

M13 YOUTH PROJECT Safeguarding Children and Adults at Risk Policy Statement

The purpose and scope of this policy statement

M13 Youth Project creates safe and nurturing spaces in our local communities which promote fun, learning, growth, action and change, for and with children, young people and young dads (primarily aged 5-24yrs) who face intersecting challenges, barriers and adverse childhood experiences. We use trauma-informed youth and community development work principles and practices, and a collaborative approach, to enrich the lives of those we work together with.

The purpose of this Policy Statement is:

- to protect children, young people and young adults at risk who participate in any of M13 Youth Project's services/ activities from harm;
- to provide staff, trustees and volunteers, as well as children, young people and their families, with the overarching principles that guide our approach to safeguarding children.

This policy applies to anyone working on behalf of M13 Youth Project, including the board of trustees, senior managers, paid staff, volunteers, sessional workers, agency staff and students.

Legal framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance for England is available from <https://learning.nspcc.org.uk/child-protection-system/england> .

Supporting documents

This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents, in particular:

- Safeguarding children, young people and adults at risk policy, which contains policy on
 - Key definitions: Children, young people, adults at risk
 - Recruitment of staff and volunteers
 - Induction, training, supervision and support of staff and volunteers
 - Designated Safeguarding Officer & Trustee Lead
 - Summary of Working Practice Guidelines
 - Managing concerns about a child's welfare
 - Procedures for dealing with a child's disclosure of harm
 - Action after a disclosure, making referrals
 - Information Sharing and Seeking Consent
 - Recordings, Storage and Retention
 - Managing allegations against staff and volunteers
- Good Practice Guidelines (including Staff/Child supervision ratios)
- Employee Handbook (including Staff Code of Conduct and Whistleblowing Policy)
- Social Media Policy
- Complaints Policy
- Health & Safety Policy
- Equality, Diversity and Inclusion Policy
- Anti-bullying Policy
- Data Protection Policy

We believe that:

- all children, young people and young adults deserve to be treated with respect and dignity, and that each person can love, think, create, reflect, enjoy, achieve and make a positive difference to their world;
- children and young people should never experience abuse of any kind;
- we have a responsibility to promote the welfare of all children, young people and young adults at risk to keep them safe and to work in ways that protect them.

We recognise that:

- the welfare of children comes first in all our work and in all the decisions we take
- working in partnership with children, young people, young adults at risk, their parents, carers and other agencies is essential in promoting young people's welfare
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally at risk because of the impact of previous experiences, their level of dependency, communication needs or other issues. Extra safeguards may be needed to keep children who are additionally at risk safe from abuse.

We seek to keep children, young people and adults at risk safe by:

- valuing, listening to and respecting them
- appointing a designated safeguarding lead (DSL) for children, young people and adults at risk, a deputy (Deputy SL) and a lead trustee/board member (TSL) for safeguarding
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- developing and implementing an effective online safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made
- recording and storing and using information professionally and securely, in line with data protection legislation and guidance
- sharing information about safeguarding and good practice with children and their families via leaflets, posters, group work and one-to-one discussions
- making sure that children, young people and their families know where to go for help if they have a concern
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an emotionally and psychologically safe, trauma-informed and anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

Contact details

Designated Safeguarding Lead

Name: Helen Gatenby

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Deputy Safeguarding Lead

Name: Gabriel Oyediwura

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Trustee Lead for Safeguarding & Child Protection

Name: Louise Kenyon

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NSPCC Helpline: 0808 800 5000

Manchester Safeguarding Partnership Contact Centre: 0161 234 5001

We are committed to reviewing our policy and good practice annually. This policy was last revised and reviewed in May 2026 and accepted by Trustees on: 28th May 2026. Next Review due: May 2027.

Signed: 



Date: 28th May 2026

M13 YOUTH PROJECT **Safeguarding Children and Adults at Risk Policy: May 2026**

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Appointment of Safeguarding Lead/Deputy & Trustee Safeguarding Lead

M13 Youth Project has appointed **Helen Gatenby** as the Designated Safeguarding Lead ("DSL"), Gabriel Oyediwura as the Deputy Safeguarding Lead ("Deputy SL") and **Louise Kenyon** as the Trustees' Safeguarding Lead ("TSL"). The following policy was updated in May 2026. It was reviewed and accepted by M13 Trustees' on 28th May 2026. Next review due in May 2027.

1 Introduction

- 1.1 This policy concerns the safeguarding and welfare of children and young people under the age of 18, and young adults at risk up to the age of 25. It provides a framework for all M13 Youth Project work with children, young people and adults at risk, including partnership working with other agencies to promote welfare and protect individuals from harm.
- 1.2 See our separate statement, signed and dated (above), which summarises our commitment to children's and young people's safety from harm and welfare.
- 1.3 The Board of Trustees has ultimate accountability for safeguarding within M13 and is committed to ensuring that effective safeguarding policies, procedures, safer recruitment practices and governance arrangements are in place and regularly reviewed.

Trustees oversee safeguarding practice within the organisation, including annual safeguarding review, oversight of serious safeguarding incidents, monitoring of safer recruitment practices, safeguarding training assurance and, where appropriate, reporting serious incidents to the Charity Commission and relevant agencies.

- 1.4 The procedures outlined cover emotional, physical and sexual abuse, neglect and other types of abuse. See **Appendix 1** for definitions.
- 1.5 This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance for England is available from <https://learning.nspcc.org.uk/child-protection-system/england> .
- 1.6 Copies of the above documents are to be kept in the M13 Youth Project office for reference.
- 1.7 Working Together 2026 (p10) emphasises:
 - a) children's welfare is paramount;
 - b) children's wishes and feelings should be sought, heard and responded to;
 - c) the shared responsibility we all have for safeguarding and protecting children;
 - d) the strong multi-agency, multi-disciplinary and parental partnerships needed to secure successful outcomes for children and families;
 - e) a child-centred approach is fundamental to safeguarding and promoting the welfare of every child.

M13 is aligned with this and seeks to embody this approach in our work with children, young people, parents and our partners, particularly in relation to the attributes Working Together reported children as having said they need: vigilance; understanding and action; stability; respect; information and engagement; explanation; support; advocacy; and protection (see Working Together 2026, pp10-11).

2 Key definitions

Children and Young People

- 2.1 Working Together 2026 defines a **child** as "*anyone who has not yet reached their 18th birthday. Children therefore means 'babies, children and young people' throughout.*" (p5) "*The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlement to services or protection.*" (p160)
- 2.2 **M13 Terminology:** M13 primarily works with children aged 11yrs and over, including with young adults aged 18-25yrs; although now our holiday activities and detached youth work more regularly bring us into contact with children aged 5 upwards. Even though our main work is with children aged 11-19yrs, whom we would regularly refer to as 'young people', in this document we have chosen to use the terms '**child/children**' to refer to anyone aged 17 and under, in line with legislation.

Safeguarding and Child Protection

2.3 *Working Together*¹ defines **safeguarding** and **child protection** as follows:

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework².

Child protection is a part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance as activity that is undertaken to protect specific children who are suspected to be suffering, or are likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including including in foster care and residential care, as well as online.

Effective safeguarding is anti-discriminatory and anti-racist. Practitioners should understand and be sensitive to factors, including economic and social circumstances, ethnicity and disability, which can impact children's and families' lives.

2.4 *Working Together*³ defines '**significant harm**' and '**child in need**' as follows:

"Suffering or being likely to suffer significant harm is the threshold for child protection enquiries and can take different forms, including sexual, physical or emotional abuse, neglect or domestic abuse (including controlling or coercive behaviour), exploitation by criminal gangs or organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism which could lead to radicalisation".

"A child in need is defined under section 17 of the Children Act 2004 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services, or a child who is disabled."

See Appendix 3 for further support on how practitioners can recognise actual or likely significant harm.

Adults at risk

2.5 The Care Act 2014 says specific adult safeguarding duties apply to an adult who:

- a) "has needs for care and support (whether or not the authority is meeting any of those needs),
- b) is experiencing, or is at risk of, abuse or neglect, and
- c) as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it."

2.6 Abuse may include financial abuse and domestic abuse in the case of adults at risk.

2.7 Where this policy applies to adults at risk, safeguarding practice will also reflect the principles of wellbeing, empowerment, prevention and proportionality under the Care Act 2014.

¹ [Working Together to Safeguard Children 2026](#), p6

² [Children's Social Care National Framework](#)

³ [Working Together to Safeguard Children 2026](#), p82 (point 242) and p55.

Workers, Staff and Volunteers

- 2.8 Both employed staff and volunteers from local communities may be involved in M13 work with children. The term “worker” will be used to refer to any person, working in a paid or volunteer capacity, with children on behalf of M13 Youth Project. Where we need to distinguish, “staff” will refer to paid workers and “volunteers” to unpaid workers.

3 Procedures for recruitment of staff, volunteers and trustees

- 3.1 Recruiting the right workers, whether paid or voluntary, and offering them good management, supervision and training is vital in ensuring the safety of children with whom M13 works.
- 3.2 M13 is committed to safer recruitment practices to help prevent unsuitable individuals from working with children, young people and adults at risk. Appropriate recruitment and safeguarding checks will be carried out in line with the role and level of contact with children or adults at risk. These may include identity verification, references, Disclosure and Barring Service (DBS) checks, barred list checks where eligible, employment history checks, probationary periods, safeguarding interviews and ongoing supervision.
- 3.3 No worker, volunteer or trustee will undertake unsupervised work with children or adults at risk until all appropriate safeguarding checks have been satisfactorily completed and risk assessed where necessary.
- 3.4 When recruiting workers, the following person specification should be followed as a minimum. Before offering work involving direct contact with children (particularly to volunteers), workers must first check with the CEO/organisation lead [‘CEO’] the suitability of the candidate for the work proposed. Person specification:
- the worker must demonstrate a commitment and ability to work within M13’s aims, ethos and policies, particularly this Safeguarding Policy, the Good Practice Guidelines, Equal Opportunities Policy and Health and Safety Policy
 - the worker should have appropriate previous experience of working with children
 - if there is no previous experience or qualification in a relevant field, the worker may only participate in appropriate, supervised work with children and the worker should be willing to undertake training within the first twelve months
 - the worker must be in good physical and mental health appropriate to the work they will be undertaking with children, and be a person of integrity and flexibility (note: this does not debar people with a disability)
 - the worker must be willing to undergo an enhanced DBS check, providing the necessary supporting documentation to enable this, or have registered with the appropriate Safeguarding authority (eg. ISA) and offer names of two referees.
- 3.5 When recruiting workers (paid or voluntary), all would-be workers must fill in and sign an appropriate application form, giving, amongst other things:
- their full name, current and recent address, and date of birth;
 - details of previous experience, voluntary or paid, of working with children
 - permission to request references from two people, at least one of whom has experience of their work, or knowledge of their suitability to work with children and adults at risk;
 - details of any convictions or cautions for criminal offences against children/adults at risk, including any spent convictions under the rehabilitation of Offenders Act 1974;
 - details necessary to run an enhanced DBS check.
- 3.6 All workers will then have an appropriate interview, where their experience of working with children will be explored. Details of their role, tasks, management and supervisory structures and conditions of work, including a probationary period, will be discussed.
- 3.7 All workers and volunteers will receive safeguarding induction, appropriate safeguarding training and regular supervision proportionate to their role.

- 3.8 References for all workers will be taken up, and appropriate checks for previous criminal convictions will be made through the Disclosure and Barring Service (DBS).
- 3.9 The information given regarding criminal records will be confidential and held by DSL. The application form will be seen by the CEO, DSL and members of the Trustees. Candidates refusing DBS checks will not be offered a position to work with children.
- 3.10 Workers will receive an appraisal at the end of their probationary period, where their suitability for continuing work and other relevant matters and questions will be discussed. The CEO will then make a recommendation to the Trustees regarding the workers suitability for continued work, and the Trustees will make the final decision regarding their continued appointment.
- 3.11 Trustees shall also be recruited with a view to the care and protection of children. Although contact with children would not be part of a Trustee's regular duty within M13, it is likely that their role as a Trustee will bring them into contact with children and may enable them easier access to children. Therefore, appropriate references shall be taken up for all Trustees and Trustees shall undergo a DBS check.
- 3.12 M13 will respond appropriately to safeguarding allegations, concerns or low-level concerns relating to workers, volunteers or trustees in line with Manchester Safeguarding Partnership procedures and the organisation's safeguarding responsibilities.

4 Induction, training, supervision and support of staff and volunteers

- 4.1 The Trustees of M13 are responsible for all play and youth work done in the name of M13 Youth Project. Therefore, the Trustees together with the CEO shall regularly review all play and youth work to ensure it is of a satisfactory quality.
- 4.2 Regular management and supervision of workers is essential in promoting safe working practices for both workers and children. Supervision provides an opportunity for workers to reflect on their work, discuss safeguarding concerns, explore professional boundaries and identify support or training needs. All staff and volunteers will receive regular supervision from the CEO or their representative.
- 4.3 The CEO shall hold a list of all authorised youth workers in the project and of those people on a probationary period, and shall regularly inform the Trustees of updates to this list. A list of the authorised workers shall also be displayed in the Project Office.
- 4.4 Job descriptions, roles and tasks of workers shall be clearly outlined on paper.
- 4.5 All work with children shall be recorded and evaluated in an appropriate way.
- 4.6 The agreed working procedures for protecting children shall be applied to all staff, volunteers and Trustees.
- 4.7 All staff, volunteers and Trustees engaged with the project shall undergo a further DBS check every 3 years if they are not enrolled in the update service.

5 Support and training of staff & volunteers

- 5.1 All staff and volunteers shall undergo training in safeguarding children and adults at risk, child protection and the prevention and detection of harm to children and adults at risk appropriate to their roles, covering issues such as:
 - safeguarding and good practice
 - recognising signs of harm
 - dealing with situations of disclosure and referral procedures
 - working with other agencies and statutory procedures, including Manchester's [Early Help Assessment \(EHA\)](#)

Workers shall undergo refresher training every three years.

- 5.2 Workers without previous youth work experience shall undergo appropriate training within the first twelve months of work, and will always work alongside an experienced worker.
- 5.3 Inexperienced workers shall never work on their own, or be given responsibility for children in an unsupervised setting.

6 Designated Safeguarding Lead

- 6.1 M13 Youth Project shall appoint a Designated Safeguarding Lead (DSL), Deputy Safeguarding Lead (Deputy SL) and Trustee Safeguarding Lead (TSL). They are responsible for ensuring safeguarding procedures are up to date, implemented effectively and regularly reviewed. These individuals will be made known to staff, volunteers, children and young people. The DSL may also be the CEO.
- 6.2 If the DSL is the organisation CEO, staff should talk with the TSL or Deputy SL if their concerns or an allegation involves the CEO.
- 6.3 The DSL/TSL should also be responsible for supporting workers dealing with issues of harm to children and adults at risk and should meet regularly with a worker in this situation to provide support and guidance until the issue is resolved or has been passed over to Police or the appropriate agency, eg. MASH, LADO, Children's Services. The DSL/TSL also has a responsibility to ensure that appropriate referrals are made and to liaise with other agencies.
- 6.4 The DSL/TSL should have an acceptable level of skill, knowledge and experience to fill this role. They should undertake appropriate training in order to maintain their level of competence, which should be refreshed every three years. This should be reported on to the Trustees.
- 6.5 Any child or young person working with M13 has the right to report concerns about harm caused by an adult or another child within the organisation. Workers also have the right and responsibility to report concerns about safeguarding practice or behaviour within the organisation.

Children, young people and workers may contact the CEO, DSL or TSL directly. If the concern relates to the CEO, and they are also the DSL, concerns should be reported to the Trustee Safeguarding Lead. This procedure will be made known to all workers, children and young people.

- 6.6 The names of the DSL and CEO, a photo of them and phone numbers, and the phone numbers of Childline and the NSPCC shall be displayed in view of the children during building based activities.
- 6.7 Contact details of referral agencies and agencies offering advice and support in Safeguarding and Child Protection shall be displayed in the office for staff.

7 Summary of Working Practice Guidelines

- 7.1 M13 Youth Project's **Good Practice Guidelines** and other policies, e.g. Detached Youth Work, Residentials, Transport, Social Media, Online Safety, Equal Opportunities, and Health and Safety all outline in detail specific procedures for planning, delivering and evaluating our youth and play work, online work and use of social media. Workers should follow the procedures laid out in these documents, which take safeguarding children into consideration.
- 7.2 It is the policy of M13 that workers do not work alone on regular sessions, e.g. detached work, clubs, small group work, residentials, play work, online work, etc. On all youth work sessions, workers should work in pairs as a minimum and should minimise and avoid all situations where they might be left alone with a child e.g. at the end of a session, club, meeting etc.
- 7.3 Where a worker plans to offer one-to-one support to a child or young person, whether face-to-face or online, this should normally take place at the request and with the consent of the child or young person. Workers must ensure the child has sufficient age and understanding to give informed consent.

Workers must inform their line manager in advance of planned one-to-one meetings, including the location and purpose of the meeting. One-to-one work should normally take place in public settings or environments where other adults or children are present and should avoid situations where a worker is alone with a child.

Where one-to-one work takes place with a child under the age of 16, a second M13 worker should normally be present nearby, aware that the meeting is taking place and, where possible, able to observe the worker and child during the meeting, unless this is not practicable or a different arrangement has been agreed as part of a safeguarding risk assessment.

7.4 It is our intention that all our relationships, activities and work with children, parents and each other reflect trauma-informed practices.

7.5 All work (including one-to-one support, online work and 'chance' encounters) should be recorded, evaluated and monitored.

7.6 **Online Safety and Digital Harm**

M13 recognises that abuse, exploitation and harm increasingly occur through online and digital environments. Children and adults at risk may experience harm through social media, messaging platforms, gaming environments, livestreaming, image-sharing, online grooming, sextortion, coercion, cyberbullying, AI-generated sexual imagery, online radicalisation or exposure to harmful extremist content.

Workers must maintain appropriate professional boundaries online and report any concerns relating to online harm or exploitation in line with this safeguarding policy and Manchester Safeguarding Partnership procedures.

7.7 **Child-on-child Abuse / Peer-on-peer Abuse**

M13 recognises that children and young people may abuse, exploit or harm other children and young people. This can happen both in person and online and may occur within friendship groups, intimate relationships, peer groups, organised groups, social media or community settings.

Child-on-child abuse can include sexual harassment, harmful sexual behaviour, bullying, coercion, physical violence, emotional abuse, exploitation, image-sharing abuse, online abuse, initiation activities, group-based harm, controlling behaviour and discriminatory or hate-related abuse.

M13 will always take reports, allegations or indicators of child-on-child abuse seriously and will respond in a trauma-informed, child-centred and proportionate way, recognising the needs and safety of all children involved. Concerns will be responded to in line with this safeguarding policy and Manchester Safeguarding Partnership procedures.

8 Managing concerns about a child's welfare

Support for the Child and Adult at Risk

8.1 M13's first concern and priority is for the welfare of the child, and the protection and well-being of all children in its care.

8.2 M13 is concerned for those who have been harmed or may be harmed as a result of any abuse or neglect to children and adults at risk or allegations of harm, abuse or neglect. Wherever a worker is aware of a conflict between the duty of care to the child and other adults, the duty to the child always takes priority.

8.3 The CEO, DSL and/or the Trustees will satisfy themselves that proper **pastoral support** is offered to the child and the child's family if appropriate. A suitable person from M13, or an appropriate representative, will be found to do this.

The guidance below follows the reporting process outlined on the **Manchester Safeguarding Partnership website 'Report a Concern'**:

Child in Immediate Danger

- 8.4 If a worker has concerns about the well-being of a child, and believes the child is in danger of imminent exposure to significant harm, they must act quickly and carefully to protect the child or adult at risk.
- 8.5 The worker should:
- (i) contact the DSL, Deputy SL or TSL immediately for support
 - (ii) offer appropriate care to the child
 - (iii) think clearly about the cause of their concerns
 - (iv) make brief notes about what has caused their concern, the situation, their observations and anything the child and they have said (see *Section 12 on Recording*)
- 8.6 If the worker cannot contact the DSL, Deputy SL or the TSL, this should not delay their action to protect the child.
- 8.7 In an emergency, where immediate action is necessary to protect a child, the worker should act without delay. Wherever appropriate, the worker should explain their concerns and proposed actions to the child in a way suitable to their age and understanding and take the child's wishes and feelings into account. Where safe and appropriate, parental involvement should also be considered. The police should then be contacted via 999.

Non-urgent concerns about a child's welfare

- 8.8 If a worker has non-urgent concerns about the well-being of a child, the worker should:
- (i) first think carefully about the cause for the concerns
 - (ii) carefully make notes about their concerns in a recording
 - (iii) include dates and details of any incidents / observations which have caused the concern and anything the child and worker have said / discussed about the concerns
 - (iv) sign and date the recording.

The worker **MUST** refer these concerns to the DSL within 24 hours of the concern arising (unless this would place the child at an increased risk of significant harm) and discuss their concerns with them.

- 8.9 If, after this discussion, the DSL/worker still have concerns, they may discuss the concerns with a senior colleague in another agency, without necessarily identifying the child in question, in order to develop an understanding of the child's needs and circumstances.
- 8.10 If after these discussions, the DSL/worker still have concerns which merit referral, the DSL should appraise the CEO and TSL of this situation and consider making a referral to an appropriate safeguarding agency or Children's Social Care, using the relevant procedures, see <https://www.manchestersafeguardingpartnership.co.uk/help/>
- 8.11 In general, the DSL or worker should seek to discuss concerns with the child, in a way appropriate to their age and understanding, and where appropriate with parents or carers, before making a referral. Consent should usually be sought unless doing so would place the child at increased risk of harm.
- 8.12 If a decision is made to refer the concern, the DSL shall determine the appropriate agency to refer to in the first instance, following MSP guidance, and shall support the worker to make the referral. A recording should be made detailing the reasons for making a referral. If a decision is made not to refer the concern, this must also be recorded with the reasons for the decision.
- 8.13 When the worker makes the referral, agreement must be made with the recipient of the referral (eg. Police, Children's Services, MASH) what the child and parents will be told, by whom and when.

- 8.14 Telephone referrals should be confirmed in writing as soon as possible and ordinarily within 24 hours. Children's Services should acknowledge written referrals within one working day of receiving it. If the worker / DSL has not heard back within 3 days, they should contact Children's Services again.
- 8.15 In the case of strong suspicions or a clear allegation of harm, the DSL or TSL must contact the CEO and appropriate agency; Manchester Children's Social Care / MASH / Police as appropriate under Manchester Safeguarding Partnership procedures, and must notify the Trustees of this action. The Contact Centre number is 0161 234 5001.

9 Procedures for dealing with a child's disclosure of harm

What to do if a Child Discloses Harm or Abuse

- 9.1 A worker may be the first person a child speaks to about abuse or harm. The worker's response at this stage is extremely important. Recovery from abuse can begin at the point of disclosure, so workers should respond calmly, sensitively and in a trauma-informed way. Children and adults at risk should be reassured that their concerns will be taken seriously.
- 9.2 Sometimes a child will ask a worker not to tell anyone else what they are sharing about harm. A **WORKER MUST NEVER PROMISE A CONFIDENCE** when talking with a child. The child's (and other children's) protection and welfare may require this information is shared with appropriate safeguarding agencies/representatives. The worker should always put the child's interests and well-being before those of anyone else, and before any other considerations.
- 9.3 As soon as a worker suspects that a child is about to disclose harm, they must gently stop the child and either remind the child or establish that they may need to talk to someone else in order to be able to help them. The worker should explain that in this instance, they will tell the child who else needs to be informed. If the child chooses not to tell the worker, the worker should make sure the child knows of organisations who operate in confidence (e.g. Childline, Incest Survivors).
- 9.4 Workers should regularly explain their safeguarding responsibilities and limits of confidentiality to children and young people. This helps avoid children hearing this for the first time during a disclosure situation, which may be distressing or disruptive.
- 9.5 When a child is disclosing harm, a worker should:
- (i) Listen to the child. Allow the child to express their feelings and views, without interruption or correction, accepting what is said. The worker should tell the child they believe what they have said. Express regret at the harm, e.g. "I'm sorry that this has been / is happening to you."
 - (ii) Say and do things that show they are listening; e.g. look at the child directly, keep eye level equal to or lower than the child's.
 - (iii) Reassure the child as far as possible, alleviating feelings of guilt and isolation while passing no judgement, emphasising the abuser is at fault, the child has done nothing wrong.
 - (iv) Explain that together, the worker and child must pass the information on to someone who can help, in a way the child can understand and work with. It is useful to explain to the child that even if the worker makes the initial referral to Police or appropriate agency, the child will need to speak for themselves at various points during the referral procedure and that the worker will support them through this if the child would like that.
- 9.6 There are a number of things a worker should NOT do. A worker must:
- (i) NOT show shock, disbelief or horror.
 - (ii) NOT agree to keep a secret. (see 9.2 – 9.4)
 - (iii) NOT make any promise or suggestion that they can stop the harm.
 - (iv) NOT investigate any allegations. A worker must NOT ask probing questions. A worker must not ask leading or suggestive questions. A worker must not "correct", add to or qualify the child's story. Asking questions that may be deemed as suggestive, leading or tampering with the

child's evidence can seriously jeopardise the possibilities of successfully prosecuting an abuser. Investigation must be left to qualified professionals.

- (v) NOT discuss what the child has said, with the person they have alleged has harmed them. If this guideline is not observed, any evidence the child may subsequently give may be contaminated. This may leave the child unprotected against further harm.

9.7 It is important that the worker recognises and works appropriately with the autonomy, age and stage of development of the child, whilst also seeking to ensure all safeguarding procedures are adhered to. With older children and young people, the worker should always take their views into consideration and seek to work together with them in acting on allegations of harm, whilst still fulfilling their duties to protect the child. The child should be assured that the worker will support them in getting further information about the referral process and will continue to support them through it. The worker should always be mindful that there may be other children who are at risk of harm from the same alleged perpetrator.

10 Action after a disclosure and making referrals

- 10.1 Following a disclosure, the worker must contact the DSL, or the TSL if the concern relates to the DSL. The DSL and Trustees will help determine the appropriate course of action, taking account of the child's wishes and feelings in light of their age and understanding. If the child is in immediate danger, the police must be contacted immediately.
- 10.2 In considering a course of action, it must be remembered that perpetrators are often harming other children/young people/adults at risk at the same time, and although the worker may not be in contact with these children, their safety is also of concern.
- 10.3 The worker / DSL must NOT, at any stage, approach or discuss the harm with the person alleged to have caused the harm, whoever they are, or however well-known or trusted they are deemed to be by the organisation.
- 10.4 The worker should continue to offer appropriate trauma-informed support to the child, in consultation with the DSL. Where the project offers ongoing support to a child through an investigation, thought must be given to the gender and ethnicity of the supporting worker. M13's Good Practice Guidelines must be followed.
- 10.5 A supporting worker should receive regular guidance and pastoral support from the CEO, the DSL or TSL.
- 10.6 At all times, the confidentiality of the child should be respected. The information given should not be discussed with anyone who does not need to know. It is enough to say the worker is involved in a safeguarding issue, without giving names and details.
- 10.7 The Trustees must be informed of any allegation of harm. They should also be available for consultation if the DSL is unsure of what action to take.

11 Information sharing and seeking consent

- 11.1 It is best practice to seek the child's / adults at risk' or parent's consent to share information unless, there are concerns that a child is, or may be, at risk of harm. 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.
- 11.2 **Where there are concerns that a child is, or may be, at risk of harm, the needs of the child must always come first. Priority must be given to safeguarding the child and information may be shared without consent if a worker considers this necessary for the child's safety.**
- 11.3 A child aged 16 or 17, an adult aged 18 and over, or a child under 16 who has the capacity to

understand and make their own decisions, may give (or refuse) consent to share information. Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. A worker / DSL will need to assess whether the child has sufficient understanding to give or refuse consent.

- 11.4 If a child or adult at risk is judged to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent or carer disagrees.
- 11.5 Where a child is unable to give informed consent, consent should normally be sought from a person with parental responsibility. In situations involving family conflict or separation, workers and the DSL should carefully consider whose consent is appropriate and whether seeking consent would place the child at risk.
- 11.6 It is good practice to obtain explicit consent either orally or preferably in writing.
- 11.7 If in any doubt, it is appropriate and acceptable for a worker to seek advice about information sharing.
- 11.8 A clear record should be kept of decisions made and the reasons for it, whether it is to share information or not. If a worker decides to share information, then they must keep a record of what they have shared, with whom and for what purpose.

12 Recordings, storage and retention

- 12.1 Recordings can play a key role in safeguarding children, protecting them from significant harm and in convicting adults of crimes against children and adults at risk; therefore extreme care should be taken over recording generally, recording concerns about harm to children and adults at risk in particular and recording action taken or not taken.
- 12.2 It is important any recordings or notes made are typed or written in **LEGIBLE** handwriting and in **BLACK** ink, as the notes may be used as evidence and may need to be photocopied. All recordings should be dated and signed by the worker(s) involved.
- 12.3 These notes/recordings should be kept securely in a designated Safeguarding folder kept by the DSL, as they may be required in future, along with records of all action taken. Safeguarding records will be securely retained in accordance with statutory guidance, insurance requirements and the organisation's Data Retention Schedule.
- 12.4 As part of the regular recording of sessions, workers should record information or observations they have about the general well-being of children, which may provide a 'base-line' observation if required. Standard recordings may be kept in the regular work recording folder.
- 12.5 If a worker has any specific concerns or observations about a child's welfare, including any comments children make about their own or another child's welfare, these **MUST** be recorded in a separate recording and brought to the attention of the DSL within 24 hours and discussed (as in 8.8 above). These recordings should be kept in the designated Safeguarding folder.
- 12.6 In the case where a child discloses harm, the worker must make brief notes as soon as possible after the conversation (not during; the worker should give their full attention to the child), writing down *exactly* what was said (using the same words) *by both the worker and the child and when*. Dates and times of events the child has spoken of should be recorded. It is important that the recording is as accurate and objective as possible, using the child's words not the workers own – even if it doesn't make sense to the worker, – avoiding the workers assumptions.
- 12.7 All action taken (or not taken) must be recorded, along with reasons, times, dates, referrals made and names of people spoken to, again, legibly and in black ink and signed by the DSL or worker / Trustee leading the case.
- 12.8 Workers and the DSL **MUST** always record in writing any discussions about a child's welfare (whether with another M13 worker, another professional, a child or a member of the community); including who was involved in the discussion, what was said, whether agreements were made about action to be

taken and who is to take that action. Any disagreements should also be recorded. Wherever possible, these should be signed by the participants in the conversation, but at the very least, by the M13 worker concerned.

- 12.9 At the close of a discussion about a child's welfare, participants should seek to reach a clear and explicit recorded agreement about cause for concern, action to be taken (or if not taken, why it was decided not to take action) and who will be taking what action.
- 12.10 Recordings should also be made of any discussion / consultation with a child and / or their parent and their views on the situation, and any consent given or withheld in relation to action taken.
- 12.11 Where a case is referred to the Children's Services, Police or other appropriate agency, the worker and/or DSL will submit a written report of what has happened to the Trustees, drawing on the workers notes.
- 12.12 Safeguarding records will be securely retained in accordance with statutory guidance, insurance requirements and the organisation's Data Retention Schedule.

13 Low-level internal concerns & managing allegations against an M13 worker

Low Level Concerns

- 13.1 M13 recognises the importance of responding to low-level safeguarding concerns in order to maintain a safe organisational culture and protect children, young people and adults at risk.
- 13.2 A low-level concern is any concern, no matter how small, regarding the behaviour, conduct or professional boundaries of a worker, volunteer or trustee which may be inconsistent with the organisation's code of conduct or safeguarding expectations, but which does not meet the threshold for a formal safeguarding allegation.
- 13.3 Low-level concerns may include inappropriate comments, favouritism, excessive one-to-one contact, inappropriate communication, breaches of professional boundaries or behaviour which creates a sense of unease or concern.
- 13.4 All low-level concerns should be shared appropriately with the CEO, DSL or Trustee Safeguarding Lead and will be responded to proportionately, sensitively and in line with organisational safeguarding procedures.
- 13.5 M13 may maintain confidential records of low-level concerns in order to identify patterns of behaviour and support safe practice.

Where an M13 worker is the subject of a clear allegation

- 13.6 If an M13 worker (paid or voluntary) is the subject of the allegation, the DSL and Trustees will follow the MSP procedure <https://www.manchestersafeguardingpartnership.co.uk/allegations-against-professionals-lado/> and make a referral within 1 working day to the Local Authority Designated Officer (LADO), using the appropriate LADO Referral Form (on the website), sending it to LADO@manchester.gov.uk.
- 13.7 At the point that the investigating team contact the accused person, the DSL and Trustees will ensure that pastoral support is offered to the accused person and their family, if they are within the organisation's responsibility. Contact must not be made with the accused person about the allegation UNTIL after the investigating authorities have made contact and ideally should be done with the knowledge of the LADO / investigating team. The person offering this pastoral support shall have no contact with the person who offers pastoral support to the child making the allegation, or the victim of alleged harm, or their families.
- 13.8 Those offering pastoral support on behalf of M13 to any of the parties shall not take any action, which might be construed as contaminating evidence.

DEFINITIONS OF SEXUAL, EMOTIONAL, PHYSICAL ABUSE AND NEGLECT; AND OTHER FORMS OF HARM

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Type of abuse	Child	Adult at risk
Physical (see WT26, p166)	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.	To inflict pain, physical injury or suffering to an adult at risk.
Emotional (see WT26, p162)	The persistent emotional or psychological maltreatment of a child so 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.	The use of threats, fear or power gained by another adult's position, to invalidate the person's independent wishes. Such behaviour can create very real emotional and psychological distress. All forms of abuse have an emotional component.
Sexual (see WT26, p159-60)	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.	Any non-consenting sexual act or behaviour. No one should enter into a sexual relationship with someone for whom they have pastoral responsibility or hold a position of trust.
Neglect (see WT26, p166)	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: <ul style="list-style-type: none"> • provide adequate food, clothing, and shelter (including exclusion from home or abandonment) • protect a child from physical and emotional harm or danger 	A person's wellbeing is impaired and their care needs are not met. Neglect can be deliberate or can occur as a result of not understanding what someone's needs are.

	<ul style="list-style-type: none"> • ensure adequate supervision (including the use of inadequate caregivers) • ensure access to appropriate medical care or treatment • provide suitable education <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	
Type of Abuse	Additional Definitions	
Financial <i>(see WT26, p163-64)</i>	Financial exploitation can take many forms. In this context, we use the term to describe exploitation which takes place for the purpose of money laundering. This is when criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or deceive them into facilitating the movement of illicit funds.	
Spiritual	The inappropriate use of religious belief or practice; coercion and control of one individual by another in a spiritual context; the abuse of trust by someone in a position of spiritual authority (e.g. Pastor). The person experiences spiritual abuse as a deeply emotional personal attack.	
Discrimination	The inappropriate treatment of a person because of their age, gender, ethnicity, religion, cultural background, sexuality or disability.	
Institutional	The mistreatment or abuse of a person by a regime or individuals within an institution. It can occur through repeated acts of poor or inadequate care and neglect, or poor professional practice or ill-treatment. No organisation or institution is exempt from perpetrating institutional abuse.	
Domestic Abuse <i>(see WT26 pp161-162)</i>	<p>Domestic abuse 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. It can encompass, but is not limited to psychological, physical, sexual, financial and/or emotional abuse or other abuse such as 'honour' abuse, faith- or belief-based abuse, forced marriage, female genital mutilation or reproductive coercion, harassment and stalking.</p> <p>All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children.</p>	
Cyber Abuse	The use of digital, online or internet-enabled technologies to abuse, exploit, groom, coerce, control, harass or harm another person. This may include cyberbullying, online grooming, sextortion, image-based abuse, sharing sexual images without consent, online coercion, exploitation through gaming platforms, livestreaming abuse, abuse through messaging apps or social media, AI-generated sexual imagery, online radicalisation, extremist influence, and the manipulation or exploitation of children or adults at risk through digital platforms.	
County Lines	County Lines is a form of criminal exploitation in which organised criminal groups use children, young people and adults at risk to transport, store or sell drugs, money or weapons across local authority boundaries. Children may be groomed, coerced, threatened, controlled through violence, debt, intimidation or emotional manipulation, and may go missing or be exposed to serious violence.	
Child Criminal Exploitation (CCE)	Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity in exchange for something the child needs or wants, financial gain, increased	

	status, affection or through violence or intimidation. The child may appear to consent but cannot give informed consent where exploitation is present.
Child Sexual Exploitation (CSE)	Child Sexual Exploitation is a form of child sexual abuse in which an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity in exchange for something the victim needs or wants, or for the financial advantage or increased status of the perpetrator. CSE may occur in person or online and may involve grooming, coercion, violence or intimidation.
Serious Violence	Serious violence refers to acts or threats of serious physical harm, including assault, weapon-related violence, gang-associated violence or exploitation linked to criminal activity. Children and young people affected by serious violence may be both victims and perpetrators and may be at increased risk of exploitation, trauma and harm.
Knife Crime Exploitation	Knife crime exploitation occurs where children or young people are groomed, coerced, pressured or manipulated into carrying, storing or using knives or weapons for the benefit of others, including criminal groups, peers or exploitative adults. Fear, intimidation, coercion and exploitation are often involved.
Online-Facilitated Abuse	Online-facilitated abuse is abuse, exploitation or harm that takes place through digital or internet-enabled technologies including social media, gaming platforms, livestreaming, messaging apps, image-sharing or online forums. This may include grooming, coercion, cyberbullying, sextortion, image-based abuse, exploitation, radicalisation or sexual abuse.
Suicide / Self-Harm Contagion Online	Suicide or self-harm contagion online refers to the sharing, promotion, encouragement or normalisation of suicide, self-harm or eating disorder behaviours through online content, social media, livestreams, forums or peer networks. Exposure to harmful online material may increase emotional distress, self-harming behaviour or suicide risk in vulnerable individuals.
Self-harm	Self-Harm is the intentional damage or injury to a person's own body. It is used as a way of coping with or expressing overwhelming emotional distress. An individual may also be neglecting themselves, which can result in harm to themselves.
Misogyny-Based Harm	Misogyny-based harm refers to abuse, harassment, exploitation, intimidation or violence motivated by prejudice, hostility or harmful attitudes towards women and girls. This may include sexual harassment, online abuse, controlling behaviour, image-based abuse, incel-related ideology or gender-based violence.
Mate crime	'Mate crime' is a form of crime in which a perpetrator befriends a person at risk with the intention of then exploiting the person, eg. financially, physically, emotionally, sexually. Mate crime perpetrators take advantage of the isolation and vulnerability of the person to win their confidence, in order to facilitate the abuse.
Peer-on-peer abuse	Abuse or harm caused by one child or young person to another. This may include physical abuse, sexual harassment, harmful sexual behaviour, emotional abuse, coercion, bullying, online abuse, exploitation, image-sharing abuse or group violence.
Reproductive Coercion	Reproductive coercion is behaviour that seeks to control another person's reproductive choices or bodily autonomy. This may include pressure relating to contraception, pregnancy, abortion, sexual activity or reproductive health decisions through coercion, manipulation, threats or abuse.
Modern Slavery	Modern slavery is an umbrella term for situations where an individual is exploited by others for personal or commercial gain, often losing their freedom through threats, violence, coercion, or deception. The most common forms of modern slavery are: human trafficking; forced labour; debt bondage/bonded labour; descent-based slavery; child labour/slavery; forced and early marriage; domestic servitude.

Human Trafficking	Human trafficking is when people are bought and sold for financial gain and/or abuse. Men, women and children can be trafficked, both within their own countries and over international borders. The traffickers will trick, coerce, lure or force these individuals at risk into sexual exploitation, forced labour, street crime, domestic servitude or even the sale of organs and human sacrifice.
Radicalisation	The radicalisation of individuals is the process by which people come to support any form of extremism and, in some cases, join terrorist groups. Some individuals are more vulnerable to the risk of being groomed into terrorism than others. Radicalisation may occur both offline and online, including through social media, gaming platforms, online forums and extremist digital content.
Honour / Forced Marriage	An honour marriage / forced marriage is when one or both of the spouses do not, or cannot, consent to the marriage. There may be physical, psychological, financial, sexual and emotional pressure exerted in order to make the marriage go ahead. The motivation may include the desire to control unwanted behaviour or sexuality.
Female Genital Mutilation	Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons as defined by the World Health Organisation (WHO). FGM is a cultural practice common around the world and is largely performed on girls aged between 10 and 18. Performing acts of FGM is illegal in the UK as is arranging for a child to travel abroad for FGM to be carried out.
Non-recent Abuse	Non-recent abuse (or historic abuse) is the term used to describe disclosures of abuse that were perpetrated in the past. Many people who have experienced abuse don't tell anyone what happened until years later, with around one third of people abused in childhood waiting until adulthood before they share their experience.

Appendix 2

SUMMARY OF NATIONAL POLICIES; KEY PRINCIPLES; AND ROLE OF VCSE SECTOR

Section 10 of the Children Act 2004 creates “a statutory framework for local co-operation between local authorities, key partner agencies (‘relevant partners’) and other relevant bodies (‘other bodies or persons’), including the voluntary and community sector, in order to improve the well-being of children in the area. The duty to make these arrangements is placed on the local authority and a duty to co-operate with the local authority is placed on the relevant partners”. (**Explanatory Notes.**)

Section 11 of the Children Act 2004 “imposes a duty on specified agencies to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children”. (**Explanatory Notes.**) The named agencies are all statutory bodies and do not include voluntary sector organisations.

Key Principles in Safeguarding

Safeguarding is everyone’s responsibility. **Working Together 2026** (pp.10-11) states:

10. Successful outcomes for children depend on strong partnership working between parents/carers and the practitioners working with them. Practitioners should take a child-centred approach to meeting the needs of the whole family.
 - children’s welfare is paramount
 - children’s wishes and feelings are sought, heard, and responded to.

12. A child-centred approach is fundamental to safeguarding and promoting the welfare of every child. All practitioners should follow the principles of the Children Act 1989 and 2004. These Acts make clear that

the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.

13. Children are clear about what they want from an effective safeguarding system. Children have said that they need:
- **vigilance:** to have adults notice when things are troubling them
 - **understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
 - **stability:** to be able to develop an ongoing stable relationship of trust with those helping them
 - **respect:** to be treated with the expectation that they are competent rather than not
 - **information and engagement:** to be informed about, and involved in procedures, decisions, concerns and plans
 - **explanation:** to be informed of the outcome of assessments, and decisions and reasons when their views have not met with a positive response
 - **support:** to be provided with support in their own right as well as a member of their family
 - **advocacy:** to be provided with advocacy to assist them in putting forward their views
 - **protection:** to be protected against all forms of abuse, exploitation, and discrimination, and the right to special protection and help if a refugee

The role of the VCSE Sector

Working Together 2026 (pp35, 131-133) describes the role of VCSE organisations in safeguarding as follows:

86. Many voluntary, charity, social enterprise (VCSE) organisations and sports clubs (see chapter 4 paragraphs 354-359) provide education and activities for children as part of their work. Similar to staff in schools and colleges, the staff and volunteers working with children in these settings will often play an important role in building relationships, identifying concerns, and providing direct support to children; they can often be the first trusted adult to whom a child reports abuse or the first to notice signs of potential neglect and/or abuse in children. Therefore, many of these organisations will have a crucial role to play in safeguarding and promoting the welfare of children.
87. LSPs should consider the value of including VCSEs in their local arrangements, regardless of whether they are named in the 2018 Regulations. Where LSPs choose to name these organisations as a relevant agency in published local arrangements, it is important that they are engaged in developing these safeguarding arrangements and, where applicable, made aware of their statutory duty to co-operate with them. Beyond these local arrangements, non-statutory guidance 'Keeping children safe in out-of-school settings' sets out the safeguarding arrangements that these providers should have in place, including expectations on how to manage safeguarding concerns, and the importance of familiarising themselves with local arrangements and referral routes.
354. Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver. Some of these will work with particular communities, with different races and faith communities, and deliver via health, adult social care, housing, and Prison and Probation Services. They may, as part of their work, provide a wide range of activities for children and have an important role in safeguarding children and supporting families and communities.
355. Like other organisations and agencies who work with children, they should have appropriate arrangements in place to safeguard and protect children from harm. Many of these organisations and agencies as well as many schools, children's centres, early years, and childcare organisations, will be subject to charity law and regulated either by the Charity Commission and/or other "principal" regulators. Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it. The Charity Commission for England and Wales provides guidance on charity compliance which should be followed¹⁹⁴
356. Some of these organisations and agencies are large national charities whilst others will have a much smaller local reach. Some will be delivering statutory services and may be run by volunteers, such as library services. This important group of organisations includes youth services not delivered by local authorities or district councils.

357. All practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer.
358. Every VCSE, faith-based organisation and private sector organisation or agency should have policies in place to safeguard and protect children from harm. These should be followed, and systems should be in place to ensure compliance in this. Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children from harm, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police, if necessary.
359. Every VCSE, faith-based organisation and private sector organisation or agency should have in place the arrangements described in this chapter. They should be aware of how they need to work with the safeguarding partners in a local area. Charities (within the meaning of section 1 Charities Act 2011), religious organisations (regulation 34 and schedule 3 to School Admissions) and any person involved in the provision, supervision or oversight of sport or leisure are included within the Relevant Agency Regulations. **This means if the safeguarding partners name them as a relevant partner they must cooperate.** Other VCSE, faith-based and private sector organisations not on the list of relevant agencies can also be asked to co-operate as part of the local arrangements and should do so.

Appendix 3

RECOGNISING ACTUAL OR LIKELY SIGNIFICANT HARM FOR ALL PRACTITIONERS

The following is taken from *Working Together 2026, p86*:

- (1) Practitioners are alert to potential indicators of abuse, neglect, and exploitation, and listen carefully to what a child says, how they behave, and observe how they communicate if pre-verbal or non-verbal (due to age, special needs and/or disabilities, or if unwilling to communicate). Practitioners will try to understand the child's personal experiences and observe and record any concerns.
- (2) Practitioners communicate in a way that is appropriate to the child's age, developmental stage and ability, and use evidence-based practice for engaging inclusively with all children, including those with special educational needs and disabilities.
- (3) When practitioners have concerns or information about a child that may indicate a child is suffering or likely to suffer significant harm, they share them with relevant practitioners and escalate them if necessary, using the referral or escalation procedure in place within their local multi-agency safeguarding arrangements. They update colleagues when they receive relevant new information.
- (4) Practitioners should give full consideration to concerns reported by family members, without bias or prejudice. Practitioners should not consider referrals as malicious without undertaking a full and thorough multi-agency assessment.
- (5) Practitioners never assume that information has already been shared by another professional or family member and always remain open to challenging and changing their views about the likelihood of significant harm.

Appendix 4

Working Together 2026 (pp17-20) has a large section on [Information Sharing](#) and arrangements to do this. The salient points are reproduced here. For further information, refer to Working Together to Safeguard Children 2026.

GOVERNMENT GUIDANCE ON INFORMATION SHARING

- a) Detailed government guidance concerning information sharing is available on the Working Together to Safeguard Children 2026 website on pp17-20

- b) Working Together states that “no single practitioner can have a full picture of a child’s needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe”. (Working Together 2026, p 17). It encourages practitioners to be proactive in sharing information as early as possible to help identify, assess, and respond to risks or concerns about the safety and welfare of children.
- c) It further states that: The Data Protection Act 2018 and UK GDPR support the sharing of relevant information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of safeguarding and promoting the welfare of children.
- d) The following are principles for information sharing given in the government’s pocket guide for practitioners and managers.
- Remember that the Data Protection Act 2018 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 judgement, that lack of consent can be overridden in the public interest, including if a child is at risk of harm or is being harmed. You will need to base your judgement 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.

CONSENT TO INFORMATION SHARING

- e) It is best practice to seek the child’s and/or parent’s consent to share information unless, as stated above, there are concerns that a child is, or may be, at risk of harm.
- f) A young person aged 16 or 17, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to share information. Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. You will need to assess whether the child has sufficient understanding to give or refuse consent.
- g) If you judge a child to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent or carer disagrees.
- h) In most cases where a child cannot consent or where you have judged that they are not competent to consent, a person with parental responsibility should be asked to consent on behalf of the child. Where parental consent is required, the consent of one such person is sufficient. In situations where family members are in conflict you will need to consider carefully whose consent should be sought. If the parents are separated, the consent of the resident parent would usually be sought.
- i) It is good practice to obtain explicit consent either orally or preferably in writing.
- j) As stated above, seek advice if you are in doubt about information sharing.

USEFUL CONTACTS NUMBERS - LOCAL

Contact Centre & Children's Social Care Out of Hours Service	0161 234 5001
MSP Local Authority Designated Officer	0161 234 1214
Mcr Multi-Agency Safeguarding Hub (MASH) / Central Duty	0161 234 1214
Homeless Families Unit	0161 234 4692
Out of hours contact number	0161 234 5001
GMP Central Safeguarding & PPD Admin	0161 856 6411 / 5017 / 7484
Thriving Babies Confident Parents Service (Central)	0161 234 1977
Early Help Hub North	0161 234 1973
Early Help Hub Central	0161 234 1977
Early Help Hub South	0161 234 1975
Eclipse – drug & alcohol support for young users	0161 839 2054
Manchester Midwifery Service (Central Telephone Hub)	0161 276 6246
Vulnerable School Children Team	0161 209 9956
GM Domestic Abuse Helpline	0800 254 0909
St Mary's Sexual Assault Referral Centre	0161 276 6515
Manchester Women's Aid	0161 660 7999
Website info for both professionals and survivors of DA	www.endthefear.co.uk

NATIONAL CONTACTS

Childline (for children and young people)	0800 1111
NSPCC Child Protection Helpline (for concerned adults)	0808 800 5000
Forced Marriage Unit	020 7008 0151
Protecting Children & Uniting Families Across Borders (CFAB, previously International Social Services)	020 7735 8941 Fax: www.cfab.uk.net
National Domestic Abuse Helpline (run by Refuge)	0808 200 0247
MALE Men's Advice Line & Enquiries	0808 801 0327
Respect – info for those working with perpetrators of DA	0845 122 8609