

Charity Commission No: 1185281
Company House: 08764052

Safeguarding Children and Adults with needs for care and support

Owner(s) (Names and designations)	Author(s) (Names and designations)	Version, Date written	Reason for Review	Ratified by and Date	Expiry Date
		V1 September 2013			
	Rachel Langford Maria Viner Sarah Tyndall	V2 February 2019	Update and Change of format	Safeguarding team February 2019	November 2019
	Rachel Langford Maria Viner Sarah Tyndall	V3 April 2020	To include video conferencing technology to deliver peer support (Zoom)	Safeguarding team April 2020	November 2020
	Maria Viner Sarah Tyndall Rachel Langford Sue Wheeler	V4 November 2020	To update legislation, Safeguarding Boards, telephone numbers and include details for the Specialist Community Perinatal Mental Health Service and the		November 2021

			Crisis teams		
	Maria Viner Nadia Czemerys Rachel Langford Caroline Scrase Sue Wheeler	V5 October 2021	To update legislation, Safeguarding Boards, telephone numbers		November 2022
	Maria Viner Sapna Boden Rachel Langford Caroline Scrase Sue Wheeler	V6 November 2022	Annual Review to include update of SG leads details and rota and amended external phone numbers for Early Help		November 2023
	Maria Viner Sapna Boden Rachel Langford Caroline Scrase Sue Wheeler	V7 November 2023	Annual Review	Safeguarding Team meeting 6 th November 2023	November 2024
	Maria Viner Sapna Boden Rachel Langford Rebecca Rice Kaeti Morrison Caroline Scrase Sue Wheeler	V8 November 2024	Annual Review	Service Governance Group at meeting dated 11 th November 2024	November 2025

Mothers for Mothers is committed to providing a safe environment for all our team members, and clients, free from threats, physical violence, intimidation, harassment, verbal abuse discrimination, bias, microaggressions, racism or coercion. We ask that everyone accessing or working in our services respect this.

We fully support and encourage anyone who is experiencing/has experienced, or has witnessed, any form of discrimination, harassment, bullying or microaggressions, to come forward and report to our CEO and to receive support and advice; no act is considered too small to be addressed and investigated by our EEDI group with appropriate action taken.

Background

Mothers for Mothers recognises that having safeguards in place within an organisation not only protects and promotes the welfare of children & adults with needs for care and support but it also enhances the confidence of trustees, staff, volunteers, parents/carers and the general public.

Even if your primary responsibility within your role does not relate to children or adults with needs for care and support, you may have the opportunity to observe and identify behaviour which could indicate abuse is taking place. If you work with children or adults with needs for care and support on a regular basis, for example, as a practitioner completing home-visits, play sessions or whole family group work, you are well positioned to be able to identify abuse or neglect. Even if you are in a role where you may not encounter service users directly, whether providing telephone support, counselling or facilitating family activities, you will nevertheless be able to monitor/observe signs of abuse and neglect.

As an organisation working with children and adults with needs for care and support, Mothers for Mothers has a responsibility to act if abuse comes to light and, as far as possible, to protect children from the possibility of being abused within the organisation. For the purposes of this policy a child or young person is anyone under the age of 18 years of age. It is the responsibility of Mothers for Mother's Board of Trustees to appoint a designated safeguarding lead to oversee the implementation of this policy. This position will be reviewed by the Board when and as appropriate.

This policy acknowledges that:

- Abuse exists and can present itself in any of its forms alone or in combination
- Children and Adults with needs for care and support may be abused and/or neglected by trusted adults as well as by strangers
- Abuse may be perpetrated by individuals, groups or networks of individuals
- Children and adults with needs for care and support may also be abused by other children or adults with needs for care and support, respectively.
- Children and young persons under the age of 18 of all races, religions and cultures, with or without disabilities, from any model of family life have an equal right to protection from abuse.

Definition of adult with needs for care and support

The Care Act 2014 which came into force in April 2015 contains the following definition

“the safeguarding duties apply to an adult who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risks or the experience of abuse or neglect”

(Chapter 14, Care and Support Statutory Guidance, October 2014)

Definition of a child

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier" The UK has ratified this convention

Underpinning legislation and guidance

This policy is underpinned and formed by the

- Children Act 1989 legislation, 'Working Together to Safeguard Children, 2018', published by the Department for Education <https://www.gov.uk/government/publications/working-together-to-safeguard-children> (updated December 2020).
- Bristol City Council (BCC): Keeping Bristol Safe Partnership <http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board>

- The Care Act 2014, together with a range of regulations and statutory guidance makes it the responsibility of local authorities to promote wellbeing when carrying out any of their care and support functions. <http://www.scie.org.uk/care-act-2014/safeguarding-adults/>.

Definitions of Abuse

Abuse - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

WT 2023

Categories of Abuse

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- **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 and sexual assault or sexual acts to which the adult has not consented or was pressurised into consenting.
- **Psychological abuse** –(including what is sometimes referred to as *Gaslighting*) including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or 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, or the misuse or misappropriation of property, possessions or benefits.
- **Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory Abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **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.

- **Child criminal exploitation** - Criminal exploitation is when an individual or a group manipulates, deceives, coerces or controls someone under the age of 18 to take part in any activity which breaks the law. All children are at risk of criminal exploitation, including girls
- **Child sexual exploitation** - is a type of sexual abuse. It happens when a child or young person is coerced, manipulated or deceived into sexual activity in exchange for things that they may need or want like gifts, drugs, money, status and affection. Children and young people are often tricked into believing they're in a loving and consensual relationship so the sexual activity may appear consensual. It can happen both face to face or through the use of technology.
- **Controlling or coercive behaviour** - It is a deliberate and calculated pattern of behaviour and psychological abuse designed to isolate, manipulate and terrorise a victim into complete, fearful obedience.

NB: historical abuse does not come under the care Act 2014. However action may still need to be taken via liaison with the appropriate agencies such as Children and Young Peoples services and the police.

Detection – Signs of Abuse

Be aware that just because a child or adult with needs for care and support exhibits one of the signs listed below, this does not mean that they have been abused. Nevertheless, the presence of one or more of the signs, or their repeated presence, might raise concerns and should be used as a prompt for discussion with the designated Safeguarding Lead. In their absence the matter should be brought to the attention of the Chair of Trustees without delay. However, where a child has made a direct allegation or there is clear evidence of a child suffering or at risk of suffering significant harm the matter should be referred immediately to Children's Social Care and a safeguarding incident form filed to the Safeguarding Lead.

Physical signs

- Any injuries, bruises, bites, burns, fractures, etc, which are not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc
- Injuries which have not received medical attention
- Instances where children are kept away from the group inappropriately or without explanation
- Self-mutilation or self-harm e.g. Cutting, slashing, drug abuse

Emotional signs

- Changes or regression in mood and behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression
- Nervousness/inappropriate fear of particular adults e.g. frozen watchfulness
- Sudden changes in behaviour e.g. under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults e.g. excessive dependence
- Attention-seeking behaviour
- Persistent tiredness
- Wetting or soiling of bed or clothes by an older child

Neglect signs

- Regular poor hygiene
- Persistent tiredness

- Inadequate clothing
- Excessive appetite
- Failure to thrive e.g. poor weight gain
- Consistently being left alone and unsupervised
- Overweight

Sexual signs

- Any direct disclosure made by a child concerning sexual abuse
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age inappropriate sexual play
- Preoccupation with sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse

Key Issues in Identifying Abuse

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary, from treating someone with disrespect in a way that significantly affects the person's quality of life, to causing actual physical or mental suffering.

Who can abuse?

The person responsible for the abuse is often well known to the person being abused, and could be:

- a paid carer in a residential establishment or from a home care service
- a social care worker, health worker, nurse, doctor or therapist
- a relative, friend, or neighbour
- another resident or person using a service in a shared care setting
- someone providing a support service
- a person employed directly by someone in their own home as a carer or a personal assistant.

Abuse can take place in a number of different settings:

- in a person's own home
- in a residential or nursing home
- in a hospital
- in the workplace
- at a day centre or educational establishment
- in supported housing
- in the street.

Child abuse is likely to occur most commonly where the young person knows the individual/s and is trusted. This can be a parent, carer, babysitter, sibling, relative, or friend of the child or of the family

Managing a Disclosure

In situations where a child or adult with needs for care and support is disclosing abuse, it is important that the member of staff or volunteer manages their response to them. It is important for the evaluator not to try

to put things right and make promises that cannot be kept in terms of what will happen and what they themselves will do. The following guide is based on NSPCC guidelines.

Do	Don't
<ul style="list-style-type: none">• Remain calm, accessible and receptive• Listen carefully, without interrupting• Acknowledge their courage and reassure them that they are right to tell• Let them know that you will do everything you can to help• Explain that you will need to share what they have told you and what may happen as a result.• Be professionally curious and establish the context by asking open ended questions.	<ul style="list-style-type: none">• Allow your shock or distaste to show• Make assumptions or jump to conclusions.• Ask leading questions.• Make negative comments about the alleged abuser• Promise that 'everything will be okay'• Agree to keep the information secret• Delay in getting emergency help if needed.

Procedures for Responding to Allegations/Concerns of Abuse

All concerns about the welfare of an adult with needs for care and support or a child, concerns that a child may be suffering, or at risk of suffering abuse or neglect including the instance of a disclosure of historic abuse - should be immediately referred to the Mother for Mother's safeguarding lead.

Mothers for Mothers procedure for responding to an allegation or concern of abuse:

Step 1 - Identification

If you are worried a child or adult with needs for care and support is at risk of harm due to the below then proceed to step 2.

- You have seen something that gives you cause for concern that a child or adult with needs for care and support is at risk of harm.
- Someone has given you information that a child or adult with needs for care and support is directly at risk
- There has been an allegation towards a member of staff
- You have cause for concern for a child or adult with needs for care and support's well-being due to information relating to another individual.

Step 2 – Action

If you suspect that a child/adult is at immediate risk of harm, call the Police on 999.

Once a disclosure has been made, the person making the disclosure should be informed that the staff member will need to share this information with the safeguarding lead/contact and other professionals as appropriate. If these concerns relate to a child, they should be discussed with the parent or carer unless this is felt to increase the likelihood of harm.

If these concerns relate to an adult, you should share your concerns with the adult and let them know you have a duty to share this information.

Below is an example script.

'Thank you for sharing this information with me, as this information suggests that someone is potentially at risk of harm - I will need to share this information with my line manager and/or my safeguarding lead as part of Mothers for Mothers Safeguarding policy'. 'I may have to share this information with other statutory agencies, but this will be strictly on a need to know basis'

You should not let other considerations, like the fear of damaging relationships with adults get in the way of protecting children from abuse and neglect. If you think that referral to children's social care is necessary, you should view it as the beginning of a process of inquiry, not as an accusation

Step 3 - Recording

At the earliest opportunity – record the information that has been given to you using the Safeguarding incident form, these are available via Views Database. Details of the disclosure, who was present, the date and any actions taken. Please make sure that the information you supply is factual, it takes into consideration the person you are writing about. If you have captured the voice of the child or adult then please write this on the form. This form should be completed on the Views database as soon as is reasonably possible, the highest level of care should be taken to ensure the document is stored and transferred safely. The form should be brought to the attention of the Safeguarding Leads as soon as possible and will be kept in the service-users file in Views under questionnaires.

Step 4 – Sharing information

Contact the designated Safeguarding lead by phone on

	Rachel 07979 286123	Sapna 07801 288975	Maria 07796 402667
Monday	10-1pm	1-3pm	3-9pm
Tuesday	10-1pm	1-3pm	3-9pm
Wednesday	10-1pm	1-3pm	3-9pm
Thursday	12-2pm	10-12 noon	2-9pm
Friday		10-4pm	4pm-9pm

If no answer or the phone is engaged, then send a text/what's app. If there is no response within 30minutes then contact Caroline Scrase (Safeguarding Trustee) on **07962230383**. The safeguarding lead's role will be to provide advice and guidance. Where there is a clear allegation or strong suspicion or evidence of abuse, there must be no delay in making a referral to the statutory agencies. Where possible the parent/carers agreement should be sought before making referrals to children's social care (unless this places a child at increased risk of significant harm).

Step 5 – Action and Review

The Safeguarding incident will be reviewed and any follow up actions will be recorded. Where the level of risk remains unclear the safeguarding lead will consult with Early Help/children's social care/adults safeguarding team as to whether a referral is appropriate. Staff should follow up their concerns if they are not satisfied with the local authority children's social care response or the response from the Safeguarding Lead. The safeguarding incident will then be logged by the safeguarding lead and monitored as appropriate to the level of risk.

Step 6 – Debrief & lessons learned for the organisation

A debrief will be offered to all staff who have been involved in a Child protection or Safeguarding incident at the earliest opportunity and within 48hrs. This will be re-visited in their next supervision

to ensure they feel suitably supported and to identify further training needs or organisation changes.

Social Care referrals

Under no circumstances attempt to carry out any investigation into allegations or suspicions of abuse. It is the task of children's social care to investigate the matter under Section 47 of the Children Act 1989.

Appointment of Workers

The following procedures are designed to promote the effectiveness of work and to protect both children and workers. The procedures involve all potential staff and volunteers being treated as potential job applicants. Additionally:

- All staff and volunteers are to undertake child protection training and this must be updated every 3 years, our best practice is that this will be undertaken annually.
- This policy must be part of the induction for all staff and volunteers.
- Mothers for Mothers will review this policy annually, to ensure it is being implemented (appropriate action will be taken if deemed necessary, through consultation with the agencies listed in Appendix A)
- All staff must read the safeguarding policy and provide signed acknowledgment of this

Mothers for Mothers expects that all staff and volunteers that have direct contact with children will be subject to enhanced police checks (DBS). These DBS checks will be renewed every 5 years or should there be an absence from work of more than 3 months (excluding maternity/paternity leave/sickness). For best practice people should sign up to the update service.

Disclosure of a criminal record may not itself prevent appointments as the nature of any offence is considered; with the exception of convictions for crimes against children. Where employees and volunteers may be in contact with children two references will be taken prior to appointment. Interviews will be undertaken and any gaps in job history or rapid movement from one to another will be investigated.

Boundaries and Touch

All workers are responsible for establishing and maintaining appropriate boundaries and ensuring that meeting their own emotional needs are not dependent on their relationships with children and young people. Keep everything public. A hug in the context of a group is very different from a hug behind closed doors. Touch should be related to a child's needs not the workers. Touch should be age appropriate and be initiated by the child rather than the worker. Avoid any physical activity, which is, or may be construed as, sexually stimulating the adult or child. For example, fondling, touching private parts of the body. Workers should take responsibility for monitoring one another in the area of physical contact. They should be free to constructively challenge a colleague if necessary.

Managing Behaviour

- Staff will be required at all times to treat children with respect and will not administer any forms of discipline that humiliates or ridicules the children i.e. shouting, smacking, threatening, shaking or by use of a "naughty chair or corner" etc.
- Staff will set a good example to children at all times by being polite, considerate, not shouting, being calm, kind and gentle.
- Staff will manage unwanted behaviour through the use of distraction, supervision and early intervention in potential disagreements. Any forms of physical, verbal or discriminating abuse will be challenged. Staff will act fairly in dealing with all incidents. This is set out in the Behaviour Policy.

- Parents and visitors will be expected to follow these rules whilst attending group.

Health, Safety and Welfare

Mothers for Mothers has a legal duty to provide a safe and healthy environment for children, staff, volunteers, placements, parents, carers, and visitors. For this reason smoking, alcohol and non-prescription drugs are banned at all times from premises. This ban applies to all staff, volunteers, parents, carers, placements, and visitors. Any breach of this ban by staff will be regarded as a serious breach of workplace discipline as would any other action that might endanger health and safety at work.

Any uninvited visitors will be immediately challenged by the Group's coordinator and asked/told to leave.

The Health & Safety policy sets out requirements for protecting members' health safety and welfare on and off site.

Allegations against Staff

Any complaint against a member of staff please refer to and follow the Whistleblowing (speaking out) policy.

References

Children Act 1989 legislation, 'Working Together to Safeguard Children, 2018', published by the Department for Education <https://www.gov.uk/government/publications/working-together-to-safeguard-children>.

Bristol City Council (BCC) Keeping Bristol Safe Partnership
<http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board>

South Gloucestershire Children's Partnership – Mon-Fri – 01454 866000
<http://sites.southglos.gov.uk/safeguarding/children/>

Care Act 2014

Appendix one – Key contact details

STEP BY STEP SAFEGUARDING CHECK LIST

Safeguarding joint leads telephone numbers:

	Rachel 07979 286123	Sapna 07801 288975	Maria 07796 402667
Monday	10-1pm	1-3pm	3-9pm
Tuesday	10-1pm	1-3pm	3-9pm
Wednesday	10-1pm	1-3pm	3-9pm
Thursday	12-2pm	10-12 noon	2-9pm
Friday		10-4pm	4pm-9pm

If you cannot get hold of at least one of the above by phone, then please text. If you do not receive a response after 30 minutes, then call Caroline Scrase (Safeguarding Trustee) on 07962 230383.

REMEMBER SAFEGUARDING IS EVERYONES CONCERN

- 1) Fill in the safeguarding incident form on views. If you believe that a child or the client is in immediate danger, then you should phone 999.
- 2) Phone the safeguarding lead and inform them of the disclosure.

3) The safeguarding leads will collaborate and call you back as soon as possible.

You may be asked to report your concern to the following bodies. The safeguarding lead will support you throughout.

Reporting a concern

Police: Non-emergency call: 101 Emergency call: 999

Children:

Early Help Teams

North Bristol – 0117 352 1499

East Central Bristol - 0117 357 6460

South Bristol – 0117 903 7770

Advice and guidance being given about services to help families.

First Response – 0117 903 6444

If you are concerned about an immediate risk or harm to the safety of a child it is essential that you phone First Response Team and share your concerns over the telephone.

Online reporting form: <https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern>

Disabled Children Team - 0117 903 8250

Emergency Duty Team (out of Office Hours) - 01454 615 165

Email (all Bristol): childprotection@bristol.gov.uk

South Gloucestershire Children's Partnership (access & response team)

Mon-Fri – 01454 866000

Out of Hours/weekends – 01454 615165

Early Help: compass@southglos.gov.uk

North Somerset Safeguarding Children – Mon – Fri (8am – 6pm) - 01275 888 808

Out of hours/weekends – 01454 615 165

Adults:

Adults safeguarding concern - 0117 922 2700

Bristol city council safeguarding team

Online reporting form: <https://www.bristol.gov.uk/social-care-health/report-suspected-abuse-safeguarding-adults-at-risk>

South Gloucestershire Safeguarding Adults – Mon-Fri – 01454 868007

Out of hours/weekends – 01454 615165

North Somerset Safeguarding Adults – Mon – Fri (8am -6pm) 01275 888 801

Out of hours/weekends 01454 615165

<https://www.northsomersetsafeguarding.co.uk/contact>

This link is for an adult referral form only.

Support and advice;

Perinatal Mental Health Team: 0117 919 5826

Crisis Teams:

Bristol:

Telephone: 0300 555 0334

www.bristolmentalhealth.org

North Somerset:

Telephone: 01934 836492

South Glos:

For Crisis team call out of hours GP and ask them to refer on 0117 922 0746

South West Child Protection Procedures (online guidance)

www.swcpp.org.uk

Childline

Tel: 0800 1111 (open 24 hours)

National Association for the Prevention of Cruelty to Children (NSPCC)

Tel: 0800 800 500

NSPCC Asian Languages Helpline: 0808 800 5000 (free from a landline)

NSPCC Text helpline: 88858 (service is free and anonymous)

Unseen (modern slavery or exploitation) 08000121700

For mental health support dial 111 press 2 for mental health

Samaritans - 116 123 (Free from any phone)

Mindline - 0808 808 0330

Assist line - 0800 689 5652

Sane - 07984 967 708

1. Child Protection Officer / Safeguarding Leads

Name: Rachel Langford

Email: care.rachel@mothersformothers.co.uk

Contact telephone number: 07979 286123

Name: Sapna Boden

Email: support@mothersformothers.co.uk

Contact telephone number: 07801 288975

2. Chief Executive Officer / Safeguarding Lead

Name: Ms Maria Viner

Email: maria.viner@mothersformothers.co.uk

Contact telephone number: 07796 402667

Appendix 2

Guidance for use of video conferencing technology to deliver peer support

Mothers for Mothers on occasions may offer a virtual peer support group in place of face to face peer support groups. The aim is to provide a space for mothers and their children to connect with each other, and with staff and volunteers, to access support.

When delivering peer support using teleconferencing the paramount importance of safeguarding the welfare of children remains unchanged. All staff and volunteers need to ensure that they are considering safeguarding of children and vulnerable adults in all their interactions when working with families.

In order to support this the following guidance is designed to ensure that services which are being delivered using technology adhere to the same principles as when they are delivered face to face.

Peer support groups delivered using Zoom must adhere to the following:

- The Mothers for Mothers Zoom account must be used to host the session
- The Zoom link will be posted on the closed Facebook page so only members of the closed group can join.
- Participants need to join from their own account
- There must be a minimum of two members of staff present on the call at all times
- Staff will wear their Mothers for Mothers uniforms when running the session to maintain clarity of role. Volunteers to wear their usual work wear for group.
- Staff and volunteers will be professional in their conduct at all times
- Staff and volunteers will ensure that they are in a suitable location for the session; this should not be a bedroom and consideration should be given to the suitability of personal items that may be visible in the background.

- Staff and volunteers must remain mindful and vigilant that children will be present in the session. Their participation is to be encouraged and staff must ensure that they are not exposed to any inappropriate or distressing conversations. If a participant becomes very distressed it may be appropriate for staff to offer a 1:1 call to continue the conversation.
- Participants joining the session should agree to the expectations set by Mothers for Mothers regarding participation. This will include an understanding that they need to be suitably dressed; that they refrain from smoking and vaping during the session; that there is clear agreement regarding the confidentiality of any personal information that they or other participants share and that Mothers for Mothers staff and volunteers continue to have the same responsibility for reporting safeguarding concerns.
- Participants will be asked to introduce themselves when they join the session and to introduce anyone else who is in the room with them. Staff and volunteers need to be mindful that others, not usually present at face to face group, could hear sensitive and personal information. All participants need to be made aware of this so they can choose what they share in this forum. Staff and volunteers are responsible for stepping in if a participant is sharing information which is inappropriate or better shared in a 1:1 conversation. This will be done respectfully with the member of staff/volunteer offering to make contact with the participant following the session.
- Staff will ask a participant to leave the call if they are concerned about the appropriateness of their presentation or behaviour. If the participant declines then the staff member hosting the call will remove that participant from the session. In the unlikely event of this being necessary the staff must provide a written record of the incident and inform the CEO at the earliest opportunity.
- Zoom sessions will never be recorded.
- A record will be kept of the names of those participating in each session which will be stored in line with the Mothers for Mothers record keeping policy.
- Any concerns arising during or as a result of a Zoom session will be recorded in writing and raised with the CEO at the earliest opportunity. The CEO will follow the relevant procedure depending on the nature of the concern.

Appendix 3

Code of Conduct for adults working with/in contact with children

1. Purpose

This code outlines the conduct Mothers for Mothers expects from all our staff and volunteers. This includes trustees, agency staff, interns, students on placement and anyone who is undertaking duties for the organisation, whether paid or unpaid.

This code aims to help us protect children and young people from abuse and reduce the possibility of unfounded allegations being made.

Mothers for Mothers is responsible for making sure everyone taking part in our services has seen, understood and agreed to follow the code of conduct, and that they understand the consequences of inappropriate behaviour.

2. The role of staff and volunteers

All staff and volunteers, trustees, agency staff, interns and students on placement at Mothers for Mothers are acting in a position of authority and have a duty of care towards any children and young people who they come into contact with. Staff and Volunteers are likely to be seen as role models and are expected to act appropriately.

3. Responsibilities

All staff and volunteers, trustees, agency staff, interns and students on placement at Mothers for Mothers are responsible for:

- Prioritising the welfare of children and young people
- Providing a safe environment for children and young people
- Having good awareness of issues to do with safeguarding and child protection and taking action when appropriate.
- Following Mothers for Mothers principles, policies and procedures including our policies and procedures for child protection/safeguarding, speaking out/whistleblowing and online safety
- Always Acting within the law.

- Challenging all unacceptable behaviour and reporting any breaches of the behaviour code to Maria Viner CEO.
- Reporting all concerns following Mothers for Mothers safeguarding procedures

4. Expectations

All staff and volunteers, trustees, agency staff, interns, and students on placement at Mothers for Mothers are required to comply with the following expectations:

- 4.1 To always prioritise the safety and well-being of a child/children.
- 4.2 To avoid being on your own with a child at all times, never assuming sole responsibility.
- 4.3 To only take on practical caring responsibilities/personal care, for example, taking a child to the toilet, in an emergency, and ensuring that there is more than one adult present if possible.
- 4.4 If a situation arises where you are alone with a child or young person, to ensure that you are within sight or hearing of other adults.
- 4.5 To never give out your personal contact details. (e.g. mobile number, email or postal address) or have contact with them via a personal social media account
- 4.6 To avoid physical contact with a child unless it is an emergency, or the child is very distressed.
- 4.7 To behave appropriately and use appropriate language at all times – never losing sight of the fact that you are with children.
- 4.8 Not to patronise children, but to listen to and respect children at all times.
- 4.9 To avoid favouritism and treat children and young people fairly and without prejudice or discrimination.
- 4.10 To never develop inappropriate relationships with children and young people – and to ensure that all contact is essential to the work of the project / activity you are involved in.
- 4.11 To report any concerns. You have a duty to report concerns to Maria Viner, CEO if you feel anyone is behaving inappropriately around children, or if you have any concerns for a child's wellbeing or safety.
- 4.12 Not to take pictures or recordings of the children without permission.

5. Upholding this code of conduct

All staff and volunteers, trustees, agency staff, interns and students on placement at Mothers for Mothers are required to follow this code of conduct at all times.

Breaches of this code of conduct, are considered to be disciplinary issues and will be dealt with under the Mothers for Mothers Disciplinary Policy and Procedure.

Where appropriate, Mothers for Mothers may also make a report to statutory agencies such as the police and/or the local authority child protection services.

Any member of staff or volunteer who becomes aware of any breaches of this code, is required to report them to Maria Viner, CEO. If necessary you should follow our speaking out/whistleblowing procedure and safeguarding and child protection procedures.

