

## **MumsAid Safeguarding Policy**

We believe that children and young people deserve the very best start in life, and to encourage this, we work with parents and the community in ensuring the rights and safety of all children, young people and vulnerable adults. Safeguarding is everyone's responsibility.

MumsAid operates in accordance with the [Ethical Framework](#) defined by the British Association for Counselling and Psychotherapy.

Counsellors and psychotherapists have safeguarding responsibilities towards both mothers and their children, including the unborn child, as do other frontline staff such as the YoungMumsAid Manager (YMA), advocacy and link workers. Many of the young mothers supported by YMA will be considered children themselves (if under 18).

### **Respond appropriately to suspicions of abuse:**

Under the Children's Act 1989, updated in 2004, all staff have a responsibility for identifying, referring and supporting children and vulnerable adults at risk of abuse.

MumsAid has adopted the NSPCC definitions of child and vulnerable adult abuse:

- Sexual abuse
- Sexual Exploitation
- Bullying and cyberbullying
- Child trafficking
- Emotional abuse
- FGM
- Criminal exploitation and gangs
- Grooming
- Neglect
- Online abuse
- Non-recent abuse
- Domestic abuse

### **The role of the designated safeguarding people:**

There are three designated people responsible for safeguarding within MumsAid

Miriam Donaghy: CEO

Jennifer Danby: Clinical Lead

Tracy Murray: Interim CEO

Jill Thompson: Trustee

**The designated people have the following responsibilities:**

- To ensure that all staff and volunteers are aware of safeguarding procedures and that policies are updated as necessary.
- To comply with the [London Child Protection Procedures Safeguarding Policy](#).
- To be able to identify children and vulnerable adults experiencing, or at risk of, significant harm.
- To be available for discussion with staff and volunteers about any cases of suspected abuse or harm.
- To work with parents for the protection of children and young people
- To make decisions on referral.
- To maintain appropriate systems for record keeping and collation of information.
- Identification and support of children who may have suffered abuse.

There are three key areas in which wider staff and volunteers may be involved in safeguarding:

- Making referrals—taking direct action in relation to significant concerns.
- Providing information.
- Providing a service for parents and vulnerable adults.

**Flowchart of safeguarding procedure.**

## Recognise

Communities surrounding children and vulnerable adults should have a clear and definite understanding of the signs of potential abuse, harm and neglect. Symptoms of abuse are not always visible, and suspicious injuries or behaviours should not be dismissed. Those surrounding individuals must adopt an understanding of suspicious and non-suspicious behaviour and injury when considering their safeguarding duty. Trusting your instinct and treating every concern as an issue is always best.

## Respond

If a safeguarding issue has been detected, responding to it in an appropriate manner is extremely vital. Some children and vulnerable adults who have fallen victim to abuse and neglect will most likely need to be handled with great care and caution. You should approach these individuals in a calm fashion and foresee that they may not be willing to talk about their situation. If they wish to discuss matters, ask open questions, which will encourage them to give just enough information to validate the claim. Once you have enough information to solidify it beyond suspicion, you should begin reporting.

## Report

To the designated person(s) responsible for safeguarding issues. Another important factor in ensuring the safety and security of others is knowing who your closest safeguarding lead is. To this individual, you should report any concerns that may have arisen, and they will then take responsibility for dealing with the matter professionally.

## Record

Recording the incident in the best detail is extremely important for the investigation. You should take precise and comprehensive notes of the situation to assist in your report and relay these where necessary. Included in the notes should be the who, what, why, when and where of safeguarding. Details of who was involved are especially important, as well as dates and times. The recording of the events should take place as soon as possible.

## Refer

After the previous steps, the report should be referred to the appropriate authorities to continue the investigation. If you believe the safeguarding risk to be more urgent, such as a suspicion that somebody is under immediate or severe threat, you should contact the relevant authority immediately, whether this is the police, fire service or ambulance crew.

### **Child protection and counsellors:**

If a mother being supported by MumsAid is involved in a child protection process, a counsellor/psychotherapist may be asked to provide information about their involvement with the mother to assist in assessment. The policy regarding information requests from social services is detailed in the subsequent section on 'Sharing information' in Appendix B. Clinical supervision must be used to consider the appropriate response to an information request.

Provision of counselling/psychotherapy may become part of a child protection plan, to support a family and promote the wellbeing of a child. The counsellor/psychotherapist may be withdrawn if the child protection system becomes too complex.

### **Procedures for allegations or complaints against staff and volunteers**

- If an allegation or complaint is made against a member of staff or volunteer, the CEO of MumsAid, Miriam Donaghy, must be informed immediately. The LADO (Local Authority Designated Officer) must be informed within one working day.
- Jennifer Danby, Clinical Lead and Jill Thompson, Trustee must also be informed.
- There should be an initial information gathering process in preparation for deciding the most appropriate action.

- After information is gathered it may, in some cases, become clear that a referral is not necessary.
- The advice from the LADO must be followed throughout the procedure.
- If a referral is not necessary, the incident should be clearly documented, and a clear explanation given to the person who made the allegation or complaint. THIS MUST BE WITH ADVICE FROM THE LADO.
- If the decision is taken to refer the allegation or complaint, MumsAid/YMA would follow the Local Authority advice.
- MumsAid/YMA will not undertake its own investigation as this may compromise the social care investigation.
- Under no circumstances should a member of staff or volunteer be “let go” or encouraged to resign.
- If a member of staff resigns the process of investigation should continue.

### **Safer Recruitment Statement**

MumsAid is committed to safeguarding and promoting the welfare of children young people and adults that we work with and support as an organisation. In order to meet this responsibility, we follow a rigorous selection process to discourage and screen out unsuitable applicants, we do this by:

- 1) Ensuring all volunteer roles/job descriptions and person specifications make reference to safeguarding and child protection and all posts, involving contact with service users are subject to a Disclosure and Barring Service certificate (DBS) before a person starts working.
- 2) All advertisements include our safeguarding statement and commitment.
- 3) All prospective employees and volunteers provide the contact details for two referees; these references need to be received before the role/job is formally offered.

### **Staff training**

The welfare of mothers and their children, including the unborn child, are the primary concern throughout our work. All staff and volunteers working directly with families will:

- Undertake relevant annual safeguarding training.
- Receive regular clinical supervision.

All staff and volunteers will receive up-to-date training in the identification and support of children and vulnerable adults who may have suffered abuse. The designated people for safeguarding will receive training to enable them to meet the responsibilities of the role.

### **Whistleblowing**

We recognise that children and vulnerable adults cannot be protected in an environment where staff and volunteers fail to raise concerns. All staff and volunteers will be made aware of their duty to raise concerns where they exist about the attitudes or actions of colleagues.

All frontline staff operating within MumsAid, including counsellors and psychotherapists, are

bound by the following safeguarding policies and procedures:

- Safeguarding and promoting the welfare of mothers.

- Safeguarding and child protection policy and procedure.
- Code of conduct for safeguarding and promoting the welfare of children.
- Policy for accepting referrals where children are subject to a child protection plan.
- Policy on Disclosure and Barring Service (DBS) checks.

### **Mobile phones**

All staff are required to turn off mobile phones when working with mothers. Staff do not share personal mobile numbers with beneficiaries.

### **Photography/filming**

Photographs/ filming can only be undertaken with a mother's consent. The reason for taking photographs/film will be fully explained to mothers. MumsAid will only use photographs or film for the website, marketing and awareness-raising purposes, and in rare occasions to meet monitoring expectations. Mothers will be required to give written consent that they understand how the photograph/films will be used and agree to photographs/film being taken. All photographs/film will be deleted after the photograph/footage has been used for one of the purposes stated above.

### **Related MumsAid policies:**

Recruitment Policy

Data Retention Policy

Company handbook (includes code of conduct)

Complaints Procedure

Confidentiality and Recordkeeping

## **Appendix A**

### **Contact details:**

**Tracy Murray: Interim CEO email [tracy@mums-aid.org](mailto:tracy@mums-aid.org)**

**Jill Thompson: Trustee [jill@mums-aid.org](mailto:jill@mums-aid.org)**

If you have any clinical safeguarding concerns and need to speak to a member of staff at MumsAid please contact:

**Miriam Donaghy: CEO tel: 07931 740475 email: [miriam@mums-aid.org](mailto:miriam@mums-aid.org)**

**Jennifer Danby: Clinical Lead email: [jennifer@mums-aid.org](mailto:jennifer@mums-aid.org)**

If you have an urgent concern and you are unable to reach the above people please contact our external consultant:

**Beverley Bernstein: tel:07758763908 email: [Beverley.Bernstein@GLL.ORG](mailto:Beverley.Bernstein@GLL.ORG)**

### **Important telephone numbers**

IN AN EMERGENCY, DIAL 999.

- Greenwich Social Care and Safeguarding: 0208 854 8888
- Greenwich Multi-Agency Safeguarding Hub (MASH): 0208 921 3172

### **Contact details for Royal Borough of Greenwich MASH Team:**

- Duty number: 020 8921 3172
- Consultation line (professionals only): 020 8921 4590
- Out of hours social worker: 020 8854 8888
- Greenwich Safeguarding Board: 020 8854 2226
- Email address for all new referrals: [mash-](mailto:mash-referrals@royalgreenwich.gov.uk)

[referrals@royalgreenwich.gov.uk](mailto:referrals@royalgreenwich.gov.uk) The MASH operates Monday-

Thursday: 9.00am-5.30pm; Friday: 9.00am-4.30pm Referral

information to provide includes:

- Details of an incident and/or other concerns and the source of that information
- Names and dates of birth of child/children
- Family address
- Names of those with parental responsibility for the children
- Anyone else involved in the care of the children
- GP and health visitor
- Schools attended by older children
- Any known movements regarding the family (e.g. working hours)
- How referrer can be contacted

The lack of any of this information will not stop a referral from being made.

### **Other useful numbers:**

- Urgent medical help (not an emergency): 111
- NSPCC: 0808 800 5000
- Childline: 0800 1111

Greenwich Police Station: 0300 123 1231

- Samaritans: freephone 116 123
- Parent line: 0808 802 5544

## **Appendix B**

### **MumsAid related policies and procedures**

#### **Safeguarding and promoting the welfare of mothers**

In order to respect the mothers with whom MumsAid/YMA works, and to reduce the likelihood of abuse taking place, all frontline staff must:

- Ensure that all mothers are made aware of safeguarding and confidentiality policies.
- Encourage mothers to engage in discussion and listen to their views.
- Discuss any safeguarding concerns with Miriam Donaghy/Jennifer Danby/Beverley Bernstein (the designated people for safeguarding)
- Keep a factual, dated record of concerns (in line with MumsAid's record-keeping procedures).

Where it is considered necessary for the welfare and protection of a mother, information will be shared with the appropriate authority/agency.

Protecting mothers from significant harm is a shared responsibility. In order to fulfill our responsibility in promoting the welfare and safety of mothers, frontline staff will maintain effective partnerships with other appropriate organisations.

#### **Safeguarding and child protection policy and procedure**

Where there are concerns for the welfare of children, including the unborn, frontline staff will support and encourage mothers to seek additional support from relevant agencies to meet those needs by:

- Considering information from referrers.
- Discussing support needs for families during supervision.
- Working with mothers to formulate referrals to other professional agencies.

MumsAid has no statutory remit or role to investigate child abuse. However, the welfare of the child is paramount, therefore MumsAid does have a responsibility to share information with the appropriate agency.

In addition to this we refer to:

1. [The Children Act 1989 & 2004](#): These acts are foundational to child protection in the UK. The 1989 Act introduced the concept that the child's welfare is paramount. The 2004 Act was instrumental in promoting the idea of multi-agency cooperation.
2. [The Safeguarding Vulnerable Groups Act 2006](#): This act was created in the wake of the Soham murders and led to the creation of the Vetting and Barring Scheme, which helps ensure that those working with vulnerable individuals do not pose a risk.
3. [The Protection of Freedoms Act 2012](#): Made changes to the vetting and barring scheme and introduced the Disclosure and Barring Service (DBS).
4. [The Care Act 2014](#): Provides the legal framework for safeguarding adults with care and support needs from abuse or neglect.
5. [Working Together to Safeguard Children](#): While not an act, this is a government guidance document that provides statutory guidance on inter-agency working to safeguard and promote the welfare of children.
6. [The Mental Capacity Act 2005](#): Provides the framework for making decisions on behalf of individuals who lack the mental capacity to do so themselves. It includes principles like the assumption of capacity, the best interest of the person, and the least restrictive option.
7. [The Counter-Terrorism and Security Act 2015](#): This includes the duty for professionals to have "due regard to the need to prevent people from being drawn into terrorism", commonly referred to as the Prevent Duty.
8. [The Sexual Offences Act 2003](#): This outlines legal definitions of sexual offences and the safeguarding implications related to them.
9. [The Female Genital Mutilation Act 2003](#): Makes it illegal to participate in the FGM procedure either in the UK or abroad.
10. [Modern Slavery Act 2015](#): Introduces measures on the prevention and prosecution of modern slavery and human trafficking.
11. [Data Protection Act 2018](#) and **General Data Protection Regulation (GDPR)**: These relate to the safeguarding of personal data, which is essential when storing information about vulnerable individuals.

### Sharing information:

The Government provides the following guidance on sharing information: The Seven Golden Rules to Sharing Information (Information Sharing, updated July 2018 [www.gov.uk](http://www.gov.uk))

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your

judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### **Requests to participate in child protection proceedings:**

Social services staff may contact MumsAid to request a counsellor or psychotherapist attend or contribute a report to a Child Protection (CP) conference being held; to comment on their work with a mother whose baby is deemed to be at risk. Careful consideration is required in how to respond to such requests; to meet both our safeguarding responsibilities towards children involved and the need to protect client confidentiality.

**As MumsAid is a small organisation with limited human resources, we are not always able to attend CP conferences. We can comment on client attendance and engagement, and will provide reports, subject to client consent and with sufficient notice.**

### **Responding to concerns**

In line with MumsAid's policy on confidentiality, counsellors/psychotherapists (or other frontline staff) should seek to discuss any concerns with the mother, providing this would not place the child at greater risk. Where possible and appropriate, the mother's agreement will be sought before making any referral to Children's Services and/or other agencies as part of an assessment to secure further support services. Lack of consent is not a barrier to taking action in response to safeguarding concerns.

**Any concerns about the safety of a child or mother must always be shared. Discuss any safeguarding concerns in the first instance with the MumsAid Clinical Lead, Jennifer Danby, in supervision at the earliest opportunity.**

### **In an emergency**

If a child is potentially seriously injured, the priority is to ensure that the child receives medical attention as soon as possible. If it is thought that a crime has been committed, a child is alone or at immediate risk, the police should be contacted without delay.

### **Referring on concerns to the relevant agency**

Children's Services social workers, the police and the NSPCC all have specific powers to intervene when there are concerns about significant harm. If it is considered appropriate to pass on a concern about a mother, baby or child, then a referral will be made in the first

instance to the Royal Borough of Greenwich social worker involved with the family. A social worker should always be spoken to directly on the day of referral.

**If you make a referral by telephone, you must confirm it in writing within 48 hours.  
Children's Services should acknowledge your written referral within one working day.**

If there is no social worker involved with the family, or the social worker is unavailable, then a referral will be made to Greenwich MASH (Multi-Agency Safeguarding Hub). Concerns can be discussed prior to making a referral, by calling the consultation line. The anonymity of a client can be preserved at this pre-referral stage.

**Policy updated Nov 2025**

**To be reviewed Oct 2026**

**Signed:**

**Dr Miriam Donaghy**

A handwritten signature in black ink, appearing to read 'M. Donaghy', written in a cursive style.

