

ADULT & CHILD SAFEGUARDING POLICY



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Safeguarding Policy for RFA Beauty Foundation

Document	Adult and Child Safeguarding Policy
Version	2.0 (replaces version 1.3, September 2025)
Approved by	Board of Trustees, RFA Beauty Foundation (Registered Charity No. 1167975)
Last reviewed	August 2026
Next review due	August 2027, or sooner if law, statutory guidance or local procedures change, or after any serious incident
Designated Safeguarding Lead	Maria Adegeye
Deputy Safeguarding Lead	Stella King
Lead Safeguarding Trustee	Chair of Trustees

1. Introduction and Commitment to Safeguarding

RFA Beauty Foundation is a charity dedicated to supporting vulnerable mothers and their babies in Stoke-on-Trent and North Staffordshire, with a particular focus on the first 1,000 days of a child's life. We believe every mother and child has the right to be safe, valued and protected from harm. In line with our mission to ensure no parent struggles alone, and our values of compassion, dignity, empowerment, community and integrity, we are fully committed to safeguarding the welfare of all children and adults at risk who come into contact with our services.

Our approach is user led and trauma informed. We listen to what mothers tell us, involve them in decisions and handle every concern with sensitivity to past trauma. We foster a culture where safeguarding is everyone's responsibility and where everyone has the right to live free from fear of abuse, neglect and exploitation. We actively identify and challenge racism and discrimination in our own practice and in the way families are treated by services, recognising that many of the mothers we support face additional barriers because of their ethnicity, faith, language or immigration status.

Scope: This policy applies to all RFA Beauty Foundation trustees, staff, volunteers, sessional workers, students on placement, contractors, and anyone representing the charity publicly, such as fundraisers or speakers. It covers children (anyone under 18, including unborn babies where concerns arise during pregnancy) and adults at risk, and it applies to concerns raised by, about or between the people we support, and to third parties connected to them.

It applies wherever we work: The Mother's Nest sessions, collections and doorstep deliveries, home visits, community venues and partner premises, events and fundraising, telephone contact, our website, social media and messaging groups. Where an activity takes place on another organisation's premises, we agree safeguarding responsibilities with the host before the activity begins.

Our Commitment: RFA Beauty Foundation will protect children and adults at risk from abuse, neglect and exploitation, take prompt action on every safeguarding concern, and promote a safe and trusted environment within our charity. We will prevent harm, respond effectively to allegations and empower our service users by involving them in safeguarding plans wherever it is safe to do so. The wellbeing of mothers and their children is central to our vision of helping families thrive.

2. Legal and Statutory Framework

This policy reflects the following legislation and statutory guidance as they apply in England. Trustees review this list every year and whenever the law changes.

Children

- Children Act 1989 and Children Act 2004.
- Working Together to Safeguard Children 2026 (published March 2026, replacing the 2023 edition), including its expectations of voluntary, community and faith sector organisations, its new focus on babies and pre birth risk, domestic abuse, online harm and challenging racism and discrimination.
- Children's Wellbeing and Schools Act 2026 (Royal Assent 29 April 2026), which introduces multi agency child protection teams, a consistent child identifier and a clearer legal basis for sharing information to safeguard children. We will follow local guidance as these measures are implemented.
- Crime and Policing Act 2026 (Royal Assent 29 April 2026), which creates a mandatory duty to report child sexual abuse for people in regulated activity with children, and an offence of preventing or deterring a report (see Mandatory Reporting below).
- Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015) and the Forced Marriage (Civil Protection) Act 2007.

Adults

- Care Act 2014 and the Care and Support Statutory Guidance, including the six safeguarding principles: empowerment, prevention, proportionality, protection, partnership and accountability, and the Making Safeguarding Personal approach.
- Mental Capacity Act 2005 and its Code of Practice.

Cross cutting legislation

- Domestic Abuse Act 2021, including the statutory definition of domestic abuse and the recognition of children who see, hear or experience domestic abuse as victims in their own right.
- Safeguarding Vulnerable Groups Act 2006 (including the duty to refer to the Disclosure and Barring Service) and the Protection of Freedoms Act 2012.
- Sexual Offences Act 2003, Modern Slavery Act 2015, Counter Terrorism and Security Act 2015 (Prevent) and the Online Safety Act 2023.
- UK GDPR, the Data Protection Act 2018 and the Data (Use and Access) Act 2025, together with the government's Information Sharing Advice for Safeguarding Practitioners (2024).
- Equality Act 2010, Human Rights Act 1998, Public Interest Disclosure Act 1998 and, for any paid staff, the Worker Protection (Amendment of Equality Act 2010) Act 2023 duty to take reasonable steps to prevent sexual harassment.

Charity regulation

- Charities Act 2011 and Charities Act 2022, the Charity Commission's guidance "Safeguarding and protecting people for charities and trustees", and its serious incident reporting guidance (updated December 2025 and January 2026).

Local arrangements

- Stoke-on-Trent Safeguarding Children Partnership (SOTSCP) and the West Midlands Child Protection Procedures used in Stoke-on-Trent.
- Staffordshire Safeguarding Children Partnership (SSCP), for families living in Staffordshire outside the city.
- Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) multi agency procedures.
- Joint Staffordshire and Stoke-on-Trent guidance on bruising in non mobile babies and children (revised May 2026).

3. Safeguarding Principles

These principles guide every safeguarding decision we make.

Children and babies

- **The child's welfare is paramount:** where the interests of a baby or child conflict with those of an adult, including the mother we support, the child's safety comes first.
- **The lived experience of the baby:** babies cannot tell us what is happening to them, so we pay close attention to what their day to day life is like: how they are handled, fed, kept warm and responded to, and who cares for them.
- **Early help:** we act early on worries that fall below the threshold for a referral, through advice from the DSL, Family Help and early help referrals with the family's agreement, and closer support from our team.

Adults

We apply the six Care Act principles: empowerment (mothers make their own decisions wherever possible), prevention (we act before harm occurs), proportionality (the least intrusive response that manages the risk), protection (support for those least able to protect themselves), partnership (working with local services and communities) and accountability (clear records and trustee oversight). We presume every adult has capacity to make their own decisions, including decisions others see as unwise, unless there is reason to doubt it, in line with the Mental Capacity Act 2005.

How we work

- **Professional curiosity:** we notice when something does not add up, ask respectful questions and check explanations rather than accepting them at face value. Poverty can look like neglect, and neglect can hide behind poverty. A family's hardship never removes a safeguarding concern; it can increase the risk.
- **Trauma informed and non judgemental:** we keep processes predictable and transparent, explain what we are doing and why, and avoid anything that might retraumatise a mother.
- **Culturally aware, never culturally excused:** we understand how culture, faith and language shape family life and help seeking, and we are clear that abuse is never justified by culture, religion or tradition.
- **Support is never conditional:** baby essentials and other practical help never depend on a mother agreeing to a referral, attending sessions, sharing her story or appearing in publicity. Where we must share information without her consent, we continue to support her.
- **Do no harm:** every action we take should reduce risk, never increase it. We think carefully before contacting a household where abuse is suspected, so that our contact does not alert an abuser.
- **Listen, record, report:** nobody at RFA investigates abuse. Our role is to listen, record and report to the DSL, who decides on referral. Statutory agencies carry out any investigation.

4. Safeguarding Roles and Responsibilities

Role	Name and contact	Main responsibilities
Designated Safeguarding Lead (DSL)	Maria Adegeye info@rfabeautyfoundation.co.uk 01782 899092	First point of contact for all concerns. Decides on and makes referrals, keeps the safeguarding log, leads training, liaises with statutory agencies.
Deputy Safeguarding Lead	Stella King info@rfabeautyfoundation.co.uk 01782 899092	Acts with full DSL authority when Maria is unavailable or conflicted, supports case reviews and audits.
Lead Safeguarding Trustee	Chair of Trustees	Holds the DSL to account, reports to the Board, receives allegations about the DSL, oversees serious incident reporting.
Everyone	All trustees, staff and volunteers	Recognise, respond, record, report and refer concerns without delay, and follow the Code of Conduct.

Maria Adegeye is the primary point of contact for any safeguarding concern or query relating to children or adults at risk. In Maria's absence, concerns go to Stella King, our Deputy Safeguarding Lead. If neither is available and the matter is urgent, contact the statutory services listed in Appendix A directly and inform the DSL as soon as possible afterwards. A safeguarding concern must never wait for a lead to return.

- If a concern is about the DSL, report it to the Deputy DSL and the Chair of Trustees.
- If a concern is about the Chair or another trustee, report it to the DSL, who informs the other trustees, or report it directly to the statutory services.
- If anyone is in immediate danger, call 999 first and report internally afterwards.
- Nobody should confront an alleged abuser, carry out their own enquiries or delay a report to gather more information.

5. Definitions of Abuse, Neglect and Exploitation

Safeguarding means protecting people's health, wellbeing and right to live safely, free from abuse and neglect. Abuse can happen in any setting, can be a single act or a pattern, can be recent or historic, and can be carried out by anyone, including family members, partners, people in positions of trust, peers or strangers, in person or online.

- **Child:** anyone under 18. Our policy also covers unborn babies where there are concerns during pregnancy.
- **Adult at risk:** an adult (18 or over) who has needs for care and support, is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves (Care Act 2014, section 42). Many mothers we support are vulnerable because of domestic abuse, poverty, isolation or immigration status without meeting this legal test. We still respond to every concern about them and use the right route: adult safeguarding, domestic abuse services, the police or specialist support.

Types of abuse: children

- **Physical abuse:** hitting, shaking, throwing, poisoning, burning, scalding, suffocating or otherwise causing physical harm, including fabricated or induced illness. Shaking a baby can cause catastrophic brain injury.
- **Emotional abuse:** persistent emotional maltreatment that harms a child's development, including seeing or hearing the ill treatment of another person such as domestic abuse.
- **Sexual abuse:** forcing or enticing a child to take part in sexual activity, including contact and non contact abuse, online abuse and the making or sharing of indecent images.
- **Neglect:** persistent failure to meet a child's basic physical or emotional needs, including adequate food, clothing, shelter, warmth, safe sleep, supervision, medical care, and failure to

engage with health visitors or midwives where this places a baby at risk.

- **Exploitation:** child sexual exploitation, child criminal exploitation (including county lines and cuckooing of a mother's home), group based exploitation and trafficking.
- **Other specific harms:** female genital mutilation, forced marriage, so called honour based abuse, abuse linked to faith or belief, radicalisation, and online harm, which Working Together 2026 recognises as closely linked to harm in person.

Types of abuse: adults (Care Act 2014)

Physical abuse; domestic abuse; sexual abuse; psychological or emotional abuse; financial or material abuse; modern slavery; discriminatory abuse; organisational abuse; neglect and acts of omission; and self neglect.

Domestic abuse

The Domestic Abuse Act 2021 defines domestic abuse as abusive behaviour between people aged 16 or over who are personally connected, including physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, and psychological or emotional abuse. Children who see, hear or experience the effects of domestic abuse are victims in their own right. Abuse often begins or escalates during pregnancy and after birth, so we treat any disclosure by a pregnant woman or new mother as a priority.

6. Recognising Harm: Signs to Look For

Abuse is rarely obvious. One sign on its own does not prove abuse, but patterns, changes over time, unexplained injuries, fear or secrecy all increase concern. These are the signs most relevant to the families we support. If you are unsure, speak to the DSL.

Who	Signs that may indicate harm
Babies and young children	Any bruise, mark or injury on a baby who is not yet mobile; injuries with no explanation or a changing explanation; poor weight gain or persistent hunger; nappy rash or hygiene problems that are not being treated; a baby who seems unusually quiet, watchful or unresponsive; missed health visitor, midwife or GP appointments; no safe place for the baby to sleep; a baby left with changing or unknown carers.
Mothers	A partner or relative who always answers for her, accompanies her everywhere or controls her phone, money or documents; fear of going home; unexplained injuries; low mood, hopelessness, withdrawal or signs of perinatal mental illness; being prevented from attending appointments; debt, benefits or identity documents controlled by someone else; fear of the authorities used to keep her silent.
Home and household	Overcrowding, no heating, food or bedding; unknown adults staying at the property or the home being used by others (cuckooing); drug or alcohol misuse in the home; frequent moves or sofa surfing; repeated crises that never seem to resolve.
Online	Threats, harassment or tracking through phones and social media; pressure to send money, images or personal information; sharing of intimate images without consent; contact from unknown adults seeking to meet a mother or her children.

7. Safeguarding Babies and the First 1,000 Days

Babies are among the most vulnerable children in our society. They cannot speak for themselves, are seen by few professionals, and can be seriously harmed very quickly. Working Together 2026 gives babies and pre birth risk explicit attention, and national reviews by the Child Safeguarding Practice Review Panel repeatedly highlight bruising, non accidental head injury, unsafe sleep and the need to understand every adult in a baby's life. Our staff and volunteers apply the following practice.

- **Bruising or injury in non mobile babies:** any bruise, mark or injury on a baby who is not yet independently mobile (including all babies under six months) is treated as a safeguarding

concern. We ask about the cause, record exactly what we see and what we are told, and the DSL refers to the Integrated Front Door the same day, in line with the joint Staffordshire and Stoke-on-Trent guidance. An explanation from a parent does not replace a referral. If the baby appears unwell, we seek urgent medical help first.

- **Coping with crying:** we share the ICON message with every family: Infant crying is normal; Comforting methods can help; It's OK to walk away for a few minutes if you have checked the baby is safe; Never, ever shake a baby.
- **Safe sleep:** we promote safe sleep advice from The Lullaby Trust with every Moses basket, cot and bedding item we provide, and we raise concerns about unsafe sleep, overcrowding or co sleeping after alcohol or drugs.
- **Every adult in the household:** we take an interest in fathers, partners and other men or adults living with or caring for the baby, and we record who they are. Risk from an unknown or unassessed adult is a known factor in serious harm to infants.
- **Parental factors:** we stay alert to domestic abuse, perinatal mental illness, substance misuse and severe financial hardship, and we connect mothers with health visitors, midwives, GPs and specialist services.
- **Pre birth concerns:** where we have concerns about a baby's safety before birth, the DSL discusses them with the Integrated Front Door so that support can be in place before the baby arrives.
- **Mothers with insecure immigration status:** safeguarding duties apply to every child and adult regardless of immigration status or No Recourse to Public Funds. Fear of the authorities is often used by abusers to control women. We reassure mothers that seeking help for safety comes first and make supported referrals to specialist services.

8. Safeguarding Procedures and Response

RFA Beauty Foundation has clear procedures so that every concern is reported and handled properly. All trustees, staff and volunteers must follow these steps whenever they have a safeguarding concern or someone discloses abuse. We use the five Rs: Recognise, Respond, Record, Report and Refer. A one page guide is in Appendix D.

Reporting concerns or disclosures

Anyone who has a concern that a child or adult at risk may be experiencing abuse, neglect or exploitation must report it immediately to the DSL, or to the Deputy DSL if the DSL is unavailable. Concerns can be raised in person, by phone or in writing using the Safeguarding Concern Form (Appendix B). No concern is too small. It is always better to report a worry that turns out to be unfounded than to overlook harm.

If someone discloses abuse to you

- Listen calmly and let them speak in their own words. Avoid leading questions.
- Reassure them that they did the right thing in telling you and that the abuse is never their fault.
- Explain honestly that you cannot keep it secret and that you will share it with the Safeguarding Lead so they can get help and be kept safe.
- Record what was said as soon as possible, using their exact words, with the date, time, people present and any visible injuries.
- Report to the DSL straight away. If the DSL is unavailable, contact Stella King (Deputy DSL). If neither can be reached and the matter is urgent, contact the statutory services in Appendix A directly.

Disclosures by message, email or social media are treated as formal safeguarding concerns. Screenshot or save the message, pass it to the DSL straight away and reply only to acknowledge it and explain that someone will be in touch. Avoid ongoing conversations about the abuse by message, and never forward or store images of suspected abuse.

If you feel unsafe during a delivery or visit, leave, get to a safe place and report as soon as you can. Your safety comes first.

Mandatory reporting of child sexual abuse

The Crime and Policing Act 2026 introduces a legal duty for people carrying out regulated activity with children to report child sexual abuse when a child or perpetrator discloses it to them, or when they witness it directly, including through images, video or audio. Failing to report may lead to a referral to the Disclosure and Barring Service, and anyone who prevents or deters another person from reporting commits a criminal offence. The duty will come into force once the government publishes its implementation guidance. RFA Beauty Foundation adopts this standard now: any disclosure or direct evidence of child sexual abuse is reported to the police or children's social care without delay, in addition to informing the DSL, and nobody in our charity will ever discourage a report. We will update this policy when the commencement date and guidance are published.

Internal process

The DSL assesses every concern, gathering only the further information needed to decide the right action. Outcomes include: referral to children's or adult social care, the police or another agency; a referral for Family Help or early help support with the family's agreement; advice from the Integrated Front Door; or recording and monitoring where the threshold for referral is not met. Every decision and its reasons are recorded. Adults are involved in decisions about their own safety wherever possible, in line with Making Safeguarding Personal, and parents are informed of referrals about their children unless doing so would place the child or anyone else at greater risk.

Emergency situations

If a child or adult is in immediate danger or needs urgent medical attention, call 999 straight away. Secure safety first, then inform the DSL as soon as it is safe. For urgent situations without immediate danger, contact the police on 101. For an urgent mental health crisis, call NHS 111 and choose the mental health option, available 24 hours a day across Staffordshire and Stoke-on-Trent.

How we report to statutory services

The DSL, or Deputy DSL in their absence, makes referrals promptly using local multi agency procedures. Full contact details are in Appendix A.

- **Children living in Stoke-on-Trent:** Stoke-on-Trent Children and Family Services Integrated Front Door, 01782 235100 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4.30pm), using the online Multi Agency Referral Form for professionals. Out of hours: Emergency Duty Team, 01782 234234.
- **Children living in Staffordshire:** Staffordshire Families Integrated Front Door, 0300 111 8033 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4.30pm). Out of hours: Emergency Duty Service, 0345 604 2886.
- **Child exploitation in Stoke-on-Trent:** referral through the Integrated Front Door and the local exploitation route, ChildExploitation@stoke.gov.uk.
- **Adults at risk in Stoke-on-Trent:** Adult Social Care, 0800 561 0015 during office hours, or the online professional referral form. Out of hours: 01782 234234.
- **Adults at risk in Staffordshire:** Adult Social Care, 0345 604 2719 (Monday to Friday 9am to 5pm). Out of hours: Emergency Duty Service, 0345 604 2886.
- **Domestic abuse:** where a mother discloses domestic abuse, we complete or request a DASH risk assessment with a specialist service and, where risk is high, ask the police or specialist service to refer to the local MARAC. Mothers can apply to the police for information about a partner under the Domestic Violence Disclosure Scheme (Clare's Law).
- **Radicalisation:** the DSL uses the Prevent National Referral Form or contacts Staffordshire Police on 101. In an emergency call 999.
- **Modern slavery or trafficking:** report to the police and the Modern Slavery Helpline, 08000 121 700, which can connect the person to the National Referral Mechanism.

We seek an adult's consent before making a referral unless doing so would increase risk, the adult lacks capacity to decide, others (including children) are at risk, or a crime has been committed. When we act without consent we record our reasons. The DSL records the date, time, name of the person spoken to, any reference number and the advice given. If we disagree with the response we

receive and remain worried, we follow the local escalation and resolving professional differences procedures of the relevant safeguarding partnership.

9. Complaints, Anonymous Reports and Whistleblowing

Everyone who comes into contact with RFA, including the mothers we support, must be able to raise a concern or complaint about safeguarding without fear of intimidation or disadvantage. We treat any attempt to silence, victimise or retaliate against someone who raises a concern as serious misconduct.

- **Safeguarding complaints:** a complaint that we failed to respond properly to a concern, that someone in our team behaved inappropriately, or that our practice was unsafe is raised with the DSL, the Deputy DSL or the Chair of Trustees. We acknowledge it promptly, check for immediate risk, record it and report the outcome to the Board.
- **Anonymous reports:** we accept anonymous concerns and act on them as far as the information allows. We never try to identify an anonymous reporter unless the law requires it.
- **Whistleblowing:** anyone can raise concerns about wrongdoing within RFA, including safeguarding failures, cover ups, criminal offences or serious governance failings, with the DSL, the Deputy DSL or the full Board. Those who raise concerns in good faith are protected under the Public Interest Disclosure Act 1998, even if the concern is not upheld.
- **Raising concerns externally:** if you feel unable to raise a concern internally, or believe it has been ignored, you can contact the relevant local authority, the police, the Charity Commission or, for complaints about council safeguarding decisions, the Local Government and Social Care Ombudsman. The NSPCC Whistleblowing Advice Line, 0800 028 0285, gives confidential advice about concerns involving children.

10. Managing Allegations Against Trustees, Staff and Volunteers

Allegations that anyone working or volunteering for RFA Beauty Foundation has harmed a child or adult, or behaved in a way that suggests they may pose a risk, are taken extremely seriously and handled fairly, quickly and in line with statutory guidance.

1. **Ensure safety:** make sure the child or adult is safe. If a crime may have been committed, inform the police immediately.
2. **Report internally:** report the allegation to the DSL and the Chair of Trustees. If the allegation concerns the DSL, report to the Deputy DSL and the Chair. If it concerns the Chair or another trustee, the DSL informs the remaining trustees.
3. **Refer externally within one working day:** for allegations involving children, the DSL contacts the Local Authority Designated Officer (LADO) through the Integrated Front Door on 01782 235100 or LADO.sp@stoke.gov.uk, or the Staffordshire LADO for Staffordshire cases. For adults, the DSL contacts the relevant adult safeguarding team. We carry out no internal investigation until the LADO or police confirm it will not interfere with their enquiries.
4. **Protect all parties:** suspension or removal from duties is a neutral act while enquiries take place, and alternatives such as removing someone from contact with families or increasing supervision are considered where they manage the risk. Information is shared strictly on a need to know basis, and support is offered to the person harmed, the person who raised the concern and the person accused.
5. **Refer to the DBS:** under the Safeguarding Vulnerable Groups Act 2006, we must refer anyone we remove or who leaves because they harmed, or posed a risk of harm to, a child or adult at risk.
6. **Report to the Charity Commission:** trustees report serious incidents to the Charity Commission as soon as reasonably possible, in line with its current guidance, and inform funders where their grant conditions require it.

11. Safer Recruitment

Robust recruitment helps prevent unsuitable people from working or volunteering with mothers and babies. Our safer recruitment practice includes:

- A safeguarding statement in every job advert, volunteer role description and application pack.
- Application forms with full work history and explanation of gaps, and a self declaration of criminal records in line with the rules on filtering and protected cautions and convictions.
- Structured interviews that explore attitudes to safeguarding, boundaries and working with vulnerable families.
- Identity and right to work checks, and verification of relevant qualifications.
- Two references for staff and regular volunteers, including the most recent employer or organisation, with specific questions about suitability to work with children and adults at risk.
- Enhanced DBS checks with the appropriate barred list checks for anyone whose role is eligible, including regulated activity with children or adults, before unsupervised work begins. We use the DBS Update Service where possible and recheck at least every three years.
- Trustee checks against the Charity Commission automatic disqualification rules, which also apply to senior manager roles, with signed declarations renewed each year.
- Overseas criminal record checks or certificates of good conduct for anyone who has lived abroad.
- Induction, a probation period with supervision, and a duty on everyone to tell us promptly about any new arrest, charge, caution or conviction.

12. Safeguarding Training and Awareness

- **Induction:** every trustee, staff member and volunteer completes a safeguarding induction covering this policy, the Code of Conduct, how to recognise and report concerns, and key contacts, and signs to confirm they understand it.
- **Core training:** everyone in contact with families, and every trustee, completes recognised safeguarding training for children and adults within three months of starting, including domestic abuse awareness and the Prevent awareness online course. We use training from the Stoke-on-Trent Safeguarding Children Partnership, SSASPB, the NSPCC and other accredited providers.
- **Lead training:** the DSL and Deputy DSL complete designated lead training and multi agency training at least every two years, and keep up to date with local procedures and national changes.
- **Specialist training:** topics relevant to our families, including bruising in non mobile babies, safe sleep, coping with crying, perinatal mental health, coercive control, exploitation, trauma informed practice and cultural competence.
- **Annual refresher:** every year all trustees, staff and volunteers complete a refresher covering changes in law and guidance, such as Working Together 2026 and the new mandatory reporting duty.
- **Occasional volunteers:** anyone helping at a single event or packing session receives a safeguarding briefing and is supervised by a trained team member.
- **Supervision and support:** volunteers who deliver to homes or work directly with families have a safeguarding check in with the DSL or Deputy DSL at least twice a year, and a debrief after any distressing incident. The DSL and Deputy DSL discuss complex cases with each other and seek advice from the Integrated Front Door or local partnership forums, so that no safeguarding decision rests on one person alone.
- **Training records:** the DSL keeps a training log, and trustees review it annually.

13. Code of Conduct and Safe Working Practice

- Staff and volunteers keep professional boundaries at all times, never give personal contact details or social media accounts to service users, and never accept or offer gifts beyond token items.
- Nobody is left alone with a child who is not their own, and babies remain in the care of their parent during our sessions.
- **Home visits and deliveries:** these are planned, logged with the DSL or a nominated colleague beforehand and afterwards, carried out in pairs where risk is unknown, and completed at the doorstep unless a visit has been agreed and assessed.
- **Photographs, stories and case studies:** we share a mother's photograph, story or quote, including in funding applications and reports to funders, only with her written, informed

consent, which she can withdraw at any time. Case studies are anonymised with names and identifying details changed. We never use names alongside children's images, and never share images or stories of women who have fled abuse or whose location must stay private.

- **Online safety:** communication with service users takes place only through RFA accounts and devices or approved messaging groups administered by RFA, with clear rules for members. Staff and volunteers report any online abuse, grooming, sharing of indecent images or harmful content to the DSL immediately. Images of suspected abuse must never be copied, forwarded or stored.
- **Transport:** volunteers who drive families hold appropriate insurance, use child car seats where babies travel, and follow our lone working arrangements.
- **Never acceptable:** any sexual or romantic relationship with a person we support; offensive, discriminatory or sexual language or jokes; lending money to or borrowing from service users; making support conditional on anything in return; sharing confidential information without a lawful reason; and any retaliation against someone who raises a concern.
- Any breach of the Code of Conduct may lead to disciplinary action, removal from a volunteer role and, where required, referral to the LADO, the DBS or the police.

14. Risk Assessment, Lone Working and Deliveries

We assess and manage safeguarding risk in every activity, before it begins.

- **Activity risk assessments:** The Mother's Nest sessions, events, venues and new activities each have a written risk assessment covering supervision, private spaces, first aid, how concerns will be reported and what happens in an emergency. Each risk is scored for likelihood and impact, and anything scoring high is reduced before the activity goes ahead.
- **Deliveries and home visits:** before a delivery or visit, the referral is checked for known risks such as domestic abuse, aggression, animals or other adults at the address. Volunteers tell a named contact where they are going and when they expect to finish, check in when they leave, and carry a charged phone. If a volunteer does not check in, the contact follows up and escalates if they cannot be reached. The checklist is in Appendix E.
- **Where abuse is suspected:** we agree safe times and methods of contact with the mother, avoid leaving anything at the door that could reveal her contact with us, and never discuss her situation in front of a partner or relative.
- **Dynamic risk:** if circumstances change during a visit or session, volunteers use their judgement to stay safe, withdraw if needed and record what happened.
- **Risk register:** safeguarding risks, including risks to families, from people in our team, online, from partners and to our reputation, are recorded in the charity's risk register and reviewed by trustees.

15. Information Sharing and Confidentiality

Sharing the right information at the right time is vital to keeping people safe. Data protection law is never a barrier to sharing information to protect a child or adult from harm. We follow the government's Information Sharing Advice for Safeguarding Practitioners (2024) and its seven golden rules.

- **Lawful basis:** we share safeguarding information under UK GDPR and the Data Protection Act 2018, which includes a specific condition for safeguarding children and individuals at risk. Since 5 February 2026 the Data (Use and Access) Act 2025 also provides a recognised legitimate interest for safeguarding vulnerable individuals, and the Children's Wellbeing and Schools Act 2026 strengthens the legal basis for sharing information to safeguard children.
- **Consent and transparency:** we tell mothers at first contact that we have a safeguarding policy and may need to share information to keep someone safe. We seek consent wherever it is safe to do so, and we share without consent where seeking it would increase risk, where consent is refused but serious risk remains, or where the law requires it. We always record what we shared, with whom and why.
- **Necessary and proportionate:** we share only accurate, relevant and up to date information, securely, and only with those who need it.

- **Confidentiality with limits:** confidentiality is different from secrecy. Staff and volunteers must never promise to keep a secret, and case details are shared inside the charity only on a need to know basis.
- **Data breaches:** any loss, misdirection or unauthorised access to safeguarding information is reported to the DSL and the Chair immediately. Where a breach is likely to put people at risk, we notify the Information Commissioner's Office within 72 hours and inform the people affected where required.
- **Data protection complaints:** since 19 June 2026 people have the right to raise data protection complaints directly with us first. We acknowledge and respond to these promptly under our Data Protection Policy.

16. Record Keeping and Retention

- **Concern forms:** every concern is recorded on the Safeguarding Concern Form (Appendix B) as soon as possible and in any case the same day, with facts, direct quotes, observations and actions, kept separate from opinion.
- **Safeguarding log:** the DSL keeps a confidential log with a case reference, summary, decisions, referrals, reference numbers, outcomes and follow up. The DSL and Lead Safeguarding Trustee review it regularly to spot patterns, including repeated low level concerns about a family or an individual in our team.
- **Original notes:** handwritten notes made during or straight after an incident are dated, signed and given to the DSL. They are kept as they are and never rewritten.
- **Chronology:** for families where concerns build up over time, the DSL keeps a chronology of events so that patterns of lower level concerns can be seen together.
- **Follow up:** the DSL chases any referral that receives no response, re refers if risk increases, and closes a case only when risk has been reduced or passed to the right agency.
- **Security:** paper records are kept in a locked cabinet and electronic records in access controlled, password protected systems. Access is limited to the DSL, the Deputy DSL and the Chair of Trustees. Safeguarding information is never kept on personal phones, personal email accounts or personal messaging apps.
- **Retention:** records about children are kept until the child's 25th birthday; records about adults are kept for seven years after the last contact; records of allegations against trustees, staff or volunteers are kept for ten years or until the person's normal retirement age, whichever is longer. Records relevant to any inquiry or legal hold are kept until it has ended. Records are then securely destroyed.

17. Governance, Oversight and Serious Incident Reporting

- **Trustee accountability:** the Board has ultimate responsibility for safeguarding. Safeguarding is a standing item at every trustee meeting and on our risk register, and trustees make sure enough time, training and funding are allocated to it.
- **Board reporting:** the DSL provides an anonymised report at each quarterly meeting covering concerns raised, referrals made, open cases, themes, training and any learning. Serious cases are reported to the Chair immediately.
- **Annual audit:** each year the DSL and Lead Safeguarding Trustee audit a sample of records, test that staff and volunteers know how to report, gather feedback from mothers on whether they feel safe, and complete any self assessment requested by the local safeguarding partnerships.
- **Serious incident reporting:** trustees report serious incidents to the Charity Commission as soon as reasonably possible using its online form, where an incident has resulted in or risks significant harm to beneficiaries, staff, volunteers or others, or involves an allegation against someone working for the charity, a police investigation, or significant loss or reputational risk. We report promptly rather than waiting for an investigation to finish, submit updates as more becomes known, and record the reasons for every decision, including a decision that an incident is not reportable. We also inform funders as required by our grant agreements and report fraud or cyber crime to Report Fraud.
- **Learning:** we cooperate fully with any Child Safeguarding Practice Review or Safeguarding Adults Review, carry out a lessons learned review after any serious incident or near miss, and share learning from national and local reviews with our team.

18. Working with Partners and Venues

Many mothers reach us through Health Visitors, Early Help teams, Children's Centres, Family Hubs, midwives, housing providers and specialist services such as Women's Aid Staffordshire and Refugee Action Midlands. We make sure safeguarding stays strong when we work with others.

- Referral partners are asked to share any known risks when they refer a family, so that we can plan safe contact.
- Where we deliver an activity jointly or use another organisation's premises, we agree in advance who leads on safeguarding, how concerns will be reported and what happens in an emergency, and we record this in writing where the activity involves regular contact with families.
- We check that partners and venues have their own safeguarding arrangements before we work with them regularly.
- If we have concerns about a partner's safeguarding practice, we raise them with the partner and, where necessary, with the local safeguarding partnership. We will end a partnership rather than place families at risk.

19. Funders and Best Practice

We meet the safeguarding expectations of our funders, including The National Lottery Community Fund, and are prepared to evidence our arrangements through policies, training records, audit results and visits. We notify funders of serious safeguarding incidents in funded work where their terms require it and where the law allows. This policy is published on our website, printed copies are available at our sessions, and we provide a short, accessible summary for the mothers we support explaining how to raise a concern and how we will support them.

20. Signposting and Support

- **Domestic abuse:** Staffordshire Women's Aid; Glow (Honeycombe Group) and New Era, which support victims and families across Stoke-on-Trent and Staffordshire; the National Domestic Abuse Helpline, 0808 2000 247 (24 hours); and the National LGBT+ Domestic Abuse Helpline (Galop), 0800 999 5428.
- **Sexual violence:** Savana in Stoke-on-Trent, for survivors of sexual abuse and violence.
- **Mental health:** NHS 111 mental health option (24 hours); Staffordshire and Stoke-on-Trent Talking Therapies; GP and perinatal mental health services through the health visitor or midwife.
- **Children and families:** NSPCC Helpline, 0808 800 5000; Childline, 0800 1111; Stoke-on-Trent Family Hubs for Family Help and early help support.
- **Health:** health visitors, midwives and GP surgeries, which are key partners in safeguarding babies.
- **Housing and practical help:** Ark of Hope Foundation, our sister charity, for housing support; local food banks and baby banks; and the Stoke Community Directory and Staffordshire Connects for wider services.

21. Approval and Review

This policy was approved by the Board of Trustees of RFA Beauty Foundation in August 2026. It will be reviewed by August 2027, or sooner if there are significant changes in law, statutory guidance or local procedures, or after a serious incident. All trustees, staff and volunteers must read, sign and follow it. We stand united in our commitment to provide a safe, supportive environment where vulnerable mothers and their babies can thrive, free from abuse and harm.

Signed on behalf of the Board	
Name	
Position	Chair of Trustees
Date	
Designated Safeguarding Lead	Maria Adegeye
Signature	

Appendix A: Key Contacts and Referral Pathways

Service	Contact
Designated Safeguarding Lead	Maria Adegeye, 01782 899092, info@rfabeautyfoundation.co.uk
Deputy Safeguarding Lead	Stella King, 01782 899092, info@rfabeautyfoundation.co.uk
Emergency (immediate danger)	999
Police (non emergency)	101
Urgent medical or mental health advice	NHS 111 (choose the mental health option for a mental health crisis)
Stoke-on-Trent children: Integrated Front Door	01782 235100, Mon to Thu 8.30am to 5pm, Fri 8.30am to 4.30pm; online Multi Agency Referral Form
Stoke-on-Trent out of hours (children and adults)	Emergency Duty Team, 01782 234234
Stoke-on-Trent LADO	01782 235100, LADO.sp@stoke.gov.uk
Stoke-on-Trent child exploitation	ChildExploitation@stoke.gov.uk
Stoke-on-Trent adults at risk	0800 561 0015; online professional referral form via the Adult Social Care portal
Staffordshire children: Families Integrated Front Door	0300 111 8033, Mon to Thu 8.30am to 5pm, Fri 8.30am to 4.30pm
Staffordshire adults at risk	0345 604 2719, Mon to Fri 9am to 5pm
Staffordshire out of hours (children and adults)	Emergency Duty Service, 0345 604 2886
Prevent (radicalisation)	Prevent National Referral Form, or Staffordshire Police on 101; Anti Terrorist Hotline 0800 789 321
NSPCC Helpline	0808 800 5000
NSPCC Whistleblowing Advice Line	0800 028 0285
Childline	0800 1111
National Domestic Abuse Helpline	0808 2000 247 (24 hours)
Galop National LGBT+ Domestic Abuse Helpline	0800 999 5428
Modern Slavery Helpline	08000 121 700
Charity Commission serious incident reporting	Online form via the Charity Commission website
Stoke-on-Trent Safeguarding Children Partnership	safeguardingchildren.stoke.gov.uk
Staffordshire Safeguarding Children Partnership	staffsscp.org.uk
Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board	ssaspb.org.uk

Contact details were checked in August 2026. The DSL checks them every six months and whenever a service changes.

Appendix B: Safeguarding Concern Form

Complete as soon as possible and in any case the same day. Record facts and the person's own words. Hand to the DSL or Deputy DSL and keep no copies.

Case reference (DSL use): _____ **Date and time of concern:** _____

Person at risk

Name: _____ Date of birth or age: _____

Address or location: _____

Parent or carer (if a child): _____ Contact: _____

Other adults in the household (names and relationship): _____

Person reporting

Name and role: _____ Phone or email: _____

Nature of concern (tick all that apply)

- ☐ Child ☐ Unborn baby ☐ Adult at risk ☐ Domestic abuse ☐ Neglect ☐ Physical ☐ Sexual
☐ Emotional or psychological ☐ Financial ☐ Exploitation ☐ Self neglect ☐ Online harm
☐ Bruising on a non mobile baby ☐ Other

What happened or was disclosed (use the person's own words)

Injuries or signs observed (describe and locate; use the body map in Appendix C)

Immediate action taken (for example 999, first aid, supervision)

Other people present or witnesses: _____

Consent (adults): ☐ Consent given to share ☐ Consent not given

Reason consent not given or not sought: _____

Signature: _____ Date and time: _____

For DSL use only

- ☐ Record and monitor ☐ Family Help or early help ☐ Refer to children's social care
☐ Refer to adult social care ☐ Police ☐ LADO ☐ MARAC or specialist domestic abuse service
☐ Charity Commission or funder notification

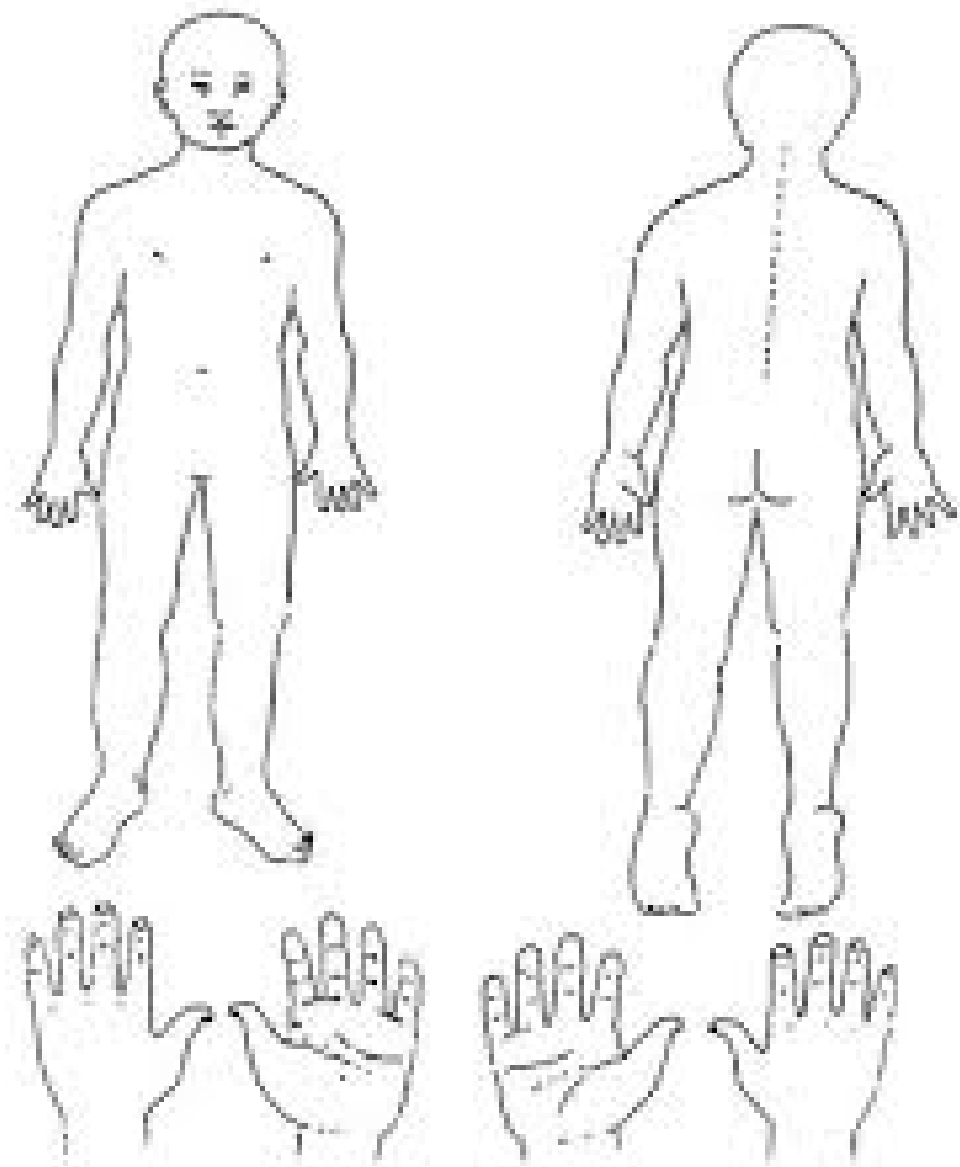
Agency contacted, person spoken to and reference number: _____

Rationale for decision: _____

DSL signature: _____ Date: _____ Case closed: _____

Appendix C: Body Map

This body map is just a tool to log physical injuries seen or reported, it IS NOT a substitute for a professional medical record.



Appendix D: What to Do If You Are Worried

Use this guide whenever you see, hear or are told something that worries you about a baby, child or adult.

1. Is anyone in immediate danger?

Yes: call 999, make yourself and others safe, then tell the DSL as soon as it is safe to do so.



2. Listen and reassure

Stay calm, listen, use open questions only, explain that you must share what you have been told, and never promise to keep a secret.



3. Record

Write down exactly what you saw and heard, in the person's own words, the same day, using the Safeguarding Concern Form (Appendix B). Keep facts separate from opinion.



4. Report the same day

Maria Adegeye (DSL) or Stella King (Deputy DSL), 01782 899092, info@rfabeautyfoundation.co.uk. If the concern is about either of them, report to the Chair of Trustees. If you cannot reach anyone and the matter is urgent, use the contacts in Appendix A.



5. The DSL decides

Record and monitor; offer Family Help or early help with the family's agreement; refer to children's or adult social care; contact the police; contact the LADO if the concern involves someone in our team; refer to domestic abuse services or MARAC.



6. Follow up and oversight

The DSL records the outcome, chases any referral without a response, escalates if worries continue, and informs the Chair where trustees need to consider a serious incident report.

Always: any bruise or injury on a baby who is not yet mobile is referred the same day. **Never:** investigate, confront the person suspected, or delay a report to gather more information.

Appendix E: Delivery and Home Visit Safety Checklist

Before the visit

- ☐ Referral checked for known risks (domestic abuse, aggression, other adults, animals)
- ☐ Safe time and method of contact agreed with the mother where abuse is suspected
- ☐ Visit logged with a named contact: address, time out and expected return
- ☐ Phone charged, ID badge carried, route and parking planned
- ☐ Pair visit arranged where risk is unknown or higher

During the visit

- ☐ Delivery completed at the doorstep unless a home visit has been agreed and assessed
- ☐ Stay near the exit and leave if you feel unsafe
- ☐ Observe the baby, the mother and the home with professional curiosity, without investigating
- ☐ Avoid discussing the mother's situation in front of a partner or relative

After the visit

- ☐ Checked in with the named contact
- ☐ Any concern recorded on the Safeguarding Concern Form and reported to the DSL the same day
- ☐ Any incident, aggression or near miss reported so that the risk assessment can be updated

If a volunteer does not check in: the named contact phones them, then phones the DSL or Deputy DSL. If the volunteer still cannot be reached and there is any concern for their safety, call 999 and give the address.

Volunteer: _____ Date: _____ Named contact: _____