



OBS Safeguarding Policy

Abbreviations used in this policy

OBS	Oxfordshire Breastfeeding Support	oxbreastfeedingsupport.org/
OSCP	Oxfordshire Safeguarding Children Partnership	oscp.org.uk
DBS	Disclosure and Barring Service	Checks criminal records and barred lists to help employers to recruit safely and protect children and adults at risk
DSL	Designated Safeguarding Lead	Team member with lead responsibility for safeguarding within an organisation
DST	Designated Safeguarding Trustee	OBS trustee with lead responsibility for safeguarding
LADO	Local Authority Designated Officer	oscp.org.uk/practitioners/local-authority-designated-officer-lado/
LCSS	Locality and Community Support Service	oscp.org.uk/practitioners/locality-and-community-support-service-early-help/
MASH	Multi-agency Safeguarding Hub	oxfordshire.gov.uk/business/information-providers/multi-agency-safeguarding-hub

Safeguarding children and adults at risk is everyone's responsibility at OBS. Team members, contract workers, trustees, volunteers and those who observe OBS sessions (e.g. students and health professionals) must all play an active role in protecting children and adults at risk from harm. We will not assume that harm cannot or will not take place in OBS settings.

1. Principles

Oxfordshire Breastfeeding Support recognises that:

- The welfare of the child and/or adult at risk is paramount.
- All children and adults at risk, regardless of age, ability, gender, ethnicity, religious or spiritual beliefs, neurotype, sexual orientation and/or identity, have the right to equal protection from harm or abuse.
- Babies are the most vulnerable group in society, and some (for example due to prematurity or additional health needs) are more vulnerable than others.
- We use a child-centred approach, treating babies as individuals, entitled to dignity and respect.

- An adult at risk is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of themselves or unable to protect themselves against significant harm or serious exploitation.
- Types of abuse include: physical, domestic, psychological, financial and material, discriminatory, organisational, female genital mutilation (FGM) and modern slavery. Neglect can include neglect by others and of self.
- Working in partnership with parents, carers and other agencies to provide a coordinated approach is essential in promoting the welfare of children and adults at risk.
- We aim to minimise the risk of abuse by being sensitive to cultural, gender and individual needs in our service delivery.
- Additionally, the perinatal period may introduce or increase risks for all family members.

2. Framework

This policy has been developed in accordance with the principles established by the Children Act 1989 and in line with the following:

- [United Nations Convention on the Rights of the Child 1989](#)
- [Framework for the Assessment of Children in Need and their Families 2000](#)
- [Children Act 2004](#)
- [Equality Act 2010](#)
- [The Care Act 2014](#)
- [What to do if you are worried a Child is being Abused 2015](#)
- [Working Together to Safeguard Children 2023](#)
- [Oxfordshire Safeguarding Children Partnership procedures, guidance and resources](#)

3. Scope

This policy applies to all team members, contract workers, trustees, volunteers, students and other observers, and anyone in a position of trust. For the purposes of this policy, cover facilitators have the same safeguarding responsibilities as regular facilitators.

4. Aims

- To ensure that all team members, trustees and volunteers are checked for suitability to their role.
- To ensure that all team members, trustees and volunteers receive safeguarding training appropriate to their role and that opportunities are provided to receive updates and supervision.
- To raise awareness among all team members, trustees and volunteers of the need to safeguard children and adults at risk and of their responsibilities in identifying and reporting possible cases of abuse and neglect.

- To set out procedures which will be followed by all team members, trustees and volunteers in cases of suspected abuse and neglect.

5. Safeguarding roles and training

- OBS will have at least one Designated Safeguarding Lead (DSL).
- OBS will have a Designated Safeguarding Trustee (DST), with additional responsibility in relation to the Whistleblowing policy (see section 11, below).
- All team members, trustees and volunteers will have safeguarding training appropriate to their role, updated regularly in accordance with [OSCP training recommendations \(last updated August 2024\)](#):

Role	Training	Update
All	Prevent Duty Training eLearning course	NA
Volunteers, trustees and Non-Clinical Team Members	OSCP's Level 1: Introduction to Safeguarding 2023 eLearning course*	3 years (recommended)
Facilitators, including Cover Facilitators, and Clinical Director. DSL, Deputy DSL and DST	OSCP's Level 3: Designated Safeguarding Lead eLearning (2024 - 2025) + Level 3: Designated Safeguarding Lead Webinar Or OSCP's Designated Safeguarding Lead (Level 3) Face to Face Course* , **	2 years from completion of face-to-face or the eLearning component of online training
At least one DSL/DST	Safer Recruitment training	5 years (recommended)

*Or equivalent Department of Health or Education approved training for those who also work in healthcare or education

**Because of the independent nature of the team's work, all roles listed require the Level 3: Designated Safeguarding Lead training. Please note this is the general version, not the version for early years and childcare settings.

- Team members, trustees and volunteers are responsible for staying up to date with their safeguarding training and will forward training certificates to the operations team.
- The operation team will keep records of DBS checks and safeguarding training and will monitor renewal dates to remind everyone to keep their training up to date.
- The DSL will periodically review the list of required training for each team role, in line with OSCP's current recommendations.
- The DSL will periodically update the team, trustees and volunteers on safeguarding news and training opportunities.

6. Safer recruitment and induction

- All team members, trustees, volunteers and contract workers will be checked for suitability for working with children and adults at risk during the recruitment process. Offers of work, whether paid or volunteer, will be conditional on the outcome of checks, which will include a DBS check and taking-up of at least two references.
- New team members, trustees and volunteers will be made aware of this policy, the procedures for protection of children and adults at risk, and the name and contact details of the Designated Safeguarding Leads and Designated Safeguarding Trustee, as part of their induction prior to beginning work or volunteering for OBS.
- Induction will include a discussion of appropriate boundaries of behaviour, such as not touching babies or parents without permission, and taking reasonable steps to avoid being alone with other people's children during a session.
- The operations team will keep records of DBS checks and update service details.
- New versions of this policy will be circulated to all team members, trustees and volunteers.

Role	DBS check required
Non-clinical Team Members Non-session-based Volunteers	Basic
Trustees	Enhanced without barring
Clinical Team (Facilitators, Clinical Lead, any other role directly line managing a member of the Clinical Team) Session-based volunteers (Peer Supporters & Host Volunteers)	Enhanced with barring

7. Responsibilities and reporting

All team members, trustees and volunteers will follow [Oxfordshire Safeguarding Children Partnership procedures, guidance and resources](#) in cases of abuse, or suspected abuse.

All team members, trustees, volunteers and observers have a responsibility to safeguard children and adults at risk. They must not assume that harm will not take place in OBS settings. They must not assume that someone else has seen or heard what they saw or heard, or that they reported it. What they observed may be part of a pattern that can only be seen when the pieces are joined together. If in doubt, they should share their concerns.

- If there are concerns within an in-person or virtual session, or through virtual services such as Facebook or private message, about the welfare of a child or adult, the facilitator responsible for that service must be informed within the session or as soon

- as possible afterwards.
- If it is not clear who is responsible for the session or service the DSL must be informed (the link to their contact details can be found in section 14 below).
 - The facilitator responsible for the session or service will consult with a DSL if the facilitator is not a DSL.
 - The DSL will notify the DST and Operations Manager of the concern.
 - Detailed and accurate written records of concerns about a child or adult at risk, using the **OBS Record of Concern** form (see the Appendix), will be kept even if there is no need to make an immediate referral. Team members, trustees, volunteers and observers may be asked to contribute to these records. Such records may in future form part of a Multi-Agency Chronology (MAC). Any records and screenshots taken must be mindful of minimising intrusion on service users' privacy, for example by redacting non-essential names and personal details.
 - The facilitator of the session in which the concern was raised will be supported to consult with and/or refer to the LCSS and/or MASH as appropriate.
 - If appropriate, concerns will be shared with the relevant midwife, health visitor or GP responsible for the family within 3 days.
 - An **OBS Safeguarding Outcome Report** will be completed by the DSL within one month of each record of concern to record what, if anything, happened after the concern was reported.
 - An **OBS Safeguarding Learning Report** will be completed by the DSL within one month of the reporting of the concern with any suggested improvements to procedures, communications, or actions for team members and trustees. This report will not include any personally identifiable information from the incident and will be shared with the team and trustees as necessary to improve procedures. The DSL will pay particular attention to ensuring that a combination of descriptive factors do not make the account identifiable to team members and volunteers.
 - Information about safeguarding concerns will be shared with other OBS team members, trustees, volunteers and other agencies and professionals, on a need-to-know basis.
 - All records will be kept confidentially and securely.

8. Confidentiality

- OBS recognises that all matters relating to protection of children and adults at risk are confidential.
- However, all team members and volunteers must be aware that they have a responsibility to share information in order to safeguard children and adults at risk.
- All team members and volunteers must be aware that they cannot promise to keep secrets that might compromise the safety or well being of a child and/or adult at risk.
- OBS will always undertake to share the intention to make a safeguarding referral in respect of a child with their parents /carers, unless to do so could put them at greater risk of harm, or impede a criminal investigation. In the case of an adult at risk, the adult in question will be informed of the intention to make a referral, unless to do so could put them at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the LCSS/MASH.

9. Supporting team members, trustees and volunteers

- We recognise that OBS team members, trustees and volunteers who have raised concerns about harm and neglect may experience stress, anxiety and distress. Concerns may persist after reporting, in part because we may not hear what happens next or if there is any resolution for the family.
- The DSLs and DST are available to give both practical and emotional support to team members, trustees and volunteers regarding any safeguarding matter.
- If further support is required this can be raised with the Operations Manager and/or Chair of Trustees.

10. Protecting facilitators and volunteers at in-person sessions

- No facilitator or volunteer should pick up or hold a baby/child without a specific request or permission from parents/carers.
- Facilitators and volunteers should take all reasonable steps to avoid being alone with a child (other than their own child or another volunteer's child, by agreement with the other volunteer) during an in-person session.

11. Whistleblowing

- If a team member, trustee or volunteer has a concern or complaint about the attitude or action of another team member, trustee or volunteer, this should be discussed as soon as possible with one of the DSLs.
- If the concern relates to one of the DSLs, it should be reported as soon as possible to the other DSL, or (if the DSL is not available or there is only one DSL) to the DST. The link to their contact details can be found in section 14 below.
- If they do not feel comfortable raising the issue with the DSL or DST they can contact the Local Authority Designated Officer (LADO) (contact details below in section 12).
- The identity of anyone raising a concern or complaint about the attitude or action of another team member, trustee or volunteer will not be shared or detailed in the resulting investigation, unless specifically requested by the complainant.

12. Allegations against others working with children and adults at risk

All allegations or concerns about abuse by someone who works with children and adults at risk, in a paid or unpaid capacity, must be reported to the [Local Authority Designated Officer \(LADO\)](#) on 01865 810603 within one working day. Allegations and complaints should be logged in accordance with the [OBS Complaints and Allegations Policy and Procedure](#). See also [OSCP's Guide to reporting concerns for professionals working with children](#).

13. Escalation of concerns

If an OBS team member, trustee or volunteer is not satisfied with the response to a safeguarding concern they have raised, they should raise it with their supervisor. If there is no suitable person to raise it with or they are still not satisfied they can contact the LADO (contact details above in section 12). In the meantime the team member, trustee or volunteer should continue to keep detailed records.

14. Safeguarding contact details

Contact details for the Designated Safeguarding Leads and Designated Safeguarding Trustee are kept up to date on the [Safeguarding page of our website](#).

Oxfordshire Breastfeeding Support
Date policy adopted: March 2026
Date for review: March 2027

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read 'Francesca Holt'.

Francesca Holt
Designated Safeguarding Trustee
Oxfordshire Breastfeeding Support

Appendix

OBS Safeguarding Record of Concern

Record Number: 000	
Name, role and contact details of person completing this form (mobile, email):	
OBS Setting/Service:	Date & time of contact:
Parent/carer's name:	Child's Name:
Address & contact details	Child's date of birth & age:
Other children and/or adults at risk in the home:	
Name & location of GP/Health Visitor:	
Primary concern (brief description):	

Details of concern: *(Use body map if appropriate, include service user or child's own words where possible, give details of any interactions with OBS team and volunteers. Note any circumstances that may affect the child's wellbeing and/or significant changes in the parent or carer's wellbeing that have or may impact on the child. Be clear about the source of the information you include.)*

Details of any actions, including referrals made (Include agency, name of staff member, date & time, contact details, whether family is aware of referral):

Suggested or desired outcome of referral:

Date form completed:

TO BE COMPLETED BY OBS SAFEGUARDING LEAD
Name and contact details of Safeguarding Lead:
Form sent to midwifery or health visiting team or GP for information sharing purposes (date, time, address):
Acknowledgement of receipt (date, time):
Initial outcome:

Form last updated September 2025