



The Happy Mums Foundation CIC

Safeguarding Policy & Procedures (Children and Adults)

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1. KEY CONTACTS

In an emergency dial 999.

In a mental health crisis dial 111 option 2.

Relating specifically to children:

In the Cumberland Council Area	In the Westmorland and Furness Council Area
Cumberland Safeguarding Children Partnership https://cumberlandsafeguardingchildren.co.uk/	Westmorland and Furness Safeguarding Children Partnership https://wfscp.org.uk/

Outside office hours - The Emergency Duty Team (EDT) operates an out of hours service. The Emergency Duty Team is one social worker covering the whole county. The EDT service is an emergency only response with the social worker available to provide a response where the needs of the child indicate this.

The phone number is 0300 373 2724

The EDT operates from 17:00 to 09:00 Monday to Friday, and they are available for referrals made outside these hours. This number applies to both Cumberland and Westmorland and Furness.

The NSPCC Helpline is available should it be suspected that a child or young person is at risk of abuse: 0808 800 5000

Relating specifically to adults:

- Consider contacting the person's GP, Health Visitor or midwife
- In an emergency situation outside of office hours please contact:
 - Police 999.**
 - If the abuse is historical it may be necessary to call 101 to report it.

In the Cumberland Council Area	In the Westmorland and Furness Council Area
Cumberland Council Single Point of Access Team: Telephone: 0300 373 3732 Out of hours: 01228 273 800 Report a concern about an adult Cumberland Council	Westmorland and Furness Council Adult Social Care Team: Telephone: 0300 373 3301 Out of Hours telephone: 01539 768700 Safeguarding adults Westmorland and Furness Council

Care Quality Commission (CQC)

If you are concerned about possible abuse or neglect in a residential, hospital or care service, you can contact to CQC at enquiries@cqc.org.uk

Whistleblowing Helpline

The national Whistleblowing Helpline provides free help and advice to people who witness or have cause to suspect wrong doing at work but are not sure whether or how to raise their concern.

Telephone: 08000 724725

Email: enquiries@wbhelpline.org.uk

Information: www.wbhelpline.org.uk 

1. INTRODUCTION & POLICY STATEMENT

“Happy Mums is committed to working with group members to empower them to access support and keep themselves and others safe. We provide a space to share difficult and often stigmatised feelings. We will always balance the need to share information to keep people safe, with the need to offer a non-judgmental space and to empower women. As such we work to balance the risk of abuse and harm associated with confidentiality, against the risk posed by not providing a space for mums to share their struggles.

Happy Mums operates primarily as a peer support organisation for mothers, many of whom experience significant emotional distress, trauma, and social disadvantage. Our safeguarding approach recognises that providing a safe, confidential, non-judgmental space is itself protective. We therefore take a proportionate, trauma-informed, and relationship-based approach to safeguarding, escalating concerns only where necessary to manage immediate or unmanageable risk.

a) Purpose

It is important to have the policy and procedures in place so that staff, volunteers, group members, carers and the Board of Directors can work to prevent abuse, harm or coercion occurring and know what to do in the event of this occurring.

It also enables The Happy Mums Foundation CIC to demonstrate its commitment to keeping everyone safe, particularly children and vulnerable adults who come into contact with our services. The Happy Mums Foundation CIC acknowledges its duty to react appropriately to any allegations, reports or suspicions of harm.

Furthermore it provides directors, staff and volunteers with the overarching principles that guide our approach to safeguarding vulnerable adults, children and young people to ensure that any allegations of abuse or suspicions are dealt with appropriately and the person is supported.

The Happy Mums Foundation CIC believes that no-one should never experience abuse of any kind. We have a responsibility to promote their welfare and to keep everyone safe. We are committed to practice in a way that protects everyone in contact with our services.

This document also helps us to protect those who may have suicidal intentions or those who may (intend to) self-harm.

b) Scope

Staff, volunteers or directors come into contact with vulnerable adults, children and young people in the following ways:

- Offsite at various locations during Peer Support Group meetings, when children and young people accompany their parents and carers (primarily children aged 0-5 years);
- Indirectly through reports of third parties;
- In online settings such as Teams meetings, electronic communications or social media

A child is a person who is aged 18 years or under. The policy and procedures also relate to unborn babies. We may refer to a child as a 'young person' depending on their age and stage of development.

The Policy and Procedures relate to the safeguarding of vulnerable adults. We may also describe these individuals as 'adults at risk (of harm)'. Vulnerable adults are defined as:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The policy applies to all Directors, paid staff, volunteers, sessional workers, agency staff, students and anyone working or volunteering on behalf of HMF.

c) Key Principles

The Happy Mums Foundation CIC will:

- a. value, listen to and respect vulnerable adults, children and young people;
- b. incorporate safety and safeguarding in our code of conduct for Directors, staff and volunteers;
- c. provide effective management for staff and volunteers through supervision, support and training;
- d. recruit staff and volunteers safely, ensuring all necessary checks are made;
- e. conduct annual DBS checks on all Directors, staff and volunteers;
- f. sharing information appropriately and with regard for confidentiality and data protection regulations;

We recognise that:

- g. the welfare of the child or young person is paramount, as enshrined in the Children Act 1989;
- h. all people regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse;
- i. some people are additionally vulnerable because of their level of dependency or their communication needs;
- j. working in partnership with children, young people, parents, carers, and agencies is essential to promoting everyone's welfare.

Furthermore, The Happy Mums Foundation CIC:

- k. will ensure that all directors, staff and volunteers are familiar with this policy and procedures;
- l. will ensure that group members, parents, carers, professionals and children/young people have access to this policy and procedures;
- m. will work with agencies as necessary, sharing information about good practice;
- n. will act within its confidentiality policy and will usually gain permission from group members before sharing information about them with agencies;
- o. will inform group members that where a person is in danger, a child is at risk or a crime has been committed then a decision may be taken to pass information to agencies without the group member's consent;
- p. will endeavor to keep up to date with national developments relating to safeguarding;
- q. will ensure that the Designated Named Person understands their responsibility to refer incidents of abuse to the relevant statutory agencies (Police/ social care services/ Safeguarding Hub/NSPCC).

In relation to adults

The procedures recognise that adult abuse, self-harm and suicide can be difficult subjects for people to deal with. HMF is committed to the belief that the protection of adults at risk of harm and abuse is everybody's responsibility and the aim of these procedures is to help anyone associated with Happy Mums to act appropriately and safely in response to any concerns.

Six key principles underpin all adult safeguarding procedures:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to take action before harm occurs.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in greatest need. I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.
- Partnership: Local solutions through services working with their communities.
- Accountability: Accountability and transparency in delivering safeguarding.

(NHS England, Safeguarding Adults guidance, 2017;

<https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>)

d) Associated Documents and Information

This document should be read in conjunction with the Cumbria Safeguarding Children Partnership's policy and procedures. Links are available via

<https://www.cumbriasafeguardingchildren.co.uk/>

Version 4.1

Approved by the Board: May 2026

Review due: April 2027

This policy has been drawn up on the basis of law and guidance that seeks to protect children and young people namely;

Children Act 1989

United Convention on 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 safeguarding children and young people.

This policy should be read in conjunction with the Cumbria Safeguarding Adults At Risk Board's policies which are available at: <http://www.cumbriasab.org.uk/> and with national guidance at <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

2. A DESIGNATED NAMED PERSON FOR SAFEGUARDING

a) Designated Named Person

The Happy Mums Foundation CIC has an appointed individual who is responsible for dealing with any Safeguarding concerns. In their absence, a deputy will be available. They should be contacted for advice and support on implementing this policy and procedures.

Please note that these named persons are not emergency contacts and may not be available until normal office hours. If you have immediate concerns please see contact details at the front of this document.

The Designated Named Persons for safeguarding within The Happy Mums Foundation CIC are:

Designated Named Person for Safeguarding	Lucinda Bray 01228 592301 lucinda@happymums.org.uk
Deputy Designated Named Person for Safeguarding	Katie Bruce 01228 592301 katie@happymums.org.uk
Named Board Member with responsibility for Safeguarding	Helen Davies Via Info@happymums.org.uk

b) Role and Responsibilities of the Designated Named Person

- to ensure that all staff including volunteers and Directors are aware of what they should do and who they should go to if they have concerns that someone may be at risk of experiencing, or has experienced abuse, neglect or harm, or may be at risk of self-harm or attempting suicide;
- to ensure that concerns are acted on, clearly recorded and reported to the appropriate agency where necessary;
- to reinforce the utmost need for confidentiality and to ensure that staff, volunteers and directors are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest;
- to ensure that staff, volunteers and directors working directly with group members are well supported and receive appropriate supervision;
- if appropriate staff, volunteers and directors will be given support and afforded protection if necessary under the Public Interest Disclosure Act 1998: they will be dealt with in a fair and equitable manner and they will be kept informed of any action that has been taken and it's outcome

3. RECOGNISING THE SIGNS AND SYMPTOMS

a) In relation to children

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/carer fabricates the symptoms of, or deliberately induces illness in a child.

EMOTIONAL ABUSE: Is 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 children that they are worthless or unloved, inadequate, or valued only in so far 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 the 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: 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 include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

Possible signs of abuse include:

- Unexplained or suspicious injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury does not seem right.
- The child discloses abuse, or describes what appears to be an abusive act.
- Someone else (child or adult) expresses concern about the welfare of another child.
- Unexplained change in behaviour such as withdrawal or sudden outbursts of temper.
- Inappropriate sexual awareness or sexually explicit behaviour.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.

- Difficulty in making friends.
- Eating disorders, depression, self-harm or suicide attempts.

b) In relation to vulnerable adults

“Abuse is a violation of an individual’s human and civil rights by any other person or persons” (No Secrets: Department of Health, 2000)

- **Physical abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
- **Domestic violence:** including psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence
- **Sexual abuse:** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting
- **Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, Controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse:** including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits
- **Modern slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Read [Modern slavery:how the UK is leading the fight](#) for further information.
- **Discriminatory abuse:** including forms of harassment, slurs or similar treatment: because of race, gender and gender identity, age, disability, sexual orientation, religion. Read [Discrimination: your rights](#) for further information.
- **Organisational abuse:** Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission:** including ignoring medical emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect:** This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

(NHS England, Safeguarding Adults 2017, <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>)

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts.

People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

4. WHAT TO DO IF YOU HAVE SAFEGUARDING CONCERNS

Volunteers, facilitators and sessional staff are expected to: • Listen carefully and respond with empathy and without judgement • Take immediate action only where there is a clear and immediate danger to life or urgent medical need (for example calling 999) • Report all safeguarding concerns to the Happy Mums Safeguarding Team the same day (immediately for urgent concerns) • Record factual observations and disclosures, using the individual's own words where possible • Avoid investigating, making assessments, or deciding whether statutory services should be contacted	The Happy Mums Safeguarding Team is responsible for: • Reviewing and triaging all reports • Assessing risk and supporting safety planning • Coordinating follow-up support and signposting • Deciding whether thresholds are met for referral to statutory safeguarding partners • Liaising with external agencies where required
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a) In relation to children

There are a number of ways that a director, staff member or volunteer may become aware of the potential of harm occurring in relation to a child or young person:

- a child or young person's appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect whilst accompanying their carer/parent to a support group; a third party or anonymous allegation is received;
- information disclosed as part of peer support or surrounding communications that leads to suspicions, or knowledge, of potential harm;
- a child or young person reports an incident(s) of alleged abuse which occurred some time ago;
- the behaviour or attitude of a director, staff member or volunteer towards a child may worry you or make you feel uncomfortable in some way;
- worrying behaviour from one child to another may be witnessed;
- a report is made regarding the serious misconduct of a worker towards a child or young person.

It is important that you treat any allegations extremely seriously. Never think that someone else may be dealing with it. If you receive information that a child may be at risk of, or

experiencing harm make sure you know how to respond appropriately, following the steps below:

1. Take any immediate steps to keep everyone safe, for example calling 999, next of kin, named professional
2. If your concerns meet the criteria for reporting (see below), obtain consent of group member(s) unless to do so would put someone at risk of harm, then record all your concerns in a factual, clear manner on Happy Mums Safeguarding reporting aide form and use this to help you make the call to the safeguarding hub
3. Report concerns to Cumbria Safeguarding Children's Hub on 0333 240 1727, using the reporting aide form to support you
4. Debrief and support through Happy Mums Safeguarding Lead, supervision and counselling if appropriate.

b) In relation to adults

1. Take any immediate steps to keep everyone safe, for example calling 999, next of kin, named professional
2. Whenever possible we will work with the individual(s) concerned to decide on the best course of action to keep them safe. This might include making a report to adult safeguarding where possible with their consent, using the HMF reporting aide to guide the conversation and record in the safeguarding file.
3. Debrief, feedback, support through HMF Safeguarding lead, supervision, counselling.

Suggestions on how to respond::

- Listen to what they are saying
- Record what you have been told/witnessed as soon as possible
- Remain calm and do not show shock or disbelief
- Tell them that the information will be treated seriously
- Don't start to investigate or ask detailed or probing questions
- Don't promise to keep it a secret

If you witness abuse or abuse has just taken place the priorities will be:

- To call an ambulance if required
- To call the police if a crime has been committed
- To preserve evidence
- To keep yourself, staff, volunteers and group members safe
- To inform the Designated Named Person
- To record what happened in the Happy Mums safeguarding log.

All situations of abuse or alleged abuse will be discussed with the Designated Named Person or their deputy. If a member of the Board of Directors, staff member or volunteer feels unable to raise this concern with the Designated Named Person or their deputy then

concerns can be raised directly with Adult Social Care. The alleged victim will be told that this will happen.

In the Cumberland Council Area	In the Westmorland and Furness Council Area
Cumberland Council Single Point of Access Team: Telephone: 0300 373 3732 Out of hours: 01228 273 800 Report a concern about an adult Cumberland Council	Westmorland and Furness Council Adult Social Care Team: Telephone: 0300 373 3301 Out of Hours telephone: 01539 768700 Safeguarding adults Westmorland and Furness Council

The person's GP is another route to get help.

In an emergency situation outside of these times please contact the Urgent care Team on **01228 526690** or the **Police 999**. If the abuse is historical it may be necessary to call 101 to report it.

Care Quality Commission (CQC)

If you are concerned about possible abuse or neglect in a residential, hospital or care service, you can contact to CQC at enquiries@cqc.org.uk

Whistleblowing Helpline

The national Whistleblowing Helpline provides free help and advice to people who witness or have cause to suspect wrong doing at work but are not sure whether or how to raise their concern.

Telephone: 08000 724725

Email: enquiries@wbhelpline.org.uk

Information: www.wbhelpline.org.uk

4.2 Responding to Medical Events During Groups

From time to time, a group participant may experience a medical event (for example a seizure, collapse, fainting episode or other sudden physical health concern). Happy Mums aims to respond calmly, proportionately and in a way that prioritises both the individual's safety and the emotional safety of the wider group.

Immediate response

- One facilitator should immediately attend to the individual experiencing the medical event
- The second facilitator should continue running the group, maintaining focus on the group's needs and emotional containment

Relocation where possible

- As soon as the individual is able and it is safe to do so, one facilitator should escort them to a quieter space nearby
- The facilitator will remain with them until:
 - Help arrives (for example next of kin, emergency services), or
 - The individual feels well enough to return to the group

Group continuity

- The remaining facilitator will continue to lead the group, offering reassurance and maintaining a supportive, calm environment
- This approach helps ensure all group members continue to feel safe and able to participate

Where there is immediate danger to life or serious medical concern, emergency services should be contacted without delay.

5. RECORDING CONCERNS AND CONFIDENTIALITY

Happy Mums support groups and one-to-one interactions are confidential spaces. Confidentiality is central to building trust, emotional safety and meaningful peer support. However, confidentiality has clear and necessary limits where safety or serious harm may be a concern.

When confidentiality may be broken

Information shared in the course of work at Happy Mums may be recorded, shared or escalated internally if **one or more of the following apply**:

- The individual asks us to get additional help because they are unable to do this themselves
- We believe the individual, their child, or another person's life or wellbeing may be at risk of harm or is at immediate risk
- We hear information about harm, serious threats, or criminal activity
- A staff member or volunteer feels unsure, uncomfortable, or that something "does not feel safe", even if there is no clear or immediate risk

Happy Mums recognises that safeguarding situations are not always clear-cut. Staff and volunteers are encouraged to report concerns based on professional judgement and instinct as well as clear indicators of risk. It is the role of the Safeguarding Team to assess concerns and determine appropriate next steps.

Reporting a concern does not mean statutory services will automatically be contacted; most concerns are managed through internal review, support and signposting.

Consent and information sharing

Where a concern meets the criteria above, Happy Mums will **seek consent** from the individual to record, hold or share information wherever it is safe and appropriate to do so. If seeking consent would place the individual or another person at increased risk of harm, information may be shared **without consent**, in line with safeguarding legislation and guidance.

Parents or carers will be informed of information shared with safeguarding partners unless doing so would place a child at increased risk of harm. Children and young people are also entitled to be informed of information sharing, where appropriate to their age and understanding.

Recording and handling information

Safeguarding concerns are reported internally via Happy Mums' approved reporting systems, including the Volunteero app or through the lead facilitator. Reports should:

- Be factual and objective
- Use initials only and avoid identifying details wherever possible
- Record what was said or observed, using the individual's own words where possible

- Include any immediate actions taken

All safeguarding reports are reviewed by the Safeguarding Leads and recorded within Happy Mums' secure safeguarding systems. Identifiable information is held securely and separately, in line with data minimisation principles.

Whenever personally identifiable information is recorded, held or shared, Happy Mums will comply with GDPR requirements and ensure that only the minimum necessary information is processed to protect individuals from harm. Further detail can be found in the Data Protection Policy.

Supporting guidance

Practical guidance for staff and volunteers on recognising safeguarding concerns and making internal reports is available in **Appendix 8** and via Happy Mums' training website. Appendix 1 may also be used as a reflective aid to support accurate and proportionate recording.

6. MANAGEMENT, SUPERVISION AND WELLBEING OF STAFF AND VOLUNTEERS

All staff and volunteer facilitators receive regular supervision, currently delivered remotely via video call by a BACP approved professional. Each facilitator receives a minimum 30-minute one-to-one supervision session at least every six weeks, with additional sessions available where needed.

Supervision provides a space to reflect on safeguarding concerns, emotional impact, boundaries and wellbeing.

HMF will ensure that the Designated Named Person and other members of staff, Directors and volunteers have access to training around Safeguarding Adults (see appendix 7: Safer Recruitment and Induction).

Supporting someone who is at risk of harm, either through abuse, self-harm or suicidal intentions, can be challenging and emotional. Taking care of yourself will enable you to stay involved for longer and to keep well.

All staff create a personal wellbeing plan within two months of onboarding. This plan is shared with management and used to inform regular support chats, which take place every six weeks to two months, or more frequently where needed.

Helpful things to put in place are:

- having clear boundaries about how much and what sort of support you (and Happy Mums) can offer
- finding out what other support is available
- getting support and information for yourself – either in regular supervision sessions or ad hoc sessions at your request
- take care of your own physical health and mental health, including getting enough sleep, eating regularly and doing things you enjoy or find relaxing
- Completing contact debrief after groups and other discussions and working through any issues
- You could also create your own support plan, which might include getting help from within the organisation

7. ALLEGATIONS AGAINST DIRECTORS, STAFF AND VOLUNTEERS

a) In relation to children

If you have concerns regarding an adult who works with a child then this should be reported to the LADO within one working day of the concern being identified.
For advice, please email or telephone the relevant LADO office:

In the Cumberland Council Area	In the Westmorland and Furness Council Area
Cumberland LADO lado@cumberland.gov.uk 0300 303 3892 LADO working hours are Monday to Thursday 9am to 5pm, Friday 9am to 4.30pm	Westmorland and Furness LADO lado@westmorlandandfurness.gov.uk 0300 303 3897 LADO working hours are Monday to Friday 9am to 5pm.

[How to password protect a document.pdf \(PDF, 450.39KB\)](#)

Please note if you are worried that a child is at risk of immediate harm please contact the Cumbria Safeguarding Hub on 0333 240 1727

b) In relation to adults

HMF will ensure that any allegations of abuse are dealt with swiftly. This includes reporting the allegations to the police.

The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all group members posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role or any other role within the organisation whilst a police investigation is undertaken.

The Designated Named Person will liaise with the adult safeguarding team to discuss the best course of action and to ensure that the HMF's actions are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.

HMF has a whistle blowing policy and staff, directors and volunteers are aware of this policy.

Appendix 1: Happy Mums Safeguarding Reporting Aide

Safeguarding concerns should be reported as soon as possible via the Volunteero app or through the lead facilitator to the Safeguarding Team.

The following prompts support accurate and proportionate recording. Information will then be reviewed by the Safeguarding Leads and logged in the central safeguarding log.

Date:	Time:
Location:	
Your details	
Your Name:	
Your role:	
Your organisation (if not representing Happy Mums):	
Reporting your concerns	
What is your concern? <i>Who is at risk? What is the risk? Abuse, neglect, self harm?</i>	
How did you become aware of the concern? <i>Group discussion, one-to-one chat etc?</i>	
Was any action taken? <i>Mental Health team called, next of kin contacted, support provided, reporting to agency?</i>	
Does the person know and give their consent to action taken/ not taken? <i>If not, why not? Eg. Would put them or others at risk?</i>	
Have you discussed your concern with the Designated Named Person for Safeguarding at Happy Mums? <i>State their name, and when you spoke to them. If not, explain why.</i>	
Any other observations or issues?	

Appendix 2: Procedure for responding to self-harm

(The following information is taken from the website www.mind.org.uk)

Whether someone tells you directly, or you suspect that someone is hurting themselves, it can be difficult to know what to say and how best to approach the situation. You might feel shocked, angry, helpless, responsible or any number of other difficult emotions.

Try not to panic or overreact. The way you respond to your friend or family member will have an impact on how much they open up to you and other people about their self-harm in the future.

Remember that self-harm is usually someone's way of managing very hard feelings or experiences, and that in the majority of cases it is different to suicidal feelings.

What helps?

There are lots of things you can do to make a difference to someone you know who self-harms. Your attitude and how you relate to them is one of the key things that can help them feel supported. Here are some things to keep in mind:

- Try to be non-judgmental;
- Let the person know that you are there for them;
- Relate to them as a whole person, not just their self-harm;
- Try to have empathy and understanding about what they are doing;
- Let them be in control of their decisions;
- Offer to help them find support (start with the www.mind.org.uk website);
- Remind them of their positive qualities and things they do well;
- Try to have honest communication, where you take responsibility for any fears you have.

What doesn't help?

Sometimes, even with the best will in the world, attempts to support someone can backfire. Here are some potential pitfalls to watch out for:

- Trying to force change;
- Acting or communicating in a way that threatens to take control away from your loved one;
- Either ignoring their injuries or overly focusing on them;
- Labelling self-harm as 'attention seeking';
- Although it often isn't, self-harm can sometimes be a person's way of asking for attention. If so, it is important to remember that there is nothing wrong with wanting attention, and that deep distress can get in the way of someone's ability to be direct about what they need;

There are, however, a small number of people who do go on to take their own lives, either intentionally or accidentally. It's therefore important to have an honest conversation with your friend or family member about staying safe – for example, being aware when things

are getting too much and knowing when to seek help. See the section on suicide below. **Appendix 3: Procedure for responding to suicidal feelings**

Happy Mums has developed an internal “Talking About Suicide Risk” decision-support infographic used in training and group facilitation. This provides practical guidance on asking direct questions and determining next steps, including when emergency services should be contacted. This is accessible via our training website:

<https://happymums.org.uk/volunteer-facilitator-training/vft-m3-confidentiality-and-safeguarding/> (log in access required to view)

(The following information is taken from the website www.mind.org.uk)

Suicidal feelings can range from being preoccupied by abstract thoughts about ending your life or feeling that people would be better off without you, to thinking about methods of suicide or making clear plans to take your own life.

The type of suicidal feelings people have varies person to person, in particular in terms of:

- how intense they are — suicidal feelings are more overwhelming for some people than others. They can build up gradually or be intense from the start. They can be more or less severe at different times and may change quickly.
- how long they last — suicidal feelings sometimes pass quickly, but may still be very intense. They may come and go, or last for a long time.
- Can you tell if someone feels suicidal?
- Many people find it very hard to talk about suicidal feelings — this can be because they are worried about how others will react or because they cannot find the words. They might hide how they are feeling and convince friends or family that they are coping.

The rethink.org website has a list of warning signs that you could notice, but there might not be any signs or you might not be able to tell. Correctly interpreting how someone else is feeling can be difficult so it's very important not to blame yourself if you aren't able to spot the signs that someone is feeling suicidal.

Some people can say why they feel suicidal, but in other instances there may not be a clear reason, or they may be unable to talk about what they are feeling or experiencing.

If someone feels suicidal, their feelings may become more intense if they:

- drink alcohol
- use street drugs
- have sleep problems

People can be more vulnerable to suicide if:

- they have attempted suicide before — if someone has previously tried to end their life, there is a greater than average chance they may try to do so again in future
- they have self-harmed in the past — self-harm isn't the same as feeling suicidal, but statistics show that someone who has self-harmed will also be more at risk of suicide
- they have lost someone to suicide — people who have been bereaved by suicide are also more at risk of taking their own lives

It can be very distressing if you are worried about someone who feels suicidal. They may have talked about wanting to end their life, or you may be concerned that they are thinking about it.

You might feel unsure of what to do, but there are lots of things that might help. You could:

- encourage them to talk about their feelings
- encourage them to seek treatment and support
- offer emotional support
- offer practical support
- help them think of ideas for self-help
- help them to make a support plan (see appendix 3)
- The main aspect of supporting someone through this is compassion, listening and most importantly not over-reacting or becoming upset. Remaining calm and talking the situation through is extremely important.

It may also be helpful to remove things that someone could use to harm themselves, particularly if they have mentioned specific things they might use.

If someone has attempted suicide, call 999 and stay with them until the ambulance arrives.

If you're worried that someone is at immediate risk of taking their own life, it's best to stay with them and take one of these steps:

- **ring their GP or out of hours service for an emergency appointment**
- **contact their Community Mental Health Team (CMHT) if they have one;**
- **encourage them to ring Samaritans on freephone 116 123 (24 hours a day)**
- **go to the nearest Accident and Emergency (A&E) department**
- **call 999 or NHS Direct on 111**

If someone feels suicidal, talking to someone who can listen and be supportive may be their first step towards getting help.

If you feel able to listen, you could ask them about how they are feeling. It could help if you:

- Ask open questions. These are questions that invite someone to say more than 'yes' or 'no', such as 'How have you been feeling?' or 'What happened next?' There are more ideas for open questions on the Samaritans website.
- Give them time. You might feel anxious to hear their answers, but it helps if you let them take the time they need.
- Take them seriously. People who talk about suicide do sometimes act on their feelings — it's a common myth that they don't. It's best to assume that they are telling the truth about feeling suicidal.
- Try not to judge. You might feel shocked, upset or frightened, but it's important not to blame the person for how they are feeling. They may have taken a big step by telling you.
- Don't skirt around the topic. There is still a taboo around talking about suicide which can make it even harder for people experiencing these feelings to open up and feel understood. Direct questions about suicide like 'Are you having suicidal thoughts?' or 'Have you felt like you want to end your life?' can help someone talk about how they are feeling.
- Not undermining their feelings and letting them know that you believe them and want to be there for them is really necessary as well.

Why is it safe to ask if someone feels suicidal?

Asking someone if they feel suicidal or are planning to end their life may not feel like the right thing to do but in fact professionals do recommend asking direct questions about suicide. Some people worry that this might indirectly encourage the person who is feeling suicidal to act on their feelings, but in reality research has shown that speaking openly about suicide decreases the likelihood of the person acting on their feelings.

Asking simple, direct questions can encourage them to be honest about how they are feeling. Many people feel relieved and less isolated when they are asked.

You don't need any special training to show someone you care about them. Here are some things you can do to offer emotional support:

- Listen. Simply giving someone space to talk, and listening to how they're feeling, can be really helpful in itself. If they're finding it difficult, let them know that you're there when they are ready.
- Stay calm. Even though it might be upsetting to hear that someone you care about is distressed, try to stay calm.
- Try not to make assumptions. Your perspective might be useful but try not to assume that you already know what may have caused their feelings, or what will help.

Having these conversations can be hard so it's important to take care of yourself too.

Appendix 4: Support Plans

A support plan is a list that sets out how someone would like to be supported and what they can do to help themselves in a particular situation. It can encourage them to tell you what might help. It's also a useful way of keeping important information and contacts together in one place.

Making a support plan is a way of working out what might be helpful and recording those ideas in one place, which some people find useful. It's not a legal agreement and it doesn't mean you have to help.

As well as asking someone what they might find helpful, it's also important to think about what help you feel able to give. If someone wants help you don't feel you can offer, it's okay not to agree and to find other options. You could encourage them to explore other ways of finding support.

You could encourage the person you are concerned about to make a support plan (see below for template). The support plan is for them to fill in, although you might help them do this.

It can be helpful to:

- talk together about what to include
- ask them what has or hasn't helped before
- write or print more than one copy
- keep it somewhere easy to find
- save important numbers in their phone

Volunteers can develop their support plan via our online training:

<https://happymums.org.uk/training-vit/vit-mod6-sustainable/>

Staff Members complete a specific well-being at work plan: [Surviving and Thriving at Work Toolkit BLANK word.docx](#)

Support plan

What can I do to take care of myself?
<i>This could include things like 'write down how I feel', 'cuddle a pet' or 'do some exercise like walking or swimming'.</i>
How would I like to be supported?
<i>This could include a list of names and numbers of friends, family or professionals you can contact when you need support and details of how you would like to be supported, like 'ask me how I'm feeling' or 'come to appointments with me'. It's also a good idea to list the details of helplines or peer support groups, which might include online support</i>

Who can be contacted in an emergency?
<i>It's best to agree on what to do in an emergency, with names and numbers for crisis services. This could include things like 'call 999 for an ambulance', 'contact my Community Mental Health Team (CMHT) on...' or 'call 116 123 for Samaritans'. Please note that Happy Mums is not able to provide emergency support or response.</i>

Appendix 5: Additional safety measures for online support groups

When Happy Mums host support groups on the online platform Teams we will undertake the following additional procedures.

1.
 1. Sharing meeting IDs these only with members who have registered for the groups and asking them not to share on
 2. Enabling the Waiting Room function to admit people into the group
 3. Using the Breakout function to allow group members to talk privately to a facilitator
 4. Having 2 facilitators, one of whom can monitor technical issues and written chat
 5. Asking for a contact number and next of kin number on the registration form
 6. Asking group members to be mindful of privacy and to consider using headphones if they can be overheard, and to be aware of their backdrop
 7. Office contact details are added for any follow up – reducing the risk of ongoing 1-2-1 chats following a meeting in an evening.
 8. Facilitators will debrief using the debrief form and address any risks

Appendix 6: Taking part in media events and use of photos and film

Happy Mums is keen to promote positive images of maternal mental health, and to take part in awareness-raising activity to contribute to achieving our goal of breaking-down stigma. However, we must ensure that safeguards are in place.

Key principles:

- The welfare of our beneficiaries (women who attend support groups) and their children and families is paramount;
- Explicit consent must be obtained for photos / film to be taken (whether by internal or external photographers) and subjects of those photos/film have the right to decide how the images are used by the organisation;
- Taking part is always optional. Beneficiaries (and their children and families) must never be coerced into being involved in media events, or feel that not taking part would in any way affect the support they receive from Happy Mums;
- Careful consideration must always be given to the impact on the individuals mental health from sharing their story publically;
- Everyone (including beneficiaries who may take photos/film themselves during events) must be made aware of this policy.

Why must we safeguard this activity?

There is a risk that:

- Involvement in media activity/ sharing their personal mental health story may provoke critical feedback from the public which can negatively impact an individual's mental health recovery;
- They may feel exposed by sharing their story in the public domain which also may negatively impact their mental health;
- Beneficiaries who are also survivors of domestic abuse may be at risk if their location is made public;
- Photos and film published in the public domain are always open to doctoring and use elsewhere or for purposes not originally planned - once an image/ film is released, we lose control of it;
- Images of children can be adapted and placed on child pornography websites;
- Where children and their location are identified this can place them at risk of grooming or abuse.

However, it is also true that being part of a media event, sharing your story or representing an organisation you feel part of, can be cathartic and an overwhelmingly positive experience, which contributes to good mental wellbeing. Therefore when discussing involvement in media or other promotional activity, the risks and benefits should be considered and balanced for each individual and their unique circumstances.

In order to ensure that everyone is safe and well, we will:

- Always make everyone present aware if there is photography or filming taking place, the purpose of it and provide them with the opportunity to 'opt-in';

- A consent form must be completed for each individual whose image is being used (on photo or film). The consent forms may be issued by the production company (eg. BBC), a funder (eg. Comic Relief) or Happy Mums. A parent/carer must provide written consent for any child who is shown. Explicit consent given in writing or by email is also acceptable.
- Consent should be requested covering each instance (each photo and each publication of that photo), and not be treated as a 'blanket consent' for use of all images in all publications unless this is specifically explained and agreed.
- Consent forms / emails must be stored securely by Happy Mums for 7 years after the event they are providing consent for, subject to GDPR regulations;
- Individuals will be asked to specify where their image/film can be used (eg. on social media, website or marketing materials eg. flyers/posters).
- For media events such as newspaper, radio and TV interviews, individuals will first discuss their involvement with a member of staff at Happy Mums, with regard for this policy, before meeting with any external producers;
- Follow-up support in the form of a counselling session, either in a group setting or individually, will be offered to everyone involved in a media event. This will be organised and paid-for by Happy Mums;
- Any concerns should be raised with the Happy Mums designated lead for safeguarding, or any other member of staff. Concerns will be recorded and investigated in accordance with our Complaints Policy.
- External/ professional photographers/video operators etc or production company representatives must not be given unsupervised access to beneficiaries or their children and families. They must be given a clear brief by a member of Happy Mums staff, and wear identification.

Appendix 7: Safer Recruitment and Induction Policy

In accordance with our overarching Safeguarding Policy and Procedures, The HMF is committed to the welfare of vulnerable individuals, including children.

This policy aims to deter unsuitable applicants from applying for paid or volunteer roles with The HMF where they may come into contact with vulnerable groups. Throughout the recruitment and induction process (for paid staff, volunteers and directors) we will ensure that all candidates are treated fairly, consistently and in compliance with all relevant legislation.

Safer Recruitment Procedures

Advertising vacancies	Job/ role descriptions contain references to the importance of safeguarding and the requirement that all staff and volunteers take responsibility with regard to protecting vulnerable individuals Person specifications contain 'Safeguarding or willingness to undertake' as an essential under 'Qualifications'. Safeguarding is listed as an essential requirement under 'Knowledge'. Information on the website sets out the necessary checks which will be undertaken for successful candidates, and at which point in the process these will happen (eg. references, DBS checks) Applicants are advised to get to know the organisation, and our values, by looking on our website. One of our five values is 'Safety' which incorporates our approach to safeguarding.
Application	All candidates are required to complete a standardised application form and provide details of two referees. For paid staff one of these referees should be the most recent employer, or an explanation as to why this is not possible to provide.
Shortlisting	Applications are shortlisted by at least two members of staff, against the job/role person specification.
Interviews	Candidates who are successfully shortlisted will be invited to interview. Preferably this takes place face-to-face, but online via MS Teams as an alternative. Standardised questions are prepared using the organisation's values as the structure. The value of 'Safety' is highlighted with one scenario-based question on safeguarding.

Offer	Candidates who are successful at interview are offered the job/role subject to necessary checks. These checks include: - Two references - Enhanced DBS check - Right to Work in the UK (for paid roles) - Qualifications (original certificates, for paid roles)
References	Candidates for paid roles should supply two references, one of which should be their most recent employer, or an explanation should be provided why this is not possible. Candidates for voluntary roles should provide two references who can both be character or personal references but should have known the candidate for at least one year. A standardised reference form is sent to referees. Completed reference forms should be checked for gaps or inconsistencies with the original application and information given in interview.
DBS Checks	The HMF pays for DBS checks for volunteers if they are not already registered on the DBS Update Service. The HMF pays for a new enhanced DBS certificate for Candidates for paid roles at offer stage unless they already have an enhanced check on the update service that they provide consent for us to check. Candidates for paid roles / Paid members of staff are obliged to pay for their registration to the update service. DBS status will be checked annually via the DBS Update Service.
Issues arising	Where information is received via references, DBS checks, Right to Work or qualifications, that the candidate may not be suitable for the job/role, this should be discussed with the candidate. A risk assessment should be undertaken to highlight and manage any risks raised. If the risk assessment is clear that the candidate is unsuitable for the role, or it is not possible to manage the risks highlighted, the job/role offer should be removed and the recruitment process ended.
Contract of Employment	All paid roles which are permanent, or for a fixed-term longer than one year, are subject to a 6-month probationary period.

	If issues arise relating to safeguarding during the probationary period, these should be recorded and may be used to terminate employment at the 6-month probationary review meeting.
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Induction, training and ongoing support

The HMF induction checklist is used by managers to induct paid staff into their roles. This document requires that new staff have read and understood the organisation's Safeguarding policies and procedures and they are asked to sign this document at the end of the induction process (usually 4-6 weeks).

All new staff, directors and volunteers undertake online safeguarding training via E-Learning for Health, to level 2. Designated Safeguarding Leads are required to undertake this training to level 3.

Completion of this training is a requirement for all volunteers before undertaking any activities on behalf of The HMF.

All new staff, directors and volunteers are required to undertake a two-day in-house induction training session, where safeguarding is covered as a specific topic.

Everyone is asked to complete Suicide Prevention and Self-Harm training online during their first year.

The completion of all of the above training (online and face-to-face) is monitored by the Operations Manager and recorded on the staff member/volunteer's personal training record.

Online safeguarding training is refreshed every three years.

Safeguarding is highlighted in team newsletters and team Continuing Professional Develop (CPD) days.

The value of 'Safety' is one of the core five behaviours assessed during appraisals for both staff and volunteers.

Safeguarding and wellbeing is a feature of the 'Support Chats' held with all volunteers at regular intervals, and in 1-1s between paid staff and line managers.

Additionally, all group facilitators (paid staff and volunteers) undertake mandatory external supervision with an accredited BACP supervisor every 6 weeks.

Safeguarding is standing item on both the weekly team meeting, and quarterly board meeting agendas.

Appendix 8. Safeguarding Reporting Support Matrix

This matrix is intended as guidance to support confidence and consistency, not as a checklist or diagnostic tool.

Level	Example situations	Facilitator action (in the moment)	Report to office	What the office does	Council/police referral?
0. Share, no risk indicated	Past abuse disclosed, no current risk; intrusive thoughts without intent/plan; general parenting worries	Listen, validate, keep group flowing; give info on support; no “safeguarding” label used with mum	Optional note in Volunteero for awareness	Monitor patterns; suggest GP/peer support if needed	No
1. Low concern	Poverty impacting basics; visible but old self harm marks with no current risk; vague DA concerns, feels safe to go home	Acknowledge; agree end of group check in; signpost (food bank, DA services); encourage GP	Yes (same day)	Check support is in place; follow up; record	Unlikely (unless risk increases)
2. Moderate concern	DA disclosed; no immediate danger, but control/threats present; new self harm wounds (no active bleeding)	Validate; check “Do you feel safe going home today?”; agree safe time/number; avoid telling her to leave; offer to sit while she calls support	Yes (immediately after session)	Risk review; safety plan; coordinate specialist support	Case by case (if risk cannot be managed)
3. High concern	Child potentially at risk (e.g., harsh physical discipline with injury); children left home alone; escalating Domestic Abuse with stalking/threats; concerning self poisoning history today	Keep calm; stabilise; do not separate mum/child; arrange another adult to support; inform office ASAP	Yes – urgent	Verify details; contact emergency contact if safe; plan immediate support	Likely if threshold met (child at risk / unmanageable harm). Note: Law does not set an age, but it’s illegal to leave a child alone if it puts them at risk.
4. Immediate danger to life / urgent medical	Active overdose; intends to end life now; heavy bleeding from self harm; baby/child in immediate danger	Call 999; stay with mum; ask a co facilitator to continue group; inform office	Yes – immediately	Liaise with emergency services; notify safeguarding partners as needed	Yes (police/ambulance; council if child risk)

Review Schedule and Document Control

Names/contact details and other factual elements of this policy will be reviewed on an annual basis, or when we know of any updates or errors. A full-scale review will be carried out three-yearly and will be submitted to the Board of Directors for approval prior to republication.

Date	Version	Changes	Made by	Authorised by
December 2020	2.0	Incorporated new national guidance around proportionality Addition of appendix 6: Photo and filming consent	Sarah Penn	Board of Directors
December 2022	3.0	Added AT as named Board member for safeguarding Created appendix 7: Safer Recruitment and Induction policy Amalgamated Children's and Vulnerable Adults Policies Reformatted reporting aide form	Katherine Dalglish	Board of Directors
March 2024	3.1	Changed Named Safeguarding Lead and Deputy Updated DBS check process	Lucinda Bray	Board of Directors
April 2026	4.0	Updated Council contacts Updated Contact route to Crisis team Updated section 5 – in line with new softwares and reporting guidance. Changed Named Board Member for Safeguarding Added further clarification to our proportionality approach Added medical event protocol Added safeguarding report matrix in line with training. Appendix 8.	Lucinda Bray	