay calm – you need to listen without making assumptions or judgements
- Never promise confidentiality – you will have to break it, and with it, the persons trust in you
- Do not interview the adult at risk. Question normally and without pressure and only for clarity, to help you understand what you have

heard. Never ask leading questions or act as an investigator. Do not put words into their mouth.

- Inform them that you must pass the information on, but that only to those that need to know about it will be told. Inform them of to whom you will report the matter.
 - Note the main points carefully including the date and time.
- Use the Safeguarding Form, if possible, to gather key information and as a record of your discussion. The Safeguarding Form can be found on the Intranet under Resources/Governance/Safeguarding or you can obtain a copy of the form from a member of the safeguarding team. (Appendix C)
 - **IMPORTANT - This concern should not be discussed with anyone outside of this process.**
- The safeguarding team will make a decision about what response is required and what the next steps should be.
- If an adult is at immediate risk or serious harm – **REPORT IT** immediately by ringing 999 or seek medical intervention. Once you have done this, contact a member of the safeguarding team.



Step 3. Designated Safeguarding Lead or deputy decides next course of action

The Safeguarding lead/deputies decides whether:-

- a) Concern relates to Adult Safeguarding or is a Staff Welfare concern in which case the People Team will take appropriate action.
- b) Consult with relevant area Adult Safeguarding Partnership Board to ascertain if a referral is required to gain appropriate support. Adult at risk to be made aware of this if appropriate unless there is a concern this might put the individual at further risk of harm.
- c) No further action required



Step 4.

The DSL or deputy will keep a log of the concern raised on the Safeguarding report monitoring spreadsheet saved on NLFS02/Safeguarding/Historical records/Safeguarding report monitoring. Any follow-up required will be recorded on here.

Appendix Two – Concern about another member of staff. (Allegations management)

Step 1. Worker has a concern about another worker or volunteer

The worker should inform the Designated Safeguarding Lead, or Deputy in their absence, if they have a safeguarding concern about another professional or volunteer. If the concern is related to the Designated Safeguarding lead or the deputy in their absence, then the worker should either contact another member of the safeguarding team or consult and follow the Whistleblowing policy (if appropriate).



Step 2. Complete a Safeguarding Concern Report Form

Member of staff/volunteer completes the form and includes the nature of and circumstances surrounding the concerns. This concern should not be discussed with anyone outside of this process.



Step 3.

Designated Safeguarding team (relevant person) makes the decision whether to inform the relevant person at that local authority, depending on the level of concern.



Step 4.
The DSL or deputy will keep a log of the concern raised on the Safeguarding report monitoring spreadsheet saved on NLFS02/Safeguarding/Historical records/Safeguarding report monitoring. Any follow-up required will be recorded on here.

Definitions

Staff Welfare

Newlife is committed to ensure that all and specifically those that are vulnerable are kept safe from harm while they are involved with the organisation.

Clarify Adults at Risk definition

As defined in the psychology, sociology, social work and legal fields, a vulnerable adult, or an adult at risk, is a person over the age of 18 who is unable to take care of themselves. It can also refer to one who is unable to protect themselves against significant harm or exploitation.

AND FINALLY

Always remember, if you have a concern about a child, adult at risk or co-worker always do something about it and speak to your safeguarding lead. Do not assume that someone else will do something about it. Remember that it is everyone's responsibility to Safeguard children and adults at risk.

