



Safeguarding Policy and Procedures 2023

Procedures implemented:	June 2023
Last reviewed:	September 2023
Significant changes:	Updated and merged policy
Next review due:	June 2024

Section	Page
1. Introduction	3
2. Scope and Purpose of Policy	3
3. Safeguarding Governance	3
4. Equality and Diversity Statement	4
5. M3 Project Responsibilities	4-5
6. Responsibilities of Staff	5
7. Legal Framework	6
8. Safeguarding Children	6-14
9. Safeguarding Adults	14-19
10. How to recognise and respond to a safeguarding concern or disclose of abuse	19-21
11. How to Report suspicions, allegations or actual incidents (internally) including emergency situations	21-22
12. How to Refer to Statutory Services? i.e. Social Services and the Police	22-23
13. How to Record Safeguarding Concerns	23
14. Safeguarding Allegations against staff	23-25
15. Support for staff	25
16. Recruitment	26-27
17. Whistle-blowing	27-29
18. Consent and Capacity	30-31
19. Storage of Safeguarding Records	31
20. Local Safeguarding Partnerships or boards	31
21. Quality and review	32
22. Appendix – Safeguarding Reporting Form (Internal)	33-36
Version table	37

1. Introduction

Safeguarding means protecting people's health and wellbeing to ensure they can live free from harm, abuse and neglect. M3 Project recognises that it has a statutory and moral duty to ensure that it operates with a view to safeguarding and promoting the welfare of any children, young people or adults at risk that they encounter.

All staff must be aware of this Policy and must abide by its requirements. It will be available and accessible to all M3 Project staff including any volunteers.

This policy should be read in conjunction with the following:

- Safer Recruitment Policy
- Missing Child Policy
- Bullying?
- Also?

2. Scope and Purpose of Policy

This Policy relates to all M3 Project accommodation services, as well as the Listening Project service, in which M3 Project staff and volunteers encounter children and young adults. This Policy also covers safeguarding in the workplace particularly in relation to the employment of young adults on permanent, fixed-term, apprenticeship or volunteer contracts.

This Policy outlines how M3 Project seeks to deliver its social, ethical and legal responsibilities to protect and safeguard vulnerable groups to the highest possible standards.

In detail this Policy sets out M3 Project's arrangements for securing the safety and wellbeing of children and adults at risk who are in residence with or supported by M3 Project. This policy explains how anyone can raise safeguarding concerns with us and how we will manage those concerns. It sets out the steps that M3 Project will take to ensure that concerns about the wellbeing of a child or adult at risk, and any risk of harm or abuse to them arising from activities connected with M3 Project, can be addressed quickly and appropriately, in accordance with statutory duties. M3 Project is committed to providing a safe and secure environment for all, including children and adults at risk. It also aims to ensure that all parties understand their safeguarding responsibilities.

3. Safeguarding Governance

M3 Project have a Safeguarding Lead who is the first point of contact for safeguarding concern, queries and/or advice.

Key roles:

Registered Service Manager: Alan Dorrington

4. Equality and Diversity statement

M3 Project treat all people with respect and dignity regardless of the protected characteristics of:

- Race,
- Sex,
- Disability,
- Age,
- Sexual orientation,
- Religious or other belief,
- Marriage and civil partnership,
- Gender reassignment
- Pregnancy and maternity/paternity.

5. M3 Project Responsibilities

M3 Project complies with the specific legal responsibilities to ensure that children and adults at risk are safeguarded against the risk of harm and abuse. M3 Project recognises that abuse or harm or the risk of abuse or harm to a child or adult at risk may take many different forms and that individuals may have different perceptions of what constitutes harm or abuse. M3 Project regards harm or abuse as including any physical, sexual or emotional abuse or neglect, bullying, harassment or intimidation. Further guidance on the forms that harm or abuse are in the relevant sections of this policy.

It is not the responsibility of M3 Project to investigate harm or abuse. However, it has a duty of care to act if there is cause for concern, to protect the welfare of children and adults at risk, and to notify the appropriate agencies about any concerns so that they can investigate. The lead member of staff within M3 Project with responsibility for safeguarding children and adults at risk is the Registered Service Manager.

M3 Project expects all its staff and volunteers to act in an exemplary manner towards children and adults at risk and to ensure that their behaviour does not lead to concerns about their integrity and moral standing or to allegations of harm or abuse. By the very nature of the M3 Project work, the children and adults that the staff come into contact with will be vulnerable, owing to their homeless status, and in addition the new parent status in conjunction with new-born or young babies.

This list sets out M3 Projects' general expectations of appropriate behaviour:

M3 Project staff should, at all times:

- i) Treat children and adults at risk fairly, equally and respectfully and should not show favouritism or disfavour.
- ii) Be sensitive to the child or adult at risk's appearance, race, culture, religious belief, sexuality, gender, or disability.
- iii) Act as a good role model and challenge any unacceptable behaviour from others within the M3 Project community towards children or adults at risk.

- iv) Report allegations or suspicions of harm or abuse of children or adults at risk in line with this Policy.
- v) Work, where possible, in an open environment with children and adults at risk so that others can clearly observe and hear you.
- vi) Be aware that physical contact and speaking, acting or jesting in certain ways with a child or adult at risk may be misinterpreted.
- vii) Avoid physical contact with a child or adult at risk unless it is reasonably necessary for health and safety or their wellbeing.
- viii) Respect the right to privacy of a child or adult at risk and do not enter any private room occupied by of a child or adult at risk alone unless necessitated by an emergency.
- ix) Avoid unaccompanied journeys in a vehicle with a child or adult at risk unless necessitated by an emergency.

6. Responsibilities of Staff

All staff must be aware of and familiarise themselves with this Policy and must abide by its requirements. It will be available on M3 Project's intranet as well in hard copy and will be accessible to all M3 Project staff including volunteers.

This is to ensure that it is available to all those within the M3 Project community who have a responsibility for the wellbeing of children and adults at risk.

Declaration of Investigations, Cautions and Criminal Convictions

All staff are required to notify the Registered Service Manager if they are the subject of an investigation, by the police or other safeguarding agency, into an allegation of abuse of a child or adult at risk. Disciplinary action may be taken against staff failing to disclose such information.

All staff are required to notify the Registered Service Manager if they receive a police caution or conviction for a criminal offence. Disciplinary action may be taken against staff failing to disclose this information.

Sexual relationships

It is a criminal offence for any person in a position of trust to engage in sexual activity with someone who is subject to this trust and is under the age of 18 years or an adult at risk. M3 Project will also consider this to be a disciplinary issue.

7. Legal Framework

The Children's Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life to safeguard children. The Local Authority (LA) children's social care has a duty to investigate where it has reason to suspect that a child is suffering or likely to suffer significant harm.

The Children's Act 2004 requires Local Authorities to ensure arrangements are made to promote cooperation between the relevant partner agencies. The arrangements are made to promote the welfare of children in their area including protection from harm.

Section 11 of the Act states that all organisations who work with children and young people should ensure they have effective arrangements in place to safeguard and promote their welfare

8. Safeguarding Children

The Department of Health (DoH) aims to safeguard and promote the well-being of children, as outlined in the publication "Working Together to Safeguard Children" (2018, updated in 2020). Safeguarding and promoting the welfare of children involves several key aspects, including protecting them from abuse, preventing any harm to their mental and physical health or development, ensuring they grow up in safe and nurturing environments, and taking necessary action to provide the best possible outcomes for all children.

According to the Children's Act 1989 and "Working Together to Safeguard Children" (2018), a child refers to any individual from birth until they reach 18 years of age. This definition encompasses both children and young people. Regardless of their age, living situation, educational status, membership in the Armed Forces, hospitalization, imprisonment, or custody in a secure facility, a child's status and entitlement to services and protection remain unchanged.

The voice of the child or young person is crucial in the context of safeguarding. Recognising the vulnerability of children to neglect, abuse, and exploitation within their families and daily lives.

The term "significant harm" refers to the risk a child faces due to maltreatment, abuse, or neglect. "Child protection" encompasses the actions taken to safeguard specific children who are currently experiencing or at risk of significant harm. A Section 47 enquiry, also known as a Child Protection enquiry, involves an investigation conducted by Child Social Care (CSC) to assess the risk of significant harm to a child. This enquiry entails evaluating the child's needs and the ability of their caregivers to meet those needs. Its purpose is to determine whether intervention is necessary to ensure the child's welfare and well-being. If the concerns raised are substantiated, it indicates that the child is inadequately safeguarded and is at risk of significant harm.

The concept of significant harm, introduced by the Children's Act 1989, serves as a threshold for compulsory intervention in family life when it is in the best interests of children and young

people. Local authorities have a duty to investigate and decide whether they should take action to safeguard or promote the welfare of a child or young person who is suffering or likely to suffer significant harm. Determining significant harm requires a careful assessment of the child's circumstances and discussions between Local Authority Children's Social Care, the child, and their family. Child protection is an integral part of the broader framework of safeguarding and promoting welfare.

Children categorised as "children in need" under section 17 of the 1989 Children's Act are those whose vulnerability is such that they are unlikely to achieve or maintain a reasonable standard of health or development without support and services provided by the local authority.

This includes children whose health or development is likely to be significantly impaired without such assistance, including children with disabilities. The Disability Discrimination Act 2005 (DDA) and the Equality Act 2010 define a disabled person as someone whose physical or mental impairment substantially and adversely affects their ability to carry out everyday activities.

The Equality Act 2010 prohibits discrimination against disabled individuals in service provision, ensuring equal access and treatment. Research suggests that children with disabilities may be more vulnerable to various forms of abuse, such as physical, sexual, emotional, or neglectful, compared to non-disabled children. Any concerns regarding the welfare of a child with disabilities should be addressed in the same manner as with any other child.

A young carer is an individual under 18 years of age who provides or intends to provide regular and significant care for another person, excluding cases where care is provided for payment, pursuant to a contract, or as voluntary work. Young carers assume responsibilities that are typically associated with adults and often provide care for a parent, sibling, grandparent, or another relative who is disabled, has a chronic illness, a mental health issue, or any other condition requiring care, support, or supervision.

A parent or carer is someone who offers practical and emotional support to a person for whom they have parental responsibility. This can include a child with a disability or mental health problem. The parent or carer may or may not live with the person they have parental responsibility for.

Child abuse refers to the maltreatment of a child and encompasses various forms, including inflicting harm or failing to prevent harm. Abuse can occur within a family, an institution, or a community setting, and may be perpetrated by individuals known to the child or, in rare cases, by others. Technological means can also facilitate online or offline abuse. Perpetrators can be adults, other children, or a combination thereof (Working Together to Safeguard Children, 2018).

8.1 Categories of Abuse

Emotional abuse - 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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- It may involve seeing or hearing the ill-treatment of another. This includes Section 3 of the Domestic Abuse Act 2021 which came into force on 31 January 2022 and specifically provides that a child (under 18 years old) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim.
- 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 also occur alone.

Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical Abuse - Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Bruising in **non mobile infants** should also always be investigated per Lancashire Safeguarding Partnership Guidance

Sexual Abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Allegations of Non-Recent Abuse(Historical) - It is not unusual for people to disclose experiences of physical, sexual and / or emotional abuse and / or neglect which constitute significant harm only when they reach adulthood. Adults may disclose they or others in their family were abused in childhood. Response to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because of the likelihood that the perpetrator has continued to abuse children and may be doing so now, criminal prosecution may be possible if sufficient evidence can be collated. The adult who has disclosed should be asked whether they want a police investigation and must be reassured that the police are able and willing to progress an investigation.

Other Safeguarding Vulnerabilities

Contextual Safeguarding / Assessment of Risk Outside of the Home - Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. Working Together, as updated in 2020 now refers to contextual safeguarding as 'assessment of risk outside the home' and teenage relationship abuse has been added as an area of risk. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

Child Sexual Exploitation (CSE) - CSE is a form of child sexual abuse (CSA). It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

- (a) In exchange for something the victim needs or wants, and/or
- (b) For the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Child sexual exploitation takes different forms - from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying), and grooming to exploit a child or young person into sexual activity.

Child Criminal Exploitation and County Lines - As set out in the Serious Violence Strategy (2018) published by the Home Office

Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) In exchange for something the victim needs or wants, and/or
- (b) For the financial or other advantage of the perpetrator or facilitator and/or
- (c) Through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology. It may involve victims carrying weapons/firearms, committing robbery or other crimes as well as County Lines. County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and adults at risk to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity.

Children Missing from Care, Home and Education - Children running away and going missing from care, home and education is a key safeguarding issue. Current research findings estimate that approximately 25% of children and young people that go missing are at risk of serious harm The Children's Society (2011). There are particular concerns about the links between children running away and the risks of sexual exploitation.

Children who go missing or run away from home or care may be in serious danger and are vulnerable to crime, sexual exploitation or abduction as well as radicalisation.

Children exposed to Extreme Ideology (including PREVENT) - Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Extremism goes beyond terrorism and includes people who target the vulnerable – including the young by seeking to sow division between communities based on race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Children and young people can be radicalised in different ways: They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation; They can be groomed by family members who hold harmful, extreme beliefs, including parents/carers and siblings who live with the child and/or person(s) who live outside the family home but have an influence over the child's life. They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable. In this

way they are not being individually targeted but are the victims of propaganda which seeks to radicalise. A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation. The harm children and young people can experience ranges from a child adopting or complying with extreme views which limits their social interaction and full engagement with their education, to young children being taken to war zones and older children being groomed for involvement in violence. PREVENT focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity.

Honour Based Abuse - Honour-based violence can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or 'honour'. Such violence can occur when perpetrators perceive that a relative has 'shamed' the family and/or community by breaking their honour code.

The victims of such incidents are predominantly women, perceived to have behaved immorally and deemed to have breached the honour code of a family and / or community, causing shame. For young victims it is a form of child abuse and a serious abuse of human rights.

It can be distinguished from other forms of violence/abuse, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men and younger members of the family can all be involved in the abuse.

This type of violence and abuse includes physical, emotional, financial and sexual abuse of the victims.

Forced Marriage - A forced marriage is one where either or both parties do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used against them. Forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. In 2004, the UK Government's definition of domestic abuse was extended to include acts perpetrated by extended family members as well as intimate partners. The pressure that is put on people to marry against their will may be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel that they are bringing shame on their family). Financial abuse (taking away a person's wages or not giving them any money) may also be a factor. If a person does not consent or lacks capacity to consent to marriage, that marriage must be viewed as a forced marriage whatever the reason for it taking place. Capacity to consent can be assessed and tested but is time-and-decision specific.

Female Genital Mutilation (FGM) Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part, or all the external female genitalia for cultural or other nontherapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is practised in at least 29 countries across Africa, parts of the Middle East and South East Asia. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts, although can be carried out at any time. It is estimated that 60,000 girls under 15 are at risk of FGM in the UK, and 137,000 women and girls in the UK have already been subjected to it. (DoH 2016).

Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM. It comprises all procedures that involve partial or total removal of the external genitalia or other injury to the female genital organs for cultural or non-therapeutic reasons. The practice is linked to several forms of physical and psychological distress. Consideration should be given if someone is planning to travel with a young child abroad to a known area of FGM for example.

Fabricated or Induced Illness (FII) - Fabricated or induced illness is a condition whereby a child has suffered, or is likely to suffer, significant harm through the deliberate action of their parent and which is attributed by the parent to another cause.

Trafficking /Modern Day Slavery - Child trafficking is child abuse. It's defined as recruiting, moving, receiving have/or harbouring children for the purpose of exploitation. Child trafficking is a form of modern day slavery. (HM Gov 2014)

Most children are trafficked and exploited for financial gain. Some trafficking is by organised gangs, in other cases individual adults traffic children to the UK for their own personal gain. This type of Exploitation includes children being used for sex work, domestic servitude, sweatshop and restaurant work, drug dealing and credit card fraud, begging or pickpocketing, benefit fraud, drug mules or decoys for adult drug traffickers, forced marriage, illegal adoption, trade in human organs, and, in some cases, ritual killings. There are a number of circumstances that could indicate a child may have been trafficked to the UK and may still be controlled by the traffickers or receiving adults.

The **National Referral Mechanism (NRM)** is a process set up by the Government to identify and support all victims of modern slavery following the implementation of the Modern Slavery Act (2015). The mechanism through which the Modern Slavery and Human Trafficking Unit (MSHTU) collects data about victims. This information aims to help build a clearer picture about the scope of human trafficking in the UK.

Parental Mental Health Concerns - Some situations cause additional stress within families, such as social isolation, poverty, homelessness and racial harassment. Parental factors such as mental health, substance misuse (drugs and alcohol), domestic violence, learning/physical disability or difficulty, and teenage parents may also have a negative impact on a child/young person's health, development and well-being, either directly, or because they affect the capacity of the parents to respond to the child/young person's needs.

This is particularly the case when there is no other significant adult who is able to respond to the child/young person's needs. Parental mental illness does not necessarily have an adverse

impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. Many children whose parents have mental ill health may be seen as children with additional needs requiring professional support. Where a parent has enduring and / or severe mental ill-health, children in the family unit are more likely to suffer significant harm; this could be through physical, sexual or emotional abuse, and / or neglect.

Parental Substance Misuse - Where a parent has enduring and / or severe substance misuse problems, children in the family unit are likely to suffer significant harm primarily through emotional abuse and neglect. The child/ren may also not be well protected from physical or sexual abuse. Maternal substance misuse in pregnancy can have serious effects on the health and development of the child before and after birth. Many factors affect pregnancy outcomes, including poverty, poor housing, poor maternal health and nutrition, domestic abuse and mental health.

Domestic Abuse - The issue of children living with Domestic Abuse is now recognised as a matter for concern in its own right by both government and key children's services agencies. All to outcomes for children can be adversely affected if they are living with domestic abuse - the impact is usually on every aspect of a child's life. The impact of domestic abuse and abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.

Domestic Abuse Act (2021)

The UK government's (2021) definition of domestic violence is

'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional.'

Domestic abuse can take different forms, including:

- physical abuse
- sexual abuse
- financial abuse
- coercive control and gas lighting / emotional abuse
- digital / online abuse
- 'honour-based' violence
- forced marriage
- female genital mutilation (FGM)

Domestic abuse can co-exist with child abuse, through direct abuse of children in addition to their exposure to the abuse of their parent.

Child to parent abuse (CPA) - Child to parent abuse is also known as adolescence to parent abuse. The child who is the abuser may be a child under 18 years or an adult 'child' aged over 18 years. There is no legal definition of CPA however it is an increasingly recognised form of domestic abuse.

9. Safeguarding Adults at Risk

By the very nature of the service the Charity offers, M3 Project works with adults at risk and young people who are transitioning to adulthood. Therefore, it is imperative that staff and volunteers are aware of adult safeguarding concerns, along with the processes to refer on those concerns appropriately.

An adult at risk of abuse can be anyone over the age of eighteen, students, employees, or volunteers. They may have additional support needs, meaning that they are more likely to experience abuse, and less able to protect themselves from it. Equally, many adults at risk have been victims or survivors of abuse and harmful experiences in childhood which have impacted upon their confidence, self-worth and resilience and compounded other personal characteristics increasing vulnerability.

Be mindful of the transition from child to adult, particularly with children who have physical or learning difficulties. If you are unsure about the transition period or have concerns about a child who is at the threshold who has not transitioned to adulthood, please speak to the Safeguarding Lead who will advise and guide you on local policy. You can also visit the local Safeguarding Partnership website for the area for further guidance.

9.1 Categories of Abuse include:

Physical Abuse - Physical abuse includes, assault, hitting, slapping, pushing, kicking, misuse or covert use of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint and unlawfully depriving a person of their liberty.

Restraint - Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of keypads to prevent people from going where they want from a closed environment.

Sexual Abuse - 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 coerced into consenting.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

Psychological Abuse- Psychological abuse includes 'emotional abuse' and can take the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse, cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information.

Financial or Material Abuse - This includes 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.

Neglect and Acts of Omission - These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Discriminatory Abuse - This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views. It also includes racist, sexist, homophobic or ageist comments or jokes or any other form of harassment, slurs, or treatment. Not responding to dietary needs, not providing appropriate spiritual support or excluding a person from activities on the basis they are 'not liked' are also forms of discriminatory abuse.

Organisational Abuse - Including neglect and poor care practice within an institution or specific care setting. Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny or restrict the dignity, privacy, choice, independence or fulfilment of adults with care and support needs.

Domestic Abuse - The legal definition of domestic abuse is defined as any incident or pattern of incidents of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse between those aged 16 and over and personally connected to each other.

(Domestic abuse Act 2021)

Coercive control is where an act or pattern of acts of assaults, threats, humiliation, intimidation, or other abuse is used to control, harm, punish and/or frighten the victim. It creates invisible chains and a sense of fear that pervades all elements of a victim's life, limiting their human rights and depriving them of their liberty. It takes the form of control over finances, movement, and access to jobs, health care and other support services. It can involve controlling the way a person behaves (what they eat and when) how they dress and limiting who they associate with. Coercive control is a crime (Serious Crime Act 2015) and is punishable by a fine and/or up to 5 years imprisonment.

Forced Marriage (FM) is where one or both individuals do not (or in cases of people with learning disabilities or reduced capacity cannot) consent to the marriage. Forced Marriage is recognised as a form of Domestic Abuse/Child Abuse and is a serious abuse of human rights.

Honour-Based Violence is where a crime or an incident has been committed to protect or defend the honour of the family or community. It can be described as a collection of practices, used to coerce and control behaviour within families or social groups to protect perceived cultural and religious beliefs and/or honour' (Gov UK, 2018)

Female Genital Mutilation involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. FGM can be carried out at any age. **The Female Genital Mutilation Act (2003) as amended by the Serious Crime Act (2015)** includes, FGM Protection orders, which contain a civil measure that can protect the female at risk and places conditions, prohibitions and restrictions to protect the individual from being taken abroad to have FGM carried out, or for a 'cutter' to be bought to the UK for the purpose of committing an FGM offence.

Self-Neglect - Self-neglect is when a person being unable or unwilling, to care for their own essential needs. It can cover a wide range of behaviours, including neglecting personal hygiene, health or surroundings, refusal of necessary support or obsessive hoarding. This type of behaviour has serious implications for the people who support them.

Hate Crime - Hate Crime/Incidents is any crime that is motivated by hostility or prejudice towards an identifiable group of people (race, religion, disability or sexual orientation, transgender identity). Incidents often involve physical assault, bullying, hate mail, graffiti arson or robbery.

Mate Crime- Mate crime is a form of hate crime and is defined as exploitation, abuse, or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as fake friends. People with disabilities particularly learning disabilities are often targeted. Mate crimes are likely to happen in private, often in the victim's own accommodation. They can also take place via social media where victims are financially or sexually exploited after being befriended online.

Cuckooing- Cuckooing is when professional criminals target the homes of vulnerable adults so that they can use the property for drug dealing or other criminal activity. It takes the name from cuckoo birds who take over the nests of other birds. Cuckooing means that criminals can operate from discrete properties making it an attractive option.

Modern Slavery & Human Trafficking - Modern slavery is the act of exercising control or ownership over another person and using power to exploit them. Modern slavery can take many forms including:

- Forced labour- any work or services which people are forced to do against their will and under the threat of punishment
- Debt bondage- where people borrow money and are required to work to pay off the debt
- Human trafficking- involving recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them

- Descent based slavery-where due to ancestors being captured and enslaved, the person is born into it
- Child Slavery- where a child is exploited for someone else's gain
- Forced and early marriage- when someone is married against their will and cannot leave the marriage

Human Trafficking is a form of modern slavery, it is a criminal act that involves the movement of persons with the intent to exploit them. Trafficking can occur in the same city or street within the UK, across cities and internationally. Victims of human trafficking have been moved for the purpose of exploitation even if the exploitation is yet to take place. 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.

9.2 Key principles when working with Adults at Risk:

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.

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

Accountability

Accountability and transparency in delivering safeguarding.

10. How to Recognise and respond to a Safeguarding Concern or disclosure of abuse

Disclosure is the process by which a child or adult at risk starts to share their experiences of abuse with others. In the event of staff having a potential safeguarding concern about a person, or an individual makes a potential safeguarding disclosure to a member of staff then that concern or disclosure must be passed on to the Safeguarding Lead without delay.

The following steps below will be taken if a child or adult at risk makes a disclosure of abuse, or you have a concern about their safety or welfare:

Recognise

- Listen carefully to what is being said, without displaying shock or disbelief.
- Accept what is said. The person making the disclosure may be known to you as someone who does not always tell the truth. However, do not let your past knowledge of this person allow you to pre-judge or invalidate their allegation.
- Do not attempt to investigate the allegation. Your duty will be to listen to what is being said and to pass that information on.

Respond

- Acknowledge that it takes extraordinary courage for a child or adult at risk to go through the journey of disclosing abuse and therefore take reasonable steps to reassure them that they have been brave in informing you. For example, you could say: "You're not to blame. This is not your fault".
- Allow the person to speak without interruption, encouraging them to tell you only what they feel comfortable telling you, and be accepting and be non-judgemental about what is said.
- Do not ask leading questions of any kind, questions must be open.
- Do not promise them that you will not inform anyone else, and you will keep this confidential. You have a duty to pass this information to the Safeguarding Lead for the protection of the child or adult at risk.

Report

If a member of staff has any safeguarding concerns regarding a child or adult at risk, or suspects abuse, but it has not been disclosed by the person, they should not conduct any form of investigative work.

The following steps will be followed in reporting a safeguarding concern:

- Where a child or adult at risk is suffering, or is likely to suffer from harm, it is important that a referral to children's or adult's social care (and if appropriate the police) is made in a timely manner.
- As soon as possible report your concerns to the M3 Project Safeguarding Lead
- Contact the relevant Child or Adult Social Care Team and/or local Police Child Protection Unit following discussion with the Safeguarding lead.
- A telephone referral to Children's or Adult Social Care must be followed up in writing within 24 hours.

- Within one working day of a referral being made for a child, a local authority social worker should acknowledge receipt to the referrer and decide about the next steps and the type of response that is required. This will include determining whether:
 - the child requires immediate protection and urgent action is required;
 - the child is in need, and should be assessed under section 17 of the Children Act 1989;
 - there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;
 - any services are required by the child and family and what type of services;
 - further specialist assessments are required to help the local authority to decide what further action to take; and
 - to see the child as soon as possible if the decision is taken that the referral requires further assessment.
- If the referral is for an adult at risk, then following an alert, Adult Social Care will decide if the safeguarding process should be instigated or if other support/services are appropriate. Feedback will be given to the person who raised the safeguarding adults alert. If the Safeguarding Adults Manager decides the safeguarding process needs to be instigated this will then lead to the implementation of the next stages of the Multi-Agency Policy and Procedures.
- All allegations or suspicions shall be referred no matter how insignificant they seem to be or when they occur. Any information about suspicious behaviour or circumstances will be passed to the local Police Child Protection Unit or the local Social Services within 24 hours or as soon as shall be reasonably practicable.

Record

- Take notes as soon as it is practical to do so. Record the actual words spoken by the child or adult at risk – if it is a child disclosing or reporting, do not re-translate them into the way that adults speak or try to make sense of the structure of what was said
- Make a note of the persons name, the time and date within your written record
- M3 Project shall retain a copy of all such notifications in accordance with GDPR guidelines.
- Report the facts as you know them/ or understand them, including the individuals' name and the account given to you by the individual using the words that they used as well as including any other information your feel is relevant.
- Complete the internal Safeguarding Reporting Form (Appendix)
- Provide this detailed information to the M3 Project Safeguarding Lead as soon as you are practicably able to
- M3 Project shall retain a copy of all such notifications in accordance with GDPR guidelines.

Key points to decision making are:

- If immediate action is needed this requires a referral to the police or immediately to Child or Adult Social Care depending on the situation
- Individuals and/or parents (if a child) should normally be informed of a referral being made, where it would not cause further harm to do so
- If in doubt err on the side of caution and seek advice from the M3 Project Safeguarding Lead
- Referrals can be made without consent if there is a good reason to do so e.g., a risk to others, immediate risk to self
- Advice may be taken from Child or Adult Social Care and/or other advice-giving organisations such as Police.

11. How to Report suspicions, allegations or actual incidents (internally) including emergency situations

All safeguarding concerns should be reported internally to M3 Project Safeguarding Lead. If initially reported verbally or via email, this should be followed up as soon as reasonably possible, and within 24 hours via the internal Safeguarding Reporting Form (Appendix)

In the event of an emergency, there should be no delay in seeking emergency support from the relevant emergency services. The safeguarding issue should be reported internally once the immediate risk has been dealt with. The immediate actions can be recorded on the internal Safeguarding Reporting Form (Appendix)

The welfare of a child or adult at risk must be paramount. Members of staff have a duty to report suspicions, allegations or actual incidents to the Safeguarding Lead in the first instance, regardless of whether the information has been disclosed in confidence to them or if they remain unsure of their suspicions

Any suspicions, allegations or actual incidents must be recorded in the prescribed form (Appendix) which will then be handed/sent immediately to the Safeguarding Lead. This form must be completed as soon as possible after receiving information that causes suspicion or an allegation of the abuse of a child or adult at risk. Do not delay by attempting to obtain information to complete all the details in the form. If the concern arises outside of normal Office hours contact should be made with the local Social Services emergency duty team for the area which can be found on the Local Safeguarding Partnership Website.

Advice can also be sought from the NSPCC Help Line on **0800 800500**.

It is recognised that staff may need support after receiving a disclosure and will be offered appropriate support and guidance.

As far as possible, the confidentiality of all individuals involved in any allegation, investigation or resulting disciplinary proceedings will be respected by M3 Project. However, there may be circumstances in which it is necessary for M3 Project to share information with parties such as social services, the police, and the parents, guardians or carers of the child or adult at risk concerned.

Information may also need to be disclosed if there is a public interest imperative. M3 Project cannot therefore guarantee that the confidentiality of any disclosures can be maintained in all circumstances.

There may be instances when a member of staff receives information in the course of their normal duties about allegations of abuse towards a child or adult at risk that are unconnected with the use of its premises. In such instances, staff must exercise a duty of care. They should either encourage the informant to report the matter to the appropriate agencies or, if they remain concerned, make a report themselves. If, for whatever reasons, a member of staff in receipt of an allegation feels that it is inappropriate for them to make the report then they must refer their concerns to the Safeguarding Lead who will contact the appropriate agency.

12. How to Refer to Statutory Services i.e. Social Services and the Police

Referrals of safeguarding concerns made to social services need to be made via the local Lancashire Safeguarding Partnership online forms which can be found here:

[Children referrals/request for support](#)

[Adult referrals](#)

A copy of the form submitted should be saved (if possible) and submitted to the Safeguarding Lead along with the internal safeguarding reporting form (Appendix).

Social services should acknowledge your written referral within one working day of receiving it, so if you have not heard back within 3 working days, contact social services again. Any difficulty or disagreement in outcome should be discussed with the Safeguarding Lead who can access the relevant escalation processes if required.

If any of the concerns constitute an emergency or require police referral, this should be done without delay. Any report to the police should be noted within the internal safeguarding reporting form (Appendix) and crime number noted on the form for future reference.

Seven golden rules for information sharing:

Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.

Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

Necessary, proportionate, relevant, accurate, timely and secure Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

13. How to Record Safeguarding concerns

All safeguarding correspondence and communication will be recorded and stored in a secure online digital filing system.

It is extremely important that the recording of information about safeguarding issues are written in such a way that it is legible and chronological; that all discussions with other professionals / agencies are recorded and confirmed in writing. The name of any contact is recorded with telephone numbers if available, that direct quotes used where possible.

All information should be factual and not opinion. Legislation such as the Data Protection Act (1990), Human Rights Act (1998) or individual professional guidance on confidentiality or information sharing is not meant to be a bar to sharing relevant information on a need-to-know basis.

14. Safeguarding allegations against Staff

Allegations against staff can include any behaviour that puts a child or adult at risk at risk, such as physical abuse, emotional abuse, neglect, sexual harassment, or discrimination. These allegations can come from a variety of sources, including staff, other residents or external agencies.

If an allegation is made against a staff member, the steps detailed in this section should be followed. This policy outlines the steps that will be taken to investigate the allegation and protect the safety and wellbeing of those involved. This may involve a formal investigation, suspension or termination of the staff member's employment, and involvement of external agencies such as the police or child protection services.

In instances where an allegation is made against a M3 Project member of staff, the following action will be taken:

1. A written record of the nature of this allegation will be made,
2. The Lancashire Safeguarding Partnership (LADO – see local information [here](#)) will be informed within one working day,
3. The member of staff whom the allegation has been made against will be informed, and appropriate action will be taken to prevent them from having further contact with young people/adults at risk in their role,
4. An external third party may be informed to provide support for the M3 Project investigation and response,
5. The Local Safeguarding Partnership's Local Authority Designated Officer (LADO) will liaise with relevant individuals while the investigation is ongoing,
6. Accurate and clear records will be kept through the course of the investigation,
7. Disciplinary measures will be taken based on the suggestions of the LADO, and police authority if relevant,
8. Any records of the allegation and investigation will be stored for up to 10 years.

In some instances, M3 will also launch a case review to reflect upon this allegation and reform safeguarding policy and procedure where necessary.

Reporting Concerns About Staff

In the event of any suspicion, allegation or apparent abuse committed by a member of M3 Project's staff, the matter should be reported to M3 Project Safeguarding Lead in the first instance and/or the Safeguarding Lead on the Board of Trustees.

On being notified by the Safeguarding Lead of any suspicion, allegation or apparent abuse involving a member of staff, M3 Project shall:

- Take such steps as they consider necessary to ensure the safety of the child or adult at risk in question and any other child or adult at risk who might be at risk.
- Liaise with the person who reported the original concern and ensure that a report of the incident(s) is completed.
- Consult with other M3 Project staff members if deemed appropriate or advice is required.
- Report the matter to the local social services.

If the M3 Project Safeguarding Lead is the subject of the suspicion, allegation or the claim of apparent abuse then this must be reported to the Safeguarding Lead on the Board of Trustees directly. Any notification of suspicion, allegation or evidence of abuse or harm may result in the Safeguarding Lead on the Board of Trustees or their nominee taking the decision to suspend the member of staff concerned whilst investigations proceed. Suspension in this context is not a disciplinary measure and implies no assumption of guilt.

15.Support for Staff

Staff who require further information or support with safeguarding are encouraged to contact M3 Project Safeguarding Lead or access the Local Safeguarding Partnership website and other external sites (detailed within the policy) for further resources.

M3 Project will endeavour to provide up to date support and guidance to all employees and volunteers when it comes to safeguarding and their duty to protect children or adults at risk from harm.

16. Recruitment

M3 Project will strictly adhere to the safer recruitment, selection and vetting checks that must be made on all employees or workers who work with children or adults at risk. These requirements are incorporated into all our recruitment procedures and are fully compliant with government guidelines as set out in the current government guidance, Keeping Children Safe in Education, Working Together to Safeguard Children and Disqualification under the Childcare Act.

M3 Project will also adhere to the specific duties and responsibilities for an employer in relation to barred persons and the sharing of information about individuals to the relevant bodies (i.e., Local Authority Designated Officer (LADO) and the Disclosure & Barring Service (DBS).

The following checks shall be completed prior to an employee or worker starting any work with children or adults at risk, and repeated during service:

- Face to face interview with the applicant (in exceptional cases where this is not possible, video calling software interviews will be conducted)
- Confirm the true identity of the applicant in line with current guidelines, this must include photographic ID/date of birth check/change of name check – currently performed virtually
- Confirm the applicants address with two independent documents
- Right to work in the UK where applicable
- Obtain an enhanced DBS certificate and/or verify a valid DBS certificate online using the Update Service and perform a status check on that document
- Give applicants the opportunity (both verbally and in writing) to declare any convictions, cautions or reprimands, warnings or bind-over's in line with current [DBS filtering rules](#) (introduced May 2013, updated November 2020)
- Received and verified at least two satisfactory references covering a minimum of the last two years
- Verified gaps in work history

Declaration of Offences

It is illegal for an organisation to knowingly allow a person barred by the DBS to work in regulated activity. M3 Project will therefore:

- Require all applicants for employment at M3 Project to declare any criminal convictions prior to employment
- Require persons appointed to regulated or controlled posts (including contractors or sub-contractors) to undertake standard or enhanced DBS checks. If the person appointed is from overseas or has lived overseas for a significant period of time, checks will be sought from the countries concerned. If such checks are not available from the countries concerned, then the person appointed will be required to make a declaration concerning their previous life history.
- Exercise its legal right to require existing employees occupying regulated posts or undertaking regulated work to reveal their full criminal history, including any spent convictions and/or undertake standard or enhanced DBS checks.

M3 Project recognises the need to take a proportionate approach to personal and DBS disclosures and will treat all such information in the strictest confidence. M3 Project will not discriminate unfairly based on such information.

17. Whistleblowing

Staff have a duty to raise concerns with M3 Project, who in turn, have a duty to ensure employees can easily express their concerns and that those concerns are dealt with thoroughly and fairly. This procedure does not affect existing guidance on statutory complaints procedures, and it does not change or replace any local or nationally agreed terms and conditions of employment.

M3 Project recognises that it is not always easy to report concerns. You may be unaware of how to do so, or may worry that you are being disloyal, or fear reprisals; however, the health and wellbeing of the people in our workplace must always be your primary concern.

Raising or escalating your concern(s) early can prevent minor issues becoming serious ones, thus protecting the public from harm and improving standards. If you wish to keep your identity confidential M3 Project will not disclose this without your consent. The exception to this is if a child, adult at risk (including staff) is at serious risk then confidentiality may not be applicable, for example – child protection.

If the situation arises where we are not able to resolve the concern without revealing the individual's identity (for instance if your evidence is needed in court), we will discuss this with you. At any stage during the process, we recommend that you seek advice from your professional body, trade union or the independent whistleblowing charity, [Protect](#) (Formerly known as Public Concern at Work (PCaW)).

The independent charity [Protect](#) have lawyers who can give free independent advice at any stage about how to raise a concern in relation to serious malpractice at work.

In April 2023, the Government updated the guidance: [Blowing the whistle: list of prescribed person and bodies](#) which details where malpractice can be reported.

Protection for whistle-blower

You are protected as a whistleblower if you:

- are a 'worker'
- believe that malpractice in the workplace is happening, has happened in the past or will happen in the future
- are revealing information of the right type (a 'qualifying disclosure')
- reveal it to the right person, and in the right way (making it a 'protected disclosure')

'Worker' has a special wide meaning in the case of whistleblowing. As well as employees it includes, agency workers and people who aren't employed but are in training with employers. Some self-employed people may be considered to be workers for the purpose of whistleblowing if they are supervised or work off-site.

All employees who raise matters of concern under this policy are protected against detrimental treatment, up to and including dismissal, because they have made a disclosure.

Reporting wrongdoing

Concerns of wrongdoing can be raised either informally or formally, depending on how serious you feel the situation to be.

Informal

In the first instance, you may wish to raise a concern you have about wrongdoing on an informal basis. Concerns raised on this basis will remain confidential and will be investigated as fully as possible. However, informal allegations may result in a less detailed response to that of a formal investigation.

Formal

If you would like to raise a concern of wrongdoing on a formal basis, you should submit your concern in writing to the level of management you feel most appropriate. Your written notification of a concern should include the following information:

- a) The fact that you are raising your concern formally under whistleblowing procedures;
- b) Background and history of the events (including dates); and
- c) The reason why you are particularly concerned about the situation.

Members of staff are not expected to prove beyond doubt the truth of their allegation. However, all applications should be made in good faith and the individual should be able to demonstrate that there are reasonable grounds for their concern.

Investigations

All complaints of wrongdoing will be investigated whether they have been raised formally or informally.

Formal allegations should be forwarded to the appropriate manager within 48 hours of receiving a concern. Within 10 working days of a formal allegation being submitted, a member of management should write to the member of staff who raised the concern to confirm:

- 1) They have received the allegation;
- 2) The proposals for dealing with the matter;
- 3) The expected timescale for providing a final response; and
- 4) Whether further investigations are deemed necessary and, if not, why not.

Any individual asked to attend an investigatory meeting may wish to invite a work colleague to accompany them.

Following the investigation, you will be provided with as much information regarding the outcome as possible. However, some details may need to be withheld to protect the privacy of other individuals involved.

M3 Project is committed to ensuring that your work environment will not be affected as a result of you raising a concern. If you do feel that you are being treated less favorably, you should raise this matter with your management contact.

Malicious Concerns

The organisation cannot condone abuse of this procedure and if following investigation, a member of staff is found to have raised concerns maliciously, the matter will be dealt with under the M3 Project Disciplinary Procedures.

NSPCC Advice Line

Provides free help and advice to people who suspect their organisation might be putting children at risk, even if they're not certain that this is the case. You can call the advice line about an incident that happened in the past, is happening now, or that you believe might happen in the future.

The advice line isn't intended to replace any current practices or responsibilities of organisations working with children. The NSPCC encourage professionals to raise any concerns about a child to their own employer in the first instance.

Professionals can contact the NSPCC on the link below:

NSPCC	Whistleblowing	Advice	Page
Email	-		help@nspcc.org.uk
Call - 0800-028-0285			

18.Consent and Capacity

Informed consent and mental capacity are critical considerations when addressing the healthcare, financial matters, and life choices. Mental capacity refers to a persons ability to make decisions independently, while consent relates to an individual's voluntary agreement to participate in a specific activity or decision.

By default, mental capacity is presumed unless evidence suggests otherwise. This means that people are generally considered capable of making their own decisions, even if those decisions may appear unwise to others. However, circumstances may arise where a persons mental capacity is compromised due to factors such as mental health conditions, substance abuse, or traumatic experiences.

In such situations, M3 Project staff should assess the persons mental capacity before making decisions on their behalf. This assessment may involve consulting with medical professionals or qualified individuals. If it is determined that a person lacks mental capacity, decisions may need to be made by a substitute decision-maker, such as a family member or court-appointed guardian.

It is important to remain attentive to cognitive capacity issues that can increase vulnerability in individuals with reduced ability to make informed decisions in the moment. This may be temporary (e.g., due to fear, shock, injury, illness) or long-term (e.g., due to learning differences, disabilities, mental health issues). Despite the complexity of this matter, it should not impede staff from genuinely seeking to ensure respectful consultation with all individuals regarding their participation in activities or the sharing of information.

In legal terms, a person aged 16 or older is generally presumed to have the capacity to consent unless evidence suggests otherwise. However, capacity to consent is not solely based on age, particularly when learning difficulties, communication impairments, or disabilities are present. Consideration should also be given to a person's ability to understand the consequences of giving or withholding consent. They should not be considered unable to make a decision until all practical steps have been taken to support them.

To determine if a person has sufficient understanding to provide consent or refuse consent to the sharing of information or participation in specific activities, the following criteria should be considered:

- Can the person comprehend the question being asked?
- Are they actively engaged in the discussion?
- Can they rephrase the question using their own words?
- How would they explain it to someone else?
- Do they possess a reasonable understanding of the risks and benefits associated with giving or withholding consent?

- What do they believe would happen if they agree to the suggested action?
- Can they appreciate and weigh the alternatives, expressing a clear and consistent personal viewpoint? Encouraging them to vocalise or write down their thoughts on the pros and cons can be helpful. These views can be revisited in subsequent interactions.

If there are doubts about a person's capacity to consent, seeking advice from the Safeguarding Lead or contacting the NSPCC Helpline staff (0808 800 5000) is recommended. Additionally, relevant information or advice may be obtained from the person's friends, caregiver, other professionals involved, or an available advocate, while ensuring that their involvement does not exacerbate potential risks.

19.Storage of Safeguarding Records

All safeguarding correspondence and communication will be recorded and stored in a secure online digital filing system.

These files will only be accessible to staff on a need-to-know basis due to the nature of the records.

20.Local Safeguarding Partnerships or Boards

This policy should be read and implemented in conjunction with the relevant Safeguarding Partnership documents and procedures for the area in which M3 Project operates – Lancashire.

The following links can be used to gain access to the local guidance and reporting methods for children and adults:

Children

[The Children's Safeguarding Assurance Partnership](#)

[Request for support form for children](#)

Adults

[Lancashire Safeguarding Adults Board](#)

[Reporting/raising concerns for Adults at Risk](#)

Useful External links

<https://www.stopitnow.org.uk>

<https://www.nspcc.org.uk>

<https://www.contextualsafeguarding.org.uk/about-us/>

21. Quality and Review

This policy should be reviewed annually, and any changes, along with their author and designation should be documented in the version table found at the end of this document.

If M3 Project become aware of any significant changes in safeguarding legislation or national policy, changes should be made prior to the annual review date.

M3 Project will review all safeguarding records regularly as part of its ongoing monitoring to identify any patterns or trends which will shape and inform training, policy, procedures, and practice

22.Appendix –

Safeguarding Reporting Form (Internal)

Part 1 – For use on internal staff reporting.

Details of the Person completing the form

Name:	
Role/Project:	
Contact Telephone Number/email:	

Details of the Child / Young Person / Adult

Name:	
Date of Birth:	
Address:	
Contact Telephone Number:	
Name and Address of Parents / Guardian / Carers(if applicable):	

Details of the Person about whom there is concern

Name:	
Position:	
Date of Birth:	
Address:	
Relationship to the Child / Young Person / Adult:	

If you are reporting this alleged incident on behalf of someone else, please provide details of that person:

Name:	
Position:	
Address:	
Contact Telephone Number:	
Date this Person Advised You of the Alleged Incident:	
Information on the Incident/disclosure:	

Details of the Alleged Incident/disclosure:

Date of Alleged Incident/disclosure:	
Time:	
Place/Project:	
Names and Addresses of Witnesses:	
Describe in detail what happened or what was disclosed: (please use additional paper if required)	
Describe in detail visible injuries/bruises and concerning behaviour of the child/young person/ adult, if any (use diagrams if this helps you to describe) (Please use additional paper if required):	
Was the child/young person/ adult asked what happened: If yes, record exactly what they said in their own words and any questions asked if the situation needed clarifying (Please use additional paper if required):	Yes / No

Details of Action Taken

Detail what action, if any, has been taken following receipt of this information:	
ONLY AFTER SEEKING ADVICE FROM THE POLICE/SOCIAL WORK DEPARTMENT, were the child/young person/ adult's parent's/guardian/carers contacted?	

Details of External Agencies Contacted

Police	Police station contacted: Name and contact number: Crime Number (If applicable): Advice received:
Social Care	Name and contact number: Advice received:
Other	Name of organisation: Name and contact number: Advice received:

Other Information

Signature _____

Print Name _____

Date _____

Part 2 – For Safeguarding Lead use only.

<p>Time and date information received, and from whom.</p>	
<p>Any advice sought – if required (date, time, name, role, organisation and advice given).</p>	
<p><u>Action taken</u> (referral to children’s social care/monitoring advice given to appropriate staff/CAF etc.) with reasons.</p> <p>Note time, date, names, who information shared with and when etc.</p>	
<p><u>Parent’s/carers informed?</u> (if applicable) Y/N and reasons.</p>	
<p><u>Outcome</u></p> <p>Record names of individuals/agencies who have given information regarding outcome of any referral (if made).</p>	
<p>Where can additional information regarding incident/concern be found (e.g. SG log, serious incident book)?</p>	
<p>Should a concern/confidential file be commenced if there is not already one? Why?</p>	
<p>Signed</p>	
<p>Printed Name</p>	

Version	Changed by	Date	Circulation	Comments
1.0		09/2022		First version
2.0	The Athena Programme	06/2023		Reviewed, approved and published