

Baby Godiva Child Safeguarding Policy

Statement of Intent

It is the policy of Baby Godiva to safeguard the welfare of all children by protecting them from all forms of abuse including physical, emotional and sexual harm.

The organisation does not undertake activities with children in the absence of their parents/carers but has the opportunity to observe the young person's/children's welfare within their family setting.

This policy applies to all staff, volunteers, and trustees. Staff and volunteers in this organisation accept and recognise their responsibilities to develop awareness of issues which cause children and young people harm.

A copy of Baby Godiva's Child Protection Policy is made available to all staff, volunteers and any other appropriate body. It is also on our website.

The Policy

The Baby Godiva Child Protection policy has been drawn up in recognition of the:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding¹ children
- Government guidance to prevent extremism and radicalisation

It recognises that:

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, physical or cognitive disability/ies communication needs or other issues

- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting children's welfare.
- Government policy highlights a number of forms of abuse – physical, emotional, sexual, neglect, female genital mutilation, (Annex A to this policy)

Individuals within Baby Godiva need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of Baby Godiva.

There is a responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with this policy and Baby Godiva child protection procedures (Annex B to this policy).

Baby Godiva will endeavour to safeguard children and young people by:

- Valuing them, listening to and respecting them.
- Adopting child protection guidelines through a code of behaviour for staff, volunteers and trustees
- Sharing information about child protection and good practice with children, parents, staff and volunteers.
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- Following 'safe recruitment' procedures for recruitment and selection of staff and volunteers, ensuring all necessary checks are made.
- Providing effective management for staff and volunteers through supervision, support and training.

Baby Godiva will review its policy at regular intervals in the light of new legislation, guidance (statutory and non-statutory) and best practice in safeguarding and child protection.

Safe Recruitment

Each new member of staff is required to undergo an Enhanced Disclosure & Barring Service ("DBS") check as part of our recruitment policy. Each new volunteer is subject to a DBS check dependent upon the position applied for.

Induction - Each new member of staff or volunteer is made familiar with Baby Godiva's policies and procedures including the Child Protection Policy and Procedures.

Internal communication

It is the responsibility of the management to ensure that information is available to and exchanged appropriately between all those involved in the organisation and its activities. Where information is confidential it is shared on a strictly need-to-know basis.

Extremism/Radicalisation/Prevent Policy and Procedures

The government has defined extremism as follows:

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of our armed forces as extremist.

Baby Godiva does not tolerate the expression or promotion of extremist views of any kind from any member of our charity or any external agencies or visitors

Any concerns about extremist views or radicalisation should be recorded and reported to the designated Child Protection Officer who will then take appropriate action, consulting with Social Care and if necessary, make a Channel referral.

Baby Godiva Child Protection Procedures

Child protection procedures are set out in the document Baby Godiva Child Protection Procedures (Annex B to this policy).

All staff and volunteers at Baby Godiva receive training in child protection as part of their induction. No employee or volunteer is permitted to be alone with a child at any time.

The Baby Godiva Code of Conduct (Annex B to this policy) must be adhered to by all staff and volunteers and this is made clear as part of the induction.

Responsible Persons

The Designated Safeguarding Lead is Katie Wilson, Volunteer CEO

07835957999 katie@babygodiva.org

The lead Trustee is David Wilson

07804746459

david@clothingcoventry.org

Annexes to this policy

- Annex A: Types of Abuse and Signs of Abuse
- Annex B: Child Protection Procedures

- Annex C: Code of conduct/behaviour for Baby Godiva staff, volunteers and trustees working with children
- Annex D: Disclosure and Barring Service Check Policy
- Annex E: Reporting a concern

Signed:

Katie Wilson CEO Baby Godiva

Reviewers:

Isabelle Edger-McCabe, Trustee

Natasha Leese, Trustee

David Wilson, Trustee

Reviewed and Approved 26th November 2025

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Baby Godiva Child Protection Policy: Annex A

Types of Abuse and Signs of Abuse

Abuse

The term “abuse” is intended to include any situation where there is grave concern regarding the well-being 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.

Physical Abuse

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 institution or community setting; by those known to them, or more rarely by a stranger. 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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after.

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.

Sexual Abuse

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. Both men and women can commit acts of sexual abuse, as can other children.

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); or
- Ensure access to appropriate medical care or treatment.

Female Genital Mutilation (FGM)

FGM involves cutting, and sometimes sewing the girl's genitalia, normally without anaesthetic, and can take place at any time from birth onwards. It is sometimes referred to as 'female circumcision' but this misnomer belies the invasive and irreversible nature of the procedure. It is now more correctly termed female genital mutilation. The procedure has a cultural, rather than religious, origin and is practised by disparate ethnic communities in many countries, including Ethiopia, Somalia, Sudan, Egypt, Nigeria, India, Pakistan, Yemen and Iraq. The Female Genital Mutilation Act 2003 makes it a criminal offence not only to carry out FGM in England, Scotland and Wales on a girl who is a UK national or permanent resident, but also to take a girl out of the UK to have FGM performed abroad, even to countries where FGM is legal. The indicators of FGM may initially mirror those of sexual abuse. One may notice, for example, that a girl or young woman shows signs of pain or discomfort, needs to visit the toilet constantly, has vaginal blood loss or is unable to sit comfortably.

Signs of abuse

It is important to be aware of signs of abuse. NSPCC offers the following guidance on signs of abuse:

Physical abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern.

Injuries that are more likely to indicate physical abuse include:

Bruising

- on babies who are not yet crawling or walking
- on the cheeks, ears, palms, arms and feet
- on the back, buttocks, tummy, hips and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe

Bite marks - large oval-shaped marks.

Burns or scalds

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times.

If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated.

Breast ironing – this is a practice observed in some African communities including those in the UK where hot stones are rubbed on girls' developing breasts to stop them developing. This is classed as honour-based violence and can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses.

Emotional abuse

Babies and pre-school children who are being emotionally abused may:

- be overly-affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious

- be unable to play
- be aggressive or nasty towards other children and animals.

Adults' behaviour might involve the child in or might include:

- conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- age or developmentally inappropriate expectations being imposed on children. including 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.
- the child seeing or hearing the ill-treatment of another.
- serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Sexual Abuse

Signs that a child has suffered sexual abuse include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age.

For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- a child might become sexually active at a young age

Neglect

Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:

- children who appear hungry
- children who appear dirty or smelly and whose clothes are unwashed or inadequate for the weather conditions
- children who are left alone or unsupervised
- children who fail to thrive or who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development children who live in an unsuitable home environment, for example the house is very dirty and unsafe, perhaps with evidence of substance misuse or violence
- children who have taken on the role of carer for other family members.

Female Genital Mutilation (FGM)

Signs might include a girl or young woman indicating pain or discomfort, needing to visit the toilet constantly, or unable to sit comfortably.

Baby Godiva Child Protection Policy Annex B

Baby Godiva Child Protection Procedures

Purpose and aim of the procedures

The purpose and aim of Baby Godiva child protection procedures is to safeguard the welfare of all children by protecting them from all forms of abuse including physical, emotional and sexual harm

The procedures apply within the organisation to all those in contact with children, even if it is not their main job to look after them – staff, volunteers and trustees.

Good communication is essential in any organisation. At Baby Godiva every effort is made to ensure that, should individuals have concerns, they are listened to and taken seriously.

It is the personal duty of staff or volunteers who identify FGM, breast ironing, or receive a disclosure to make a crime report to the police.

If a volunteer has either been told by a child/parent/carer that the child has had FGM s/he should personally report the matter to the police by calling 101.

If you think the girl is at imminent risk or has recently been cut you should take immediate action which may involve calling 999

Designated Responsible Persons

The Designated Safeguarding Lead for Baby Godiva is the Katie Wilson Volunteer CEO

Designated named person's responsibilities are to:

- Coordinate action in Baby Godiva and liaise with agencies over suspected or actual cases of child abuse
- Identify the signs and symptoms of suspected or actual abuse and when to make a referral
- Ensure that staff observe and implement Baby Godiva's agreed procedures
- Facilitate training for all staff, volunteers and trustees
- Authorise and support referral to the relevant and appropriate authority
- Keep full and accurate records of concerns, reports and referrals made
- Store, record securely and maintain confidentiality

The lead Trustee is David Wilson

Staff and volunteers' responsibilities are:

- to be vigilant in order to identify potential incidents of abuse
- to report immediately to a designated named person
- to complete documentation for external agencies as appropriate

It is not the individual staff member, volunteer or trustee's role to investigate suspected abuse, but to recognise it and refer it as appropriate to a designated named person.

How to respond to signs or suspicions of abuse

Any member of staff, volunteer or trustee who believes a child is suffering from, or is at risk of significant harm should discuss with the safeguarding lead or with the DSL who will then follow the procedures set out below which are guided by our Local Safeguarding Boards.

However, if one of the named organisational safeguarding leads is implicated in the concerns, the staff member, volunteer or Trustee should discuss their concerns directly with Social Services, using the reporting channels detailed in Annex C.

When reporting directly it is important to give as much of the following information as possible. In emergency situations all of this information may not be available but unavailability of some information should not prevent a referral being made.

- Reporting person's name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family eg: GP, health visitor, school.
- The nature of the concerns and the foundation for them including exact wording used by the child or adult, where possible.
- An opinion on whether the child may need urgent action to make them safe.
- Reporting person's view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

In these circumstances

- ensure that an accurate record of concern(s) is made at the time and kept
- put concerns in writing to Social Services following the referral (within 48 hours)
- accurately record the action agreed

What to do if a child talks about abuse or neglect

It is recognised that a child may seek out a staff member or volunteer to share information about abuse or neglect, or talk spontaneously individually or in groups when the staff member/volunteer is present. In these situations the staff member/volunteer must:

- act calmly and listen carefully to the child
- not directly question the child
- give the child time and attention
- allow the child to give a spontaneous account
- not stop a child who is freely recalling significant events
- make an accurate record of the information you have been given, taking care to record the timing, setting and people present, the child's presentation as well as what was said and not throw this away as it may later be needed as evidence
- use the child's own words where possible
- explain that s/he (the staff member/volunteer) cannot promise not to speak to others about the information the child has shared; *never guarantee absolute confidentiality, as child protection will always have precedence over any other issues*
- Reassure the child they (the staff member/volunteer) are glad the child has told them
 - that s/he (the child) has not done anything wrong
 - tell the child what they are going to do next
 - explain that they (the staff member/volunteer) will need to get help to keep the child safe
 - not ask the child to repeat his or her account of events to anyone
- Immediately report the disclosure to one of the Designated Responsible Person

Consulting about Concerns

The reporting person should consult externally with their local Social Services Department in the following circumstances:

- when they remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when they are unable to consult promptly or at all with their designated internal contact for child protection
- when the concerns relate to any member of the organising committee

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

Making a referral

A referral involves giving Social Services or the police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary.

If your concern is about abuse or risk of abuse from a family member or someone known to the child, you should make a telephone referral to your local social services office (details below).

If your concern is about abuse or risk of abuse from someone not known to the child or child's family, you should make a telephone referral directly to the police and consult with the parents.

Record Keeping

In the event of a safeguarding concern being raised within Baby Godiva, a written report will be stored in a secure safeguarding log. This report will form the basis of any external reporting if deemed necessary. Individual safeguarding reports will be kept for 5 years in line with our data protection policy; anonymised data will be kept indefinitely.

Confidentiality

The legal principal is that *the 'welfare of the child is paramount'* which means that taking action to safeguard the child is most important. Privacy and confidentiality

should be respected, but if doing this leaves a child at risk of harm, the child's safety must come first.

When a concern or worry is raised, not everyone needs to know about it. This respects the child's family's and/or staff's rights to privacy. Only people who need to know should be told about it.

Local Children's Safeguarding Boards contact information

Coventry Safeguarding Children Partnership (CSCP)

Telephone:[024 7697 5477](tel:02476975477)

Email:CoventryCSCP@coventry.gov.uk

If you wish to report a matter to the police, call 101 and state your concerns.

If you wish to report an **emergency** matter always dial 999.

Social worker (out of office hours): 024 7683 2222.

If there is no immediate danger or you need advice or information, you should call the **Multi-Agency Safeguarding Hub** on 024 7678 8555.

END of Annex B

Baby Godiva Child Protection Policy: Annex C

Code of conduct/behaviour for Baby Godiva staff, volunteers and trustees working with children

When working with children and young people, it is important to:

- operate within Baby Godiva's principles and guidance and any specific procedures
- follow Baby Godiva's child protection policy and procedures at all times
- listen to and respect children at all times
- treat children and young people fairly and without prejudice or discrimination
- ensure any contact with children and young people is appropriate and in relation to the work of Baby Godiva
- always ensure language is appropriate and not offensive or discriminatory
- always ensure equipment is used safely and for its intended purpose
- ensure that there is more than one adult present during activities with children and young people
- respect a child or young person's right to personal privacy
- recognise that special caution is required when you are discussing sensitive issues with children or young people

You must not:

- allow allegations to go unreported
- conduct a sexual relationship with a child or young person or indulge in any form of sexual contact with a child or young person; such behaviour is illegal and is not acceptable under any circumstances
- let Baby Godiva service users or children and young people have your personal contact details (mobile number or address)
- act in a way that can be perceived as threatening or intrusive
- make promises to children and young people, particularly in relation to confidentiality
- jump to conclusions about others without checking facts

- either exaggerate or trivialise child abuse issues
- rely on your reputation or that of the organisation to protect you
- take unnecessary risks when common sense, policy or practice suggests a more prudent approach
- adopt an attitude of complacency with regard to your own conduct.

END of Annex C

Baby Godiva Child Protection Policy: Annex D

Baby Godiva DBS Check Policy

This policy sets out our approach to using the Disclosure and Barring Service checks for key roles across the organisation.

Employees:

1. All employees are required to have a Disclosure and Barring Service check and will be asked to join the DBS Update Service for the duration of their employment.
2. The level of this check will be determined by the role undertaken, as advised by the DBS service used to process checks based on job description.
3. New employees must not work unsupervised with families on site or over the phone until we have received a clear DBS result.

We are able to accept an existing DBS certificate if:

- the employee is on the Update Service, allowing us to make an updated check;
- the roles and organisations are comparable;
- the level of check (enhanced or standard) is equal.

Decisions relating to whether an existing DBS is acceptable will be made at the discretion of the CEO.

In this instance, we will require the DBS certificate number which will be held on our records and will need to see a copy of the DBS certificate as part of the onboarding process.

5. If a new employee has an existing DBS but is not on the Update Service they will be requested to undertake a new check through Baby Godiva.
6. In the event of a DBS check showing a conviction, a risk assessment will be carried out under the terms of the Recruitment of Employees and Volunteers with a Criminal Record Policy.
7. For existing staff not yet on the Update Service, DBS will be renewed in the month before their existing certificate turns 3 years old, and they will be requested to sign up for the Update Service and provide their Update Service number which will be held on their HR record.
8. Employees who joined Baby Godiva between 1st January and 30 September 2021 will have their DBS renewed and be signed up to the Update Service in the month before their existing certificate turns 1 year old.

9. All costs relating to DBS checks will be covered by Baby Godiva.

10. As the Update Service request has to be actioned by the employee, we request that either the costs are claimed back on expenses.

END of Annex D

REPORTING A SAFEGUARDING CONCERN: Annex E

If you are a paid employee, inform your manager. Record details of the incident/concern, including what time and information about anybody else that was present. Complete this form to record details where possible, a copy will be logged with the designated safeguarding lead.

If you are a volunteer, report the incident to your team leader, and the designated safeguarding lead.

END OF Annex E