



In Gods Hands

**MASTER SAFEGUARDING AND
CHILD PROTECTION POLICY**

The Blueprint ADHD Support & Skills C.I.C.

Operating ADHD Unite Network UK

SAFEGUARDING PROMISE

Safe enough to speak. Clear enough to act. Every concern is taken seriously, recorded proportionately and passed to the right person or service without avoidable delay.

APPROVED POLICY

Version 4.0 | Approved 13 September 2026

Applies to children and young people, adults at risk, adult peer-support participants, directors, staff, volunteers, facilitators, contractors, partners, guest speakers, visitors and all official Blueprint activities delivered in person, by telephone or online.

Document control

Item	Detail
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BOARD APPROVAL GATE

Before approval, the Board should confirm: safeguarding lead and deputy; alternative reporting route; role-appropriate training; DBS eligibility and completed checks; insurance cover for each activity type; data-protection and retention arrangements; current local referral details; school/partner agreements; and arrangements for online moderation. No unchecked person may undertake regulated activity or unsupervised child contact.

How this policy should be used

This is the Blueprint's overarching safeguarding policy. It should be read alongside activity risk assessments, the code of conduct, volunteer and facilitator agreements, complaints procedure, privacy notice and data-retention schedule, first-aid arrangements, insurance terms, and any safeguarding arrangements agreed with a school, venue or partner. It is written for a peer-led C.I.C.: it sets clear responsibilities without turning peer support into clinical or statutory work.

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CORE DISTINCTION

Child safeguarding and adult safeguarding are deliberately separate in this policy. Child safeguarding follows the child protection framework in England and local children's safeguarding arrangements. Adult safeguarding is based on the Care Act 2014 and Care and Support Statutory Guidance, informed by SCIE principles and Making Safeguarding Personal. NICE guidance may inform specific ADHD or health topics but is not the adult safeguarding framework.

1. Purpose, status and service boundary

The purpose of this policy is to make sure that people who come into contact with The Blueprint ADHD Support & Skills C.I.C. are treated with dignity, can raise concerns safely, and are protected from avoidable harm wherever the C.I.C. has responsibility or influence. It sets a clear organisational standard for safer activity design, prevention, safe conduct, recognising possible harm, responding to disclosures, reporting, referral, information sharing, recording, learning and oversight.

The Blueprint is a peer-led, lived-experience ADHD support C.I.C. It exists to provide peer connection, practical support, ADHD-related education, skills development, community activities and signposting. The value of the service comes from shared experience and human connection; safeguarding therefore needs to be strong without creating an artificial distance between facilitators and participants.

THE BLUEPRINT IS NOT

A clinical mental-health service; diagnostic service; therapy provider; regulated care provider; children's social-care service; statutory safeguarding agency; emergency response service; substitute for a GP, NHS crisis service, police, social care, school/college safeguarding team or other statutory service. The Blueprint does not make statutory child-protection or Care Act safeguarding decisions.

Facilitators may listen, provide peer support, help someone consider options, share general information, signpost, contact an appropriate service, make a safeguarding referral, and call emergency services. They must not diagnose, perform clinical risk assessments, provide therapy, prescribe or administer medication, give specialist medical treatment or legal advice, investigate allegations, physically restrain someone except where a lawful and appropriately trained duty requires it, or accept sole responsibility for another person's safety.

A director, facilitator or volunteer may hold professional qualifications outside the Blueprint. Those qualifications do not automatically transfer into a Blueprint role. Any task requiring professional registration, statutory decision-making, regulated care, specialist clinical judgement or a formal assessment must be undertaken by the relevant service or professional.

This policy does not replace activity-specific risk assessments, first-aid arrangements, insurance conditions, data-protection documentation, complaints arrangements, school or partner safeguarding procedures or professional advice. Where a partner or venue has a stricter lawful safety requirement, the Blueprint will follow the stricter requirement for the activity concerned. This means the Blueprint should be honest about what it can and cannot do, make safeguarding routes visible, and ensure that no member is led to believe that peer support is a replacement for statutory, medical, therapeutic or emergency services.

People using the Blueprint should not need to understand safeguarding terminology to raise a concern. Facilitators should explain the next step in plain language, check understanding where appropriate and make reasonable adjustments to communication. The organisation will be clear about what it can do, what it cannot do and when another service needs to take responsibility.

2. Scope and where this policy applies

This policy applies to every director, employee, worker, volunteer, facilitator, contractor, guest speaker, student, partner or other person acting on behalf of the C.I.C. It also sets expected behaviour for participants, parents, carers and visitors when using Blueprint spaces or activities.

It applies whether the activity is free, funded, commissioned, donated, volunteer-led, partner-led, one-off, recurring, public or private, and whether it is delivered face to face, by phone or online. The policy also applies to information received indirectly, including concerns raised by a family member, school, partner, another participant or an online moderator. Where an activity is delivered jointly, the agreed safeguarding responsibilities should be confirmed before people attend, rather than being worked out after a concern arises. The scope is intentionally broad because people may disclose concerns in ordinary peer conversations rather than in a formal safeguarding setting. A facilitator does not need to decide whether information is “official” before taking a concern seriously. If information suggests that a child or adult may be at risk, it should be passed through the appropriate safeguarding route. The same principle applies to concerns about another participant, a volunteer, facilitator, partner, contractor or member of the public connected with an activity. Where a concern arises outside the Blueprint’s direct control, the organisation should still consider whether it can safely signpost, report or share information with an appropriate agency.

Item	Detail
Peer support and learning	Adult ADHD peer-support groups, recovery-informed discussions, skills sessions, workshops, courses, presentations, webinars and educational programmes.
One-to-one contact	Planned check-ins, support conversations, agreed follow-up, signposting and support around accessing other services.
Children, young people and families	School or college delivery, youth activities, family sessions, parent/carers sessions and children's community activities.
Community activities	Walk & Talks, fishing, allotment work, social activities, outdoor activities, community events and awareness stalls.
Practical activities	Activities involving tools, food, animals, water, vehicles, machinery, equipment, construction materials or other additional hazards.
Online and digital	WhatsApp groups, email, social media, video calls, online meetings, webinars, digital resources and direct messages through approved organisational channels.
Partnership delivery	Activities carried out with or for schools, charities, community organisations, commissioners, funders, venues or other partners.
Publicity and fundraising	Fundraising, campaigns, public engagement, photography, filming, participant stories and promotional activity on behalf of the C.I.C.
Travel and transport	Transport or travel specifically arranged and approved by the C.I.C., including activity-related journeys where the C.I.C. has responsibility.
Informal/member-led activity	Privately organised meetups are covered by the distinction and safeguards in section 16 but are not automatically official Blueprint activities.

IMPORTANT

Safeguarding does not switch off at the edge of a meeting. A concern may arise before an activity starts, during the activity, after it ends, in follow-up contact, or through an online channel. The response must be based on the information available and the person's current safety, not simply the setting in which the concern arose.

2.1 What this means in practice

Safeguarding applies from the first point of contact through to the end of an activity and any approved follow-up. It is not limited to what happens during a scheduled meeting. A concern might arise before an activity, during a group, after someone leaves, in an online message, or because several small pieces of information begin to form a pattern.

- People representing the Blueprint should know how to raise a concern even when they are not sure whether it meets a formal threshold.
- Official activities must have a named lead and appropriate safeguarding arrangements; informal member-led meetups must not be presented as Blueprint activities unless formally authorised.
- Online support follows the same safeguarding expectations as face-to-face support. A group chat is supportive, but it is not a continuously monitored emergency service.
- Child safeguarding and adult safeguarding follow separate routes. Where a concern involves more than one person, the appropriate route is considered for each individual.

2.2 What good safeguarding looks like in a peer setting

Good safeguarding should feel clear and predictable rather than intimidating. People using Blueprint activities should know who they can speak to, what the group can offer, and what will happen if a concern needs to be passed on. Facilitators should make this clear at the beginning of activities and reinforce it when needed.

- Use straightforward language: say what you can do, what you cannot do, and when another service needs to become involved.
- Keep the person informed wherever it is safe to do so, especially when information needs to be shared or a referral is being made.
- Give people time to communicate in a way that works for them, without allowing communication differences to hide a safeguarding concern.
- Be clear when an activity is informal and member-led so that nobody assumes the Blueprint is providing supervision, insurance or safeguarding oversight where it is not.
- When in doubt, ask the Safeguarding Lead for advice. Asking early is safer than waiting for certainty.

2.3 When a concern first appears

A concern may arrive in a very ordinary conversation. Someone may say something in passing, a facilitator may notice a change in behaviour, or an online message may contain information that was not expected. The person may not use safeguarding language and may not see themselves as being at risk. The facilitator's role is to notice, listen, check immediate safety and use the appropriate route.

- Do not wait for a person to use words such as "abuse", "risk" or "safeguarding" before taking a concern seriously.
- A person can share information gradually. A small concern today may become more significant when combined with later information.
- Where the concern is about someone else, record what was actually disclosed or observed and avoid repeating the information to people who do not need to know.
- If the concern is outside the Blueprint's competence or authority, seek advice rather than trying to solve it internally.

3. Safeguarding principles and definitions

3.1 Shared safeguarding principles

- Safety first: immediate danger is acted on without waiting for permission, a meeting or the Safeguarding Lead.
- People first: listen to the person affected, respect their dignity and use accessible communication wherever possible.
- Child-centred practice: for children, welfare, voice, views, wishes and lived experience remain central, while recognising that protective action may sometimes be required.
- Adult empowerment: adults are supported to understand choices and participate in decisions wherever possible.
- Proportionate action: the response should be no more intrusive than necessary, while still acting decisively where risk or legal duties require it.
- Prevention: clear boundaries, safer recruitment, good activity planning, inclusive spaces and early signposting can reduce harm and isolation.
- Equality and inclusion: safeguarding must not be weakened by assumptions about ADHD, disability, neurodivergence, communication style, race, faith, sex, gender identity, sexuality, age or socioeconomic circumstances.
- Partnership: the Blueprint works with schools, families, local authorities, police, health services and other organisations when their involvement is necessary.
- Accountability: decisions, actions, delays, disagreements and reasons are recorded and can be reviewed.

3.2 Key definitions

Item	Detail
Child	Anyone under 18 years of age.
Adult at risk	For Care Act safeguarding purposes, an adult aged 18 or over who has needs for care and support, is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves from that abuse or neglect.
Safeguarding concern	Information, behaviour, digital content or an incident that suggests a child or adult at risk may be experiencing harm, abuse, neglect or exploitation, or that someone acting for the C.I.C. may pose a safeguarding risk.
Welfare concern	A difficulty affecting wellbeing that may need support or signposting but does not automatically meet a statutory safeguarding threshold. A welfare concern can become a safeguarding concern as facts or patterns emerge.
Immediate emergency	A present or imminent threat to life, serious injury, serious violence, overdose, weapon use, or another situation requiring 999, emergency healthcare or police action.
Safeguarding Lead	The Board-appointed person responsible for oversight, advice, referrals, records, training coordination and policy compliance. The role does not make the person a clinician, social worker or statutory decision-maker.
School/college DSL	The school or college Designated Safeguarding Lead. Where Blueprint activity is delivered in a school or college, the setting's safeguarding procedures and DSL arrangements remain in force.

Item	Detail
Making Safeguarding Personal	An adult safeguarding approach that focuses on the adult's wishes, desired outcomes, wellbeing and informed choices rather than treating safeguarding as a purely process-driven exercise.
Low-level concern	A concern about behaviour or boundaries that may not meet the allegation threshold but could indicate a pattern or developing risk and therefore requires recording and review.

3.3 Using the principles in everyday peer support

These principles are intended to guide ordinary conversations as well as formal safeguarding responses. Facilitators do not need to diagnose a situation before they can act safely. The practical question is whether the information available gives a reasonable reason to seek advice, record a concern, set a boundary or involve another service.

- Listen first and avoid filling gaps with assumptions about a person, their family or their behaviour.
- Be respectfully curious when something does not add up, while recognising that unusual behaviour can have many explanations.
- Use the least intrusive response that is safe and appropriate, but do not let a wish to avoid upsetting someone prevent necessary action.
- Where another organisation has statutory or contractual responsibility, work with that organisation rather than creating a parallel process.
- Ask for help early when the situation is outside the Blueprint's role, competence, insurance or authority.

3.4 A simple rule for decisions

A facilitator does not have to work everything out alone. A safe decision can be as simple as: notice the concern, check immediate safety, record what matters, seek advice and pass the concern to the right person or service. The fact that a person is a peer, friend, volunteer or regular attendee does not change the need to act when someone may be unsafe.

- If the concern is about a child, use the child safeguarding process.
- If the concern is about an adult, consider the adult safeguarding route and the person's wishes and circumstances.
- If the concern is about a worker or volunteer, use the allegations and low-level concerns process as well as any safeguarding route that is needed.
- If the concern is urgent or unclear, prioritise safety and seek advice rather than delaying action.

3.5 Remember: you do not have to be certain

Safeguarding decisions are often made with incomplete information. Facilitators should not feel that they need to prove abuse, establish who is telling the truth or make a formal threshold decision before seeking advice. A reasonable concern is enough to start the right conversation with the Safeguarding Lead or the relevant service.

- It is safer to say "I am concerned because..." and describe the facts than to say "I know this is abuse" when the evidence is incomplete.
- If another explanation may exist, record and consider it, but do not use uncertainty as a reason to do nothing.
- Be open to challenge from another facilitator or the Safeguarding Lead. Respectful challenge is part of good safeguarding practice.
- Where information is inconsistent, consider whether communication needs, stress, trauma, disability or fear may affect how someone communicates, without assuming that any one explanation is correct.

4. Roles, accountability and governance

4.1 Board of Directors

- holds ultimate organisational accountability for safeguarding governance, resources, culture and oversight;
- approves this policy and ensures it remains suitable for the actual activities the C.I.C. undertakes;
- appoints a Safeguarding Lead and Deputy with appropriate role-based training and independence;
- ensures safer recruitment, DBS checks, training, supervision, insurance and activity controls are in place;
- ensures the C.I.C. does not accept work beyond its competence, insurance or service boundary;
- reviews anonymised safeguarding assurance, incidents, learning and overdue actions;
- ensures concerns involving a director can be handled independently;
- notifies insurers, commissioners, funders, regulators or other bodies where legally or contractually required.

4.2 Safeguarding Lead and Deputy

- provide advice and coordinate safeguarding responses without delaying urgent action;
- maintain the secure safeguarding log and monitor themes across activities, locations and digital spaces;
- keep current contact details and local referral routes for areas in which the C.I.C. operates;
- liaise with schools, local authorities, LADO, Adult Safeguarding services, police, NHS services and other appropriate bodies;
- ensure concerns about workers are escalated through the correct route and conflicts of interest are managed;
- ensure staff and volunteers know how to report concerns and have current safeguarding preparation;
- arrange audits, scenario practice, policy reviews and post-incident learning;
- ensure appropriate feedback is given to the person who raised a concern where safe and lawful.

4.3 Every person working for or representing the Blueprint

- has a responsibility to recognise concerns, respond calmly, report promptly and record accurately;
- must call 999 or make a direct safeguarding referral when necessary; nobody needs permission where delay may increase harm;
- must not investigate, interview witnesses, confront an alleged person or promise secrecy;
- must report unsafe practice, boundary breaches and concerns about colleagues, directors, volunteers, contractors or partners;
- must complete required induction and role-appropriate training before unsupervised delivery.

4.4 Partners and schools

Before joint delivery, written arrangements should identify the lead organisation, named safeguarding contacts, referral route, information-sharing arrangements, staff checks, supervision, insurance, consent, attendance, collection arrangements, emergency contacts and responsibility for medication or personal care. The partner's safeguarding process continues to apply to its own setting and staff. The Board should also ensure that safeguarding arrangements keep pace with growth: new projects, venues, online platforms, age groups and activities should be considered before launch. Where the organisation cannot safely provide the required level of supervision, competence or insurance, the activity should be paused until the gap is addressed.

5. Safer recruitment, DBS, training and supervision

5.1 Safer recruitment

- Recruitment is proportionate to the role and to the people the role may come into contact with.
- Role descriptions identify safeguarding responsibilities and whether the role involves children, adults at risk, lone working, online moderation, transport or higher-risk activities.
- Identity, relevant history, references, suitability, qualifications and role-specific information are checked as appropriate.
- DBS checks are requested only at the level legally available for the actual duties. A barred-list check is requested only where the role is legally eligible.
- No person undertakes regulated activity or unsupervised child contact until required checks are complete and approved.
- Supervision is not a paperwork workaround for missing checks: where supervision is relied upon, it must be real, appropriate and documented.
- Suitability is ongoing. New information, conduct concerns, complaints or changes in role can trigger review.

5.2 Minimum safeguarding preparation

Role	Minimum preparation	Frequency / control
All directors, staff, volunteers and facilitators	Safeguarding awareness for children and adults; reporting routes; code of conduct; online safety; equality; confidentiality; service boundary.	Before delivery; annual update.
Safeguarding Lead and Deputy	Designated safeguarding training for children and adults; thresholds; information sharing; allegations; referrals; local procedures.	Formal refresher at least every two years; annual updates.
Child/school facilitators	Child protection; school DSL procedure; child-on-child harm; exploitation; online safety; safe boundaries; disclosures.	Before child delivery; annual update or partner requirement.
Adult peer-support facilitators	Adult safeguarding; safe listening; boundaries; self-harm/suicide awareness; domestic abuse; substance emergencies; signposting limits.	Before adult delivery; annual update.
Online moderators	Digital safeguarding; moderation boundaries; evidence handling; privacy; escalation; platform safety.	Before moderation; annual update and after material platform change.
Activity leads	First aid and activity-specific competence for water, tools, food, animals, vehicles, outdoors or other identified hazards.	Before relevant activity; update when risk/role changes.
Recruiting managers	Safer recruitment and correct DBS eligibility.	Before undertaking recruitment.

TRAINING BOUNDARY

Training, Mental Health First Aid, coaching qualifications or lived experience can improve recognition and calm response. They do not turn a peer facilitator into a clinician, social worker, emergency responder or regulated professional and do not widen the C.I.C. service boundary.

5.3 Supervision and support

Safeguarding supervision in the Blueprint is a practical space to discuss boundaries, uncertainty, difficult incidents, patterns and the impact of the work. It is not clinical supervision. Where a situation exceeds peer-support competence, the matter should be handed to the relevant statutory or professional service rather than solved through internal supervision. Induction should include practical examples relevant to the person's role, such as how to respond to a disclosure, what to do when a concern arises in WhatsApp, how to record an incident and when to contact emergency or statutory services. Refresher learning should be used to reinforce judgement, boundaries and escalation rather than simply to repeat policy wording.

5.4 What useful safeguarding supervision should include

Supervision is an opportunity to think through real situations and to check that safeguarding arrangements are working in practice. It should be supportive, proportionate and focused on helping facilitators make safe decisions without turning peer support into clinical case management.

- reviewing any disclosures, incidents, boundary concerns or difficult online interactions since the previous supervision conversation;
- checking whether referrals, handovers or follow-up actions were completed and whether anyone remains at risk;
- considering repeated low-level concerns or patterns that may not be obvious when each incident is viewed separately;
- checking that the facilitator is staying within the Blueprint role and not taking on responsibilities belonging to a statutory, clinical or specialist service;
- providing space for the facilitator to reflect on their own wellbeing, uncertainty and any support they need before the next activity.

5.5 Signs that a facilitator may need more support

Safeguarding work can become difficult when a facilitator feels personally responsible for solving a situation, begins to avoid a concern because it feels uncomfortable, or is unsure where their role ends. These are signals to use supervision and ask for help rather than carrying the issue alone.

- You find yourself thinking about a safeguarding concern repeatedly outside the activity.
- You are becoming the main person a participant contacts whenever they are distressed.
- You are unsure whether a concern should be recorded or referred.
- You disagree with another facilitator about whether action is needed.
- You feel pressured by a participant, family member, partner or colleague not to report a concern.
- You are worried that a boundary decision might affect the relationship with the person or group.

In these situations, asking for advice is not a sign of failure. It is a practical way of protecting the participant, the facilitator and the organisation.

6. Code of conduct and safe boundaries

Boundaries should support genuine peer connection, not make it cold or impersonal. They exist to prevent dependency, exploitation, misunderstandings and avoidable harm while still allowing people to be human, kind and relatable.

6.1 Required behaviour

- use respectful, non-shaming and accessible language;
- keep interactions observable and accountable, especially when children are involved;
- respect disability, communication differences, sensory needs, identity and personal space;
- follow agreed arrangements for physical contact, personal care, medication and first aid;
- report boundary crossings, unsafe conduct, conflicts of interest and safeguarding concerns promptly;
- challenge bullying, harassment, sexualised behaviour, discrimination, hate and retaliation;
- be clear when speaking from lived experience: personal experience is not presented as professional or medical advice.

6.2 Prohibited or restricted behaviour

- no sexual, romantic or exploitative relationship with a child, or with an adult where the Blueprint role creates dependency, coercion or misuse of trust;
- no private direct messaging with under-18s through personal accounts, disappearing messages or secret groups;
- no personal loans, borrowing, gambling, selling or handling participant money outside approved C.I.C. procedures;
- no supplying alcohol, illegal drugs, non-prescribed medication, sexual material, weapons or harmful content through the Blueprint role;
- no unauthorised photography, filming, screenshots, live-location sharing or publication of another person's story;
- no favouritism, humiliation, threats, punishment for disclosure or asking someone to keep a relationship secret;
- no transporting a child alone, home visits or closed-door one-to-one child work unless specifically approved, consented, checked and risk assessed;
- no specialist medical, legal, financial or clinical advice outside the facilitator's role and competence.

6.3 Managing dual relationships and conflicts of interest

Because peer support is community based, people may know one another outside the Blueprint. Where an existing friendship, family connection, business relationship, romantic relationship or other personal connection could affect safeguarding decisions, confidentiality or fairness, the facilitator must tell the Safeguarding Lead and step back from decisions where necessary. The aim is to manage conflicts transparently rather than pretend they do not exist. A useful test is whether the relationship would still look appropriate if another facilitator, parent, partner organisation or Board member became aware of the contact. If the answer is uncertain, the facilitator should seek advice before continuing the arrangement.

Safe boundaries should also apply to practical help. Facilitators should avoid arrangements involving personal loans, accommodation, regular private lifts, medication, childcare or out-of-hours crisis availability unless specifically authorised, risk assessed and covered by the organisation's arrangements. If a situation begins to create dependency or uncertainty, pause and seek advice rather than trying to manage it privately.

6.4 If a boundary is challenged

If a participant asks a facilitator to keep contact secret, provide unusual personal help, move communication to a private account, meet away from agreed activities or take on responsibility that belongs to another service, the facilitator should explain the boundary clearly and seek advice if needed. A respectful boundary can be simple: "I want to help, but I need to keep this within the Blueprint's agreed arrangements so that it is safe for both of us."

7. Recognising possible harm and responding to warning signs

A concern can arise from a disclosure, something directly observed, a digital message or image, a change in behaviour, an unsafe relationship, a complaint about a worker, or several smaller pieces of information that form a pattern. No single dramatic incident is required before a concern is taken seriously.

7.1 Possible concerns affecting children

- physical abuse
- emotional abuse
- sexual abuse
- neglect
- domestic abuse
- child-on-child abuse
- bullying and harassment
- harmful sexual behaviour
- online harm and grooming
- criminal or sexual exploitation
- trafficking
- forced marriage
- female genital mutilation
- radicalisation or extremist grooming
- missing episodes where risk is apparent
- self-harm or suicidal distress
- abuse or neglect linked to disability, communication needs or dependency

7.2 Possible concerns affecting adults

- physical, sexual, psychological, financial or material abuse
- domestic abuse and coercive control
- discriminatory abuse
- organisational abuse
- modern slavery and exploitation
- neglect and acts of omission
- self-neglect
- abuse by a person in a position of trust
- harassment, stalking or unsafe relationships
- financial exploitation, scams or pressure
- serious risk arising from isolation, unsafe living conditions or dependence on another person

NEURODIVERGENCE AND COMMUNICATION

People may communicate distress differently. Someone may go quiet, become overwhelmed, laugh, freeze, become dysregulated, use very literal language, need extra processing time, contradict themselves, withdraw or apologise repeatedly. These responses do not prove or disprove what happened. Facilitators should listen, avoid assumptions and record what was actually said or observed.

7.3 Safeguarding curiosity

Facilitators should be respectfully curious without becoming investigators. The professional-curiosity training supplied with this policy emphasises looking, listening, asking direct questions, checking relevant information and reflecting rather than making assumptions. In Blueprint practice, this means noticing what is happening, listening carefully, asking only what is needed for safety, checking whether another service or partner is already involved, and reflecting on whether the information fits together. It does not mean testing evidence, interviewing witnesses or conducting an investigation.

- Look: notice changes, injuries, behaviour, relationships, digital content or environmental factors that may matter.
- Listen: give the person time to explain and notice anything that needs clarification.
- Ask: use open, respectful questions focused on safety and what needs to happen next.
- Check: where appropriate, confirm who else is involved and whether another safeguarding service or organisation already has relevant information.
- Reflect: consider whether assumptions, bias, previous experiences or a person's communication style are affecting your judgement. Facilitators should also consider whether a series of small concerns is becoming significant when viewed together. Professional curiosity in this context means being willing to check, ask respectful questions and seek advice without assuming either that abuse has occurred or that everything is fine. Warning signs should be understood alongside the person's normal presentation, circumstances and communication style. The supplied NSPCC guidance notes that changes in behaviour can have many causes and that no single sign proves abuse. Facilitators should therefore avoid both extremes: assuming that an unusual behaviour means abuse, or dismissing a concern because there may be another explanation. Where several indicators occur together, or a person gives information that raises a reasonable concern, the appropriate response is to record and seek advice. Professional curiosity means being willing to check what has been seen or heard, ask respectful and necessary questions, consider what information may be missing and escalate when the concern cannot safely be resolved within peer support. This is especially important where a child or adult may have difficulty explaining what is happening, may minimise the situation, may be frightened of consequences or may depend on the person causing harm.

7.4 Working with uncertainty and patterns of concern

A safeguarding concern does not always arrive as a clear disclosure. In peer support, people may share small pieces of information over several meetings, mention something in passing, post something online, or show a change in behaviour without explaining why. Facilitators should take the information seriously without assuming that they know what it means. The appropriate response is to notice, record what was actually said or observed, seek advice and consider whether the information should be shared with the relevant safeguarding service.

- Consider whether several smaller concerns form a pattern when viewed together.
- Do not dismiss a concern because the person appears calm, laughs, changes the subject or says that everything is fine.
- Do not treat a single behaviour, communication style or presentation as evidence of abuse or neglect.
- Where another service, school or professional is already involved, establish through the appropriate route whether they are aware of the concern rather than asking the person to repeat their whole story.
- If uncertainty remains and there may be a risk of harm, seek safeguarding advice rather than waiting for certainty.

7.5 Recording what matters

Safeguarding records should distinguish between fact, direct disclosure, observation and facilitator interpretation. A record should normally include the date and time, who was present, the words used where important, what was observed, immediate safety action taken, who was contacted, advice received and the agreed next step. Records should be factual and respectful. Facilitators should avoid labels, speculation, unnecessary detail or language that could unfairly characterise a person.

- Record concerns as soon as reasonably possible after the event, while the information is fresh.
- Where exact words matter, use quotation marks and avoid changing the meaning of what was said.
- Record actions and decisions, including where advice was sought and why a particular route was chosen.
- Store safeguarding information securely and share it only with people who need it for safeguarding, legal or organisational purposes.

7.6 When to seek advice or escalate

Facilitators should seek safeguarding advice when a concern is unclear, repeated, escalating or outside the limits of peer support. Immediate danger should never wait for a routine discussion with the Safeguarding Lead. A facilitator does not need to be certain that abuse or neglect has occurred before raising a concern.

- Escalate immediately where there is immediate danger, a serious threat to life, or a child may require urgent protection.

- Seek advice where there is a pattern of concerns, significant uncertainty or a concern involving a person in a position of trust.
- Use the relevant child or adult safeguarding route according to the person's age and circumstances; do not merge the two processes.
- After referral, remain alert to new information and escalate again if the level or nature of concern changes.

7.7 A simple curiosity check

When something does not feel right, facilitators can use a simple sequence: look, listen, ask, check and reflect. The purpose is to understand enough to make a safe decision, not to investigate or prove what happened.

- Look: notice changes, injuries, behaviour, relationships, the environment and any information that appears inconsistent.
- Listen: pay attention to what the person says, how they describe feeling safe or unsafe, and whether they appear to have difficulty explaining what is happening.
- Ask: use simple, open questions that clarify immediate safety. Avoid leading questions or asking for a detailed account.
- Check: where appropriate, consider whether a school, family member, local service or partner already has relevant information or responsibility.
- Reflect: consider your own assumptions, what you know, what you do not know and whether you need safeguarding advice or escalation.

This reflects the supplied Professional Curiosity - 7MB resource, which emphasises looking, listening, asking direct questions, checking information and reflecting rather than accepting information at face value.

7.8 Examples of respectful curiosity

Professional curiosity does not mean being intrusive. It means checking what you are seeing and hearing when something does not make sense, while staying within the limits of a peer-support role.

- If an injury is mentioned, ask only enough to understand immediate safety and whether another service may need to be involved.
- If a person says they feel unsafe at home, ask whether they are safe right now and whether there is someone appropriate who can help, rather than asking for a full history.
- If an online message appears to contradict what was said earlier, note the difference and seek advice rather than deciding which version is true.
- If several small concerns involve the same person or household, bring them together for consideration rather than treating each one as unrelated.
- If a concern involves a child and a parent or carer gives a different account, do not decide who is telling the truth; record what is known and use the child safeguarding route.

7.9 Common pitfalls to avoid

Safeguarding can be weakened by understandable attempts to be helpful. The following reminders are designed to keep peer support caring while preventing facilitators from drifting into investigation or case management.

- Do not reassure someone that "everything will be fine" when you cannot know what will happen next.
- Do not promise to personally deal with a problem or become the person's ongoing point of contact for safeguarding.
- Do not ask several people for their version of events. Record what you receive and let the appropriate service decide what further information is needed.
- Do not assume that a calm presentation means that the situation is safe, or that visible distress automatically means there is immediate danger.
- Do not let embarrassment, fear of offending someone or concern about the organisation's reputation delay action.

8. Responding to a concern, disclosure or incident

FIRST RULE

If anyone is in immediate danger, call 999. Protect life and immediate safety first. Tell the Safeguarding Lead as soon as it is safe, but never delay emergency action waiting for internal permission.

8.1 What to do

1. Listen and remain calm. Give the person time and use their preferred communication method where possible.
2. Take what is said seriously. Do not show shock, disbelief or blame.
3. Do not promise secrecy. Explain that information may need to be shared with people who can help keep someone safe.
4. Ask only enough open or clarifying questions to understand immediate safety and the action needed. Avoid leading questions and detailed investigation.
5. Check immediate needs: injury, urgent medical attention, current location, whether an alleged person is nearby, access to a weapon or harmful substance, child collection or safe transport.
6. Explain the next step in simple language and involve the person in decisions where safe and appropriate.
7. Report the concern the same day through the correct route. Do not wait for a convenient meeting.
8. Record the facts as soon as possible, including important exact words, actions taken, advice received and reasons for decisions.
9. Confirm that the referral or handover has actually happened where this can be done safely; do not assume someone else has passed information on.

8.2 What not to do

- do not investigate, seek proof or ask the person to repeat the account to several people
- do not contact or confront an alleged person of concern unless advised through the appropriate process
- do not ask a child to confront a parent or alleged person
- do not automatically contact parents/carers before safeguarding advice where doing so may increase risk or interfere with a safeguarding process
- do not delete digital material that may be evidence; do not forward it unnecessarily
- do not copy, save or forward illegal sexual images of children
- do not promise outcomes, confidentiality or immunity from consequences
- do not physically remove someone from danger unless necessary, lawful and within your competence; prioritise emergency services where required
- do not reduce the response because the person later minimises, withdraws or apologises for the disclosure

8.3 Reporting route

The usual route is immediate notification to the Blueprint Safeguarding Lead or Deputy. Where a concern arises in school or college delivery, it must also be reported immediately to the setting's DSL in accordance with that setting's procedure. If the appropriate lead is unavailable, implicated, refuses to act, or delay could increase harm, the person receiving the concern must contact the relevant local authority safeguarding service, police or emergency service directly. The correct external route depends on where the child or adult is located and the circumstances.

When unsure, seek safeguarding advice rather than wait for certainty. Concerns should not be discussed casually with colleagues, friends or group members. Share information only with people who need it for safeguarding, advice, lawful action or another clear purpose. The reporting guidance supplied with this policy supports a culture in which uncertainty leads to appropriate checking and escalation, not inaction. The aim is not to obtain a complete account. It is to keep the person safe, preserve what is relevant and make sure the concern reaches someone who can take the appropriate next step. A clear handover is part of the safeguarding response, not an optional administrative task.

9. Action-based urgency guide

The Blueprint uses an action-based approach. It does not label people as low, medium or high suicide risk and does not use a score or scale to predict what someone will do. This is consistent with the service boundary of a peer-support C.I.C. and with current NICE guidance on self-harm.

Action	When	What to do
SUPPORT	No safeguarding indicator is identified and ordinary peer sharing can continue safely.	Listen, provide peer support and signposting, maintain normal boundaries. Ordinary peer-sharing does not go onto a safeguarding file unless a genuine concern emerges.
REPORT TODAY	A safeguarding or significant welfare concern exists but there is no immediate threat requiring 999.	Ensure basic safety; notify the Safeguarding Lead/Deputy or relevant DSL the same day; make a factual record; seek or make the appropriate referral; record the decision and reason.
ACT NOW	Immediate or imminent danger, serious injury, overdose, active violence, weapon use, a missing child at serious risk or another emergency.	Call 999. Give first aid only within competence. Keep the person accompanied if safe and appropriate. Protect others. Notify the Safeguarding Lead after emergency action begins and complete the record.

If uncertain, seek safeguarding advice and choose the safer action. Apparent calmness, humour, a promise, family responsibilities, sobriety or a history of coping must not be treated as proof that there is no danger. The guide should be used alongside the actual circumstances, including age, location, access to support, immediate environment and any known safeguarding concerns. If a facilitator is unsure whether a situation requires escalation, they should seek advice rather than trying to make a definitive judgement alone.

9.1 How to use the urgency guide

The urgency guide is an operational aid for deciding what to do next. It is not a diagnosis, clinical assessment or prediction of future behaviour. Facilitators should concentrate on the information available at the time and take action proportionate to the circumstances. The fact that a person is attending a peer-support group, appears settled, says they are "fine" or does not want help does not remove the need to act when there is a clear safeguarding or immediate safety concern.

The first priority is immediate safety. Consider where the person is, whether they are currently alone, whether there is an immediate physical danger, whether emergency services are already involved, and whether there is a child or another person who may also be at risk. Where the situation is unclear, facilitators should obtain advice from the Safeguarding Lead, emergency services or the relevant statutory safeguarding service rather than trying to resolve uncertainty themselves.

9.2 SUPPORT – ordinary peer support

Where no safeguarding indicator or immediate safety concern is identified, facilitators can continue normal peer support. This may include listening, sharing lived experience appropriately, helping someone identify practical next steps, and signposting to relevant services or community support. Facilitators should maintain normal boundaries and should not turn an ordinary conversation into an investigation.

Ordinary peer discussion does not need to be treated as a safeguarding incident simply because difficult subjects are mentioned. However, if the conversation changes from general discussion to a specific concern about a person's safety, abuse, neglect, exploitation or another safeguarding matter, the response must move into the appropriate safeguarding process.

9.3 REPORT TODAY – safeguarding concern without immediate emergency

A concern should be reported the same day where there is information suggesting abuse, neglect, exploitation, coercion, domestic abuse, serious bullying, unsafe care, a child-protection concern, or another significant welfare concern that requires action but does not appear to require an immediate 999 response. The facilitator should make the person as safe as reasonably possible, notify the Blueprint Safeguarding Lead or Deputy, and make a clear factual record.

Where the concern arises during school or partner delivery, the relevant Designated Safeguarding Lead or equivalent should also be informed in accordance with the agreed safeguarding arrangements. If the appropriate person is unavailable, involved in the concern, refuses to act, or delay could increase risk, the facilitator must use the appropriate external safeguarding route directly.

9.4 ACT NOW – emergency response

Call 999 where there is immediate or imminent danger, serious injury, overdose, severe bleeding, active violence, a weapon or other immediate threat to life or safety, or where a child or adult is missing and there is an immediate serious risk. Emergency action takes priority over internal reporting. Once emergency assistance has been requested, the Safeguarding Lead should be informed as soon as practicable and the incident recorded.

Facilitators should provide only first aid or practical assistance that is within their training and competence. They should not attempt to restrain a person, physically remove dangerous items, conduct searches, provide medical treatment beyond their competence or put themselves or other group members at unnecessary risk.

9.5 When the correct action is unclear

If the available information does not clearly fit one category, the facilitator should pause, seek advice and choose the safer reasonable option. The purpose is not to achieve certainty before acting. A factual record should explain what was known, what was done, who was contacted and why. If further information becomes available, the decision should be reviewed and escalated where necessary.

9.6 Factors that should inform the decision

The action chosen should reflect the circumstances rather than a single statement or isolated behaviour.

Facilitators should consider the person's age, whether they are a child or adult, whether they are currently safe, where they are, whether anyone else may be at risk, whether an alleged source of harm is present, and whether another service or responsible adult is already involved. These factors help determine the safest next step but are not a scoring system.

For adults, facilitators should also consider whether there are signs of abuse, neglect, exploitation, coercion, unsafe care or an inability to protect themselves from harm. The adult's wishes and desired outcome should be heard wherever possible. Where the concern meets the relevant safeguarding threshold, or where immediate safety requires action, the matter should be passed to the appropriate statutory service.

For children, the concern should be considered in the context of the child's age, development, communication, family circumstances and any known support arrangements. A child should not be expected to decide whether an adult's behaviour is abusive or to manage the safeguarding response themselves. The Blueprint should use the appropriate child safeguarding route and not treat a child-protection concern as ordinary peer support.

9.7 Escalation when circumstances change

Safeguarding decisions are not necessarily one-off decisions. A situation that initially appears suitable for ordinary support may require escalation if new information emerges, the person becomes less safe, an alleged perpetrator becomes involved, the concern is repeated, or the person cannot access the support that has been suggested. Facilitators should remain alert to these changes and should update the Safeguarding Lead or relevant external service when the level or nature of concern changes.

A referral or handover should not be treated as the end of the organisation's safeguarding responsibility for the immediate incident. Where appropriate, the facilitator should confirm that the agreed handover has occurred and record any further action required of the Blueprint. The organisation should not, however, take on responsibility for statutory assessment, investigation, treatment or ongoing case management simply because it has raised a concern.

9.8 Recording the decision

The record should make it possible for another responsible person to understand why the action was taken. Record the date and time, the setting or platform, who was involved, the relevant facts or words used, immediate safety issues identified, advice sought, people or services contacted, the action agreed and any follow-up required. Records should avoid speculation, labels or personal opinions about the person's character or motives.

Where no safeguarding action is required, it may still be useful to record a brief management note if the concern was considered by a facilitator or Safeguarding Lead, particularly where there is a pattern of repeated concerns. This supports organisational learning and consistency while avoiding unnecessary creation of detailed safeguarding records about ordinary peer conversations.

9.9 A quick decision prompt

When a facilitator is unsure what to do, the following questions can help organise the information without turning the conversation into an assessment.

- What is happening right now, and is anyone in immediate danger?
- Is the concern about a child, an adult, a worker or volunteer, or more than one person?
- What has actually been seen, heard or received, and what is assumption or interpretation?
- Does the concern suggest abuse, neglect, exploitation, coercion, serious welfare concerns or an unsafe situation?
- Which safeguarding or emergency route applies, and who needs to know now?
- What needs to be recorded, what information needs to be shared, and what follow-up is required?

If the answer to the immediate-safety question is yes, do not wait for internal discussion. Use the emergency route first and notify the Safeguarding Lead when it is safe to do so.

9.10 Worked examples of urgency decisions

The examples below are intended to help facilitators recognise the difference between ordinary peer support, a concern that needs action today and an emergency. They are examples, not a substitute for judgement or safeguarding advice.

- Support: someone describes feeling overwhelmed after a difficult week but there is no indication of immediate danger. Continue ordinary peer support, signposting and normal boundaries.
- Report today: a participant describes controlling behaviour at home and says they are increasingly frightened. Listen, consider immediate safety, inform the Safeguarding Lead and use the appropriate adult safeguarding or other relevant route.
- Act now: a participant has taken an overdose, has serious injuries or says they are about to seriously harm themselves. Call 999 and follow emergency instructions before completing routine internal reporting.
- Child concern: a young person says they are scared to go home. Do not promise secrecy or investigate. Check immediate safety and use the child safeguarding route.
- Unclear situation: information is worrying but incomplete. Seek advice promptly and record the concern and the decision reached.

9.11 What should not delay emergency action

Some situations require action before a facilitator has complete information. When there is an immediate threat to life or serious injury, emergency services should be contacted without waiting for agreement, a written record or a response from another member of the organisation.

- Waiting for the person to promise that they will not act.
- Waiting for the Safeguarding Lead to become available.
- Waiting for a parent, partner or friend to give permission where emergency action is necessary.
- Trying to establish a detailed history before calling 999.
- Arguing about whether the person "really means it".

Once immediate safety is addressed, the facilitator should return to the normal reporting, recording and follow-up arrangements in this policy.

10. Suicide, self-harm, overdose and acute distress

People may talk about suicide, self-harm, overdose, hopelessness, severe distress or feeling unable to cope in peer-support spaces. These conversations must be met with calm, direct and compassionate responses. Self-harm does not automatically mean suicidal intent, but it must never be dismissed or managed through an informal "no-record" rule when a genuine safeguarding or immediate safety concern exists.

10.1 Immediate safety questions

- Are you thinking about ending your life or seriously harming yourself right now?
- Have you made a plan, chosen a time or taken steps towards it?
- Do you have access to medication, a substance, a weapon or another means you might use?
- Have you injured yourself or taken anything that needs urgent medical attention?
- Are you alone, and is there a trusted person or service we can contact with you?

IMPORTANT

These questions support an immediate action decision. They are not a clinical risk assessment. Do not use a score or low/medium/high label.

10.2 Required response

- Immediate plan, attempt, serious injury, overdose, active means or imminent danger: call 999 or attend A&E. Keep the person accompanied if safe. Do not rely on a promise to stay safe.
- Urgent distress without immediate life threat: support the person to contact NHS 111, the urgent mental-health route, urgent GP support or another appropriate service. Record safeguarding information where a concern is present.
- Child or young person discloses current self-harm or suicidal thoughts: follow the child safeguarding route and, where relevant, report to the school DSL and Blueprint Safeguarding Lead the same day.
- Self-harm injury: provide first aid only within competence and seek NHS 111, urgent treatment or 999 according to the injury.
- A voluntary safety plan may be a supportive tool but is not a substitute for referral, emergency action or professional assessment.

10.3 Facilitator boundary

A Blueprint facilitator may listen, ask immediate-safety questions, call for help and signpost. They must not diagnose, prescribe, physically remove means by force, provide therapy or accept sole ongoing responsibility for keeping someone alive. Once an appropriate service has taken over, the facilitator should not continue acting as a crisis practitioner outside the agreed Blueprint role. The Blueprint should remain compassionate while recognising that repeated or escalating crisis contact may indicate that a person needs support beyond the organisation's role. Signposting should be practical and, where appropriate, include helping the person identify the service or person they can contact next.

10.4 Responding to a disclosure in a group or online

If someone raises suicidal thoughts, self-harm or acute distress during a group, the facilitator should remain calm, acknowledge what has been said and move the conversation away from unnecessary detail that could distress or influence other participants. Where possible, another facilitator should support the wider group while the designated person checks immediate safety with the individual.

In an online group, the facilitator should use the information available through the approved platform to establish the person's location and a way of contacting them if emergency help is required. If the person stops responding during an apparent emergency, facilitators should not assume that the risk has passed. The organisation should use the emergency or safeguarding information available to it and seek appropriate external help.

Facilitators should avoid asking for graphic descriptions of self-harm, detailed methods, quantities or other information that is not necessary to decide the next action. The focus should remain on immediate safety, obtaining appropriate help and reducing the risk of the situation becoming more harmful for the individual or other participants.

10.5 Overdose, poisoning or serious physical injury

Suspected overdose, poisoning, severe bleeding, serious injury, loss of consciousness, breathing difficulties or another potentially life-threatening physical condition requires emergency medical help. Call 999 and follow the operator's instructions. Do not attempt to diagnose the substance or injury and do not provide treatment outside the facilitator's training.

Where a person has taken medication, drugs, alcohol or another substance and there is uncertainty about the seriousness of the situation, facilitators should err on the side of obtaining urgent medical advice. Information that may help emergency responders should be passed on where known, including what was taken, when it may have been taken and the person's location, but facilitators should not delay emergency assistance while trying to establish a complete history.

10.6 Children and young people

A disclosure of current self-harm, suicidal thoughts or serious emotional distress by a child or young person must be treated within the child safeguarding arrangements. The facilitator should follow the child safeguarding route, inform the relevant school DSL where applicable, and notify the Blueprint Safeguarding Lead. Parents or carers should normally be involved through the appropriate safeguarding route, but they should not be contacted first if doing so could increase risk, compromise a safeguarding response or place the child or another person in greater danger.

The Blueprint does not provide specialist mental-health assessment, treatment or crisis management for children. Its role is to listen, respond safely, share concerns appropriately and connect the child or family with the people and services responsible for providing the necessary support.

10.7 Follow-up and recording

After an incident, the facilitator should make a factual record as soon as practicable. The record should distinguish between what was directly observed, what the person said, what other people reported and what action was taken. It should include relevant times, contacts, referrals and decisions without unnecessary personal detail.

Where appropriate, the Safeguarding Lead should check that the concern has reached the correct service and that any agreed organisational actions have been completed. This does not mean that the Blueprint takes responsibility for a person's ongoing care. Once an appropriate statutory, health, emergency or partner service has taken responsibility, the Blueprint should return to its defined peer-support role unless a formal arrangement says otherwise.

10.8 Supporting facilitators after an incident

Safeguarding and crisis situations can be difficult for people with lived experience, particularly where the circumstances resonate personally. Facilitators should be offered a suitable opportunity to debrief, reflect and seek support. Debriefing should protect confidentiality and should not become informal discussion of the person involved. The organisation should use significant incidents to identify learning, training needs and any changes needed to improve safety.

10.9 Communication during a crisis

The way a facilitator communicates can help keep the situation calm. Use short, clear sentences, allow extra processing time, avoid judgement and focus on what needs to happen next. A person may communicate in ways that are unusual, inconsistent or difficult to follow when overwhelmed. This should not automatically be interpreted as dishonesty or lack of concern. Ask for clarification where it matters for immediate safety and avoid arguing about the person's feelings or trying to persuade them that they should not feel distressed.

Facilitators should avoid statements that create false reassurance, such as promising that everything will be fine or that information will remain secret. They should also avoid challenging, shaming or threatening the person. A useful response is to acknowledge what has been said, explain the next step and involve the appropriate support. Where emergency help is needed, the facilitator should be clear that contacting emergency services is about keeping the person safe rather than punishing them.

10.10 Group safety and other participants

When a crisis occurs in a group, the facilitator should balance the immediate needs of the person with the safety and wellbeing of everyone else. Detailed discussion of methods, graphic descriptions or personal instructions

should not take place in front of the wider group. The facilitator may pause the discussion, move to a private but observable space, or ask another trained person to support the group while the concern is addressed.

Other participants should not be asked to provide crisis care, physically intervene, transport the person, investigate what has happened or take responsibility for monitoring them. They may be encouraged to seek support for themselves if the incident has affected them. Any follow-up communication should protect the person's privacy and avoid unnecessary sharing of personal information.

10.11 Online and messaging situations

If a safeguarding or immediate safety concern is disclosed through WhatsApp, social media, email, video call or another approved digital channel, the facilitator should preserve the relevant information and move the response into the appropriate safeguarding process. Do not continue a long crisis conversation through informal messaging when direct emergency or safeguarding intervention is required.

Where an emergency response may be necessary, establish the person's current location if this can be done safely and promptly. If the person is in a different area from the facilitator, the appropriate local emergency or safeguarding service should be contacted. The fact that a person is communicating online does not make the concern less serious and does not remove the organisation's duty to respond appropriately within its role.

10.12 Boundaries around ongoing contact

A facilitator should not create an informal arrangement to monitor someone's safety through personal calls, private messaging or repeated check-ins outside the organisation's agreed processes. If a person needs ongoing crisis support, the facilitator should help them connect with an appropriate service or trusted person rather than becoming the sole point of contact. This protects both the person seeking help and the facilitator.

Where a person repeatedly presents with crisis concerns, the Safeguarding Lead should consider whether the current peer-support arrangement remains appropriate and whether additional boundaries, partner involvement or signposting are required. Any decision should be proportionate and should avoid excluding someone simply because they have experienced distress. The purpose is to make sure the support offered is safe, realistic and within the Blueprint's competence.

10.13 Learning from serious incidents

Where an incident results in emergency intervention, significant injury, a serious safeguarding concern or a serious allegation involving the organisation, the Board or Safeguarding Lead should consider whether a formal review is required. The review should focus on what happened, what worked, what could have been clearer, whether the correct route was used, and whether changes are needed to training, activity planning, online moderation, staffing or partnership arrangements.

Learning should be shared in a way that protects confidentiality. The purpose is improvement rather than blame. Where the incident indicates a wider organisational concern, the Board should ensure that actions are assigned, completed and checked.

10.14 When a person is unable or unwilling to engage with help

A person in distress may refuse help, stop responding, leave a group or say that they do not want anyone contacted. Facilitators should remain respectful but should not treat refusal as proof that the situation is safe. Where there is immediate danger, emergency action takes priority. Where there is a safeguarding concern without an immediate emergency, seek advice and record the decision. Facilitators must not place themselves at risk or use force outside their competence and lawful authority.

10.15 After emergency or safeguarding services have been contacted

Once emergency or statutory services have been contacted, follow their instructions and provide relevant factual information. If a person leaves before help arrives, pass on information needed to locate them where known and safe to do so. Notify the Safeguarding Lead as soon as practicable, complete the record and allocate any immediate organisational follow-up. Do not promise a particular outcome or create a private monitoring arrangement after handover.

10.16 Reducing avoidable harm in group settings

The Blueprint should plan ahead for the possibility that someone may become overwhelmed or distressed. Facilitators should know where a quieter but observable space is available, who can support the wider group, how emergency access can be obtained and where current contacts are kept. Other participants should not be asked to provide crisis care or transport. After an incident, return the group to normal activity when safe and avoid unnecessary discussion of the individual's circumstances.

10.17 Learning without blame

Serious incidents should be reviewed for practical learning even when the outcome was positive. Consider whether the concern was recognised promptly, whether the reporting route was clear, whether communication was accessible, whether roles were understood and whether changes are needed to training, activity planning, online moderation or partner arrangements. The purpose is improvement rather than blame, and learning should be shared without unnecessary personal information.

10.18 After the incident: return to ordinary peer support

When the immediate safeguarding or emergency response has been completed, facilitators should return to the normal limits of the peer-support role. A person should not be treated differently, excluded from ordinary support or repeatedly questioned simply because they have experienced a crisis. If further safeguarding information emerges, the concern should be reconsidered through the appropriate route. Where no further action is required, the facilitator should avoid creating unnecessary ongoing monitoring arrangements and should focus on dignity, inclusion and safe participation.

10.19 Practical facilitator checklist during acute distress

In a live group or online session, a calm and simple response is usually safer than trying to solve everything at once. Facilitators should focus on immediate safety, clear communication and getting the right help.

- Move the conversation away from unnecessary public detail where this can be done safely, while keeping the person visible and supported.
- Use plain language and check that the person understands what will happen next.
- Do not ask other participants to take responsibility for the person, collect medication, provide transport or remain with them after the session.
- Where emergency services are contacted, follow their instructions and provide relevant facts rather than personal opinions.
- Record the concern and action taken as soon as reasonably possible, including any advice received.
- After the immediate situation has been dealt with, return the person to normal peer-support boundaries unless further safeguarding information requires action.

This keeps the response supportive without turning the Blueprint into a crisis-management or clinical service.

10.20 Keeping the group safe after a crisis

A safeguarding or emergency incident can affect other people in the group too. Facilitators should protect confidentiality while acknowledging that an incident may have been upsetting or disruptive. The aim is to restore a calm, safe environment without discussing personal details.

- Give the wider group a simple explanation when appropriate, such as confirming that help has been contacted and that the situation is being handled.
- Do not share the person's name, diagnosis, personal history or safeguarding information with other participants unless there is a specific lawful reason.
- Where a session has been disrupted, check practical safety before continuing or closing the activity.
- Offer general signposting to support without turning the group into a crisis service.
- Ask facilitators involved whether a debrief, supervision or time away from delivery is needed.

11. Child safeguarding and child protection

CHILD SAFEGUARDING FRAMEWORK

For children and young people, the Blueprint follows the current safeguarding framework in England: the Children Act 1989; Children Act 2004; Children and Social Work Act 2017; Working Together to Safeguard Children 2026; and, where school or college delivery is involved, Keeping Children Safe in Education 2026. Current child information-sharing statutory guidance and local safeguarding arrangements must also be followed where applicable. Local procedures determine referral routes and thresholds.

The Blueprint uses the UN Convention on the Rights of the Child as a rights-based reference and may use practice resources such as Research in Practice Safe Uncertainty, Protect guidance and relevant Anna Freud resources. These are supporting resources; they do not replace legislation, statutory guidance or local procedures.

11.1 Child-centred practice

The UN Convention on the Rights of the Child provides a practical rights-based reference for Blueprint child-facing work. Children should be listened to, treated without discrimination, have their best interests considered, have appropriate privacy, and be protected from violence, abuse and neglect. Their views should be taken seriously while recognising that safeguarding action may still be necessary.

- children should be listened to and given age-appropriate information about what will happen next
- communication should be adapted to age, language, disability and neurodivergent communication needs
- children should not be expected to investigate, prove or repeatedly retell what has happened
- adults should not promise a child secrecy when safeguarding information may need to be shared
- the child's views matter, but they do not prevent protective action where safeguarding duties require it

As a voluntary and community organisation, the Blueprint maintains proper safeguarding arrangements and works with the relevant school, local safeguarding partnership, Early Help, children's social care, police and other agencies when their involvement is needed. Where appropriate and agreed, the Blueprint may contribute information to Early Help or multi-agency work. It does not undertake statutory children's social-care assessments, make statutory threshold decisions or replace statutory safeguarding partners.

11.2 Before child or family delivery

- written agreement identifies the school/partner DSL, deputy, Blueprint Safeguarding Lead, emergency route and information-sharing arrangements
- partner confirms attendance, parent/carers information, consent where required, medical information, reasonable adjustments, collection arrangements and relevant risk information
- Blueprint confirms facilitator identity, role, training, DBS status where eligible, supervision, insurance and activity risk assessment
- a responsible school/partner staff member remains available and, unless expressly agreed and safely arranged, present during the session
- children receive an accessible explanation of privacy, behaviour expectations and how to raise a concern

11.3 During and after child delivery

- partner safeguarding and behaviour procedures apply alongside this policy
- concerns are reported immediately to the DSL and Blueprint Safeguarding Lead; direct referral is made if the lead is unavailable or does not act and risk remains
- one-to-one conversations with children are observable or interruptible, with another responsible adult aware
- no private personal-account messaging with children; use school, parent/carers or approved organisational channels
- photography, filming and sharing a child's story require the correct consent and, where appropriate, the child's assent; do not publish identifying or sensitive details
- medication, personal care and child collection remain the responsibility of the school or parent/carers unless there is a specific written, trained and insured arrangement

11.4 Specific child safeguarding situations

Item	Detail
Online harm or grooming	Act on concerning content or disclosures; preserve only necessary evidence; do not forward illegal images; use police/child safeguarding routes where required.
Bullying or child-on-child harm	Take reports seriously, avoid labelling a child, report through the appropriate child safeguarding/education route and follow behaviour arrangements.
Missing child	Follow the partner venue/school procedure immediately. If there is serious or immediate risk, contact police/emergency services.
Domestic abuse	Do not confront an alleged perpetrator. Seek safeguarding advice and consider whether contacting a parent/carer could increase risk.
Exploitation or trafficking	Do not investigate. Record the information, report through the appropriate children's safeguarding/police route and preserve relevant evidence safely.
Self-harm/suicidal distress	Follow section 10 and the child safeguarding route; do not manage the issue solely within peer support.
FGM, forced marriage or radicalisation concerns	Seek safeguarding advice promptly and follow the relevant statutory route; do not promise secrecy or attempt to investigate.
Allegation about a person working with children	Follow section 17 and the relevant LADO/local authority process immediately.

11.5 Parents and carers

Parents and carers should normally be involved in support and safeguarding decisions where appropriate. They must not automatically be contacted first where doing so may place a child or another person at greater risk, compromise evidence or interfere with a safeguarding process. The school DSL or relevant local authority safeguarding service should advise.

11.6 Child safeguarding in online spaces

The same child safeguarding standards apply online as in person. Moderators and facilitators must use approved organisational accounts, follow section 13, avoid private personal-account communication and act on disclosures or concerning content rather than assuming an online statement is only venting. The Blueprint should also be alert to concerns that may be less obvious in peer settings, including grooming, exploitation, trafficking, harmful sexual behaviour, domestic abuse and cyberbullying. The supplied NSPCC material reinforces that behaviour changes and other signs should be considered in context and reported through safeguarding procedures rather than investigated by volunteers.

11.7 Responding to disclosures, professional curiosity and partnership

If a child shares information that may indicate harm, facilitators should remain calm, listen in the child's own words and explain that safeguarding information may need to be shared. They should not promise secrecy, ask leading questions, confront an alleged perpetrator or attempt to establish whether the account is true. Ask only what is needed for immediate safety, record accurately and report promptly through the agreed child safeguarding route. Facilitators should remain curious when information does not make sense, consider age, communication, disability and context, and seek advice rather than repeatedly questioning the child. The Blueprint should work alongside families, schools and relevant services where safe and appropriate, contributing lived-experience insight without undertaking statutory assessments or child-protection decisions.

- Do not treat communication differences or unusual behaviour as proof of abuse, and do not dismiss a concern because another explanation may exist.
- Do not create parallel safeguarding processes where a school or statutory service already has responsibility; use agreed information-sharing routes and be clear about the Blueprint's role.
- If immediate risk remains, or the normal safeguarding route is unavailable or does not respond, escalate directly to the appropriate statutory service.

11.8 Working with parents, carers and partner organisations

The Blueprint should aim for a respectful “no surprises” approach when working with families and partner organisations. Families should be helped to understand what the Blueprint can and cannot do, who is responsible for safeguarding decisions, and what may happen if a concern is raised.

- Where safe and appropriate, explain the purpose of sharing information before it happens and give people an opportunity to ask questions.
- Keep the child's welfare, wishes and communication needs central to conversations about support.
- Do not assume that a parent or carer should automatically be contacted first if doing so could increase risk or interfere with safeguarding action.
- Where a school or statutory service already has responsibility, use the agreed route and share relevant information rather than creating a separate investigation.
- Contribute the Blueprint's lived-experience perspective where useful, while remaining clear that statutory assessments and child-protection decisions belong to the appropriate agencies.

This reflects the supplied Trafford Early Support and Family Help Strategy, which emphasises working with families, building on strengths, coordinated information sharing and getting the right support at the right time.

11.9 Family communication after a safeguarding concern

Where a safeguarding concern affects a child or family, communication should be calm, factual and proportionate. The Blueprint should avoid creating fear by using language that suggests an outcome has already been decided. Equally, it must not minimise a concern simply because a family is upset by the referral.

- Explain the Blueprint's role and the reason for any referral where it is safe and appropriate to do so.
- Use the family's preferred accessible communication wherever possible and allow extra time where communication needs require it.
- Do not promise that information will stay private or that a particular service will take a particular action.
- Keep safeguarding information on a need-to-know basis and avoid discussing the concern informally with other families or volunteers.
- Where responsibility has transferred to another service, be clear about what the Blueprint can still offer as peer support and what sits outside its role.

11.10 Working constructively with partner agencies

Where another organisation is already involved, the Blueprint should aim to support a coordinated response rather than duplicate it. The person should not have to repeatedly explain the same experience simply because different organisations have separate processes. The Blueprint can contribute relevant lived-experience information while remaining clear about who holds statutory responsibility.

- Confirm who the lead person or service is and what the Blueprint is expected to contribute.
- Share only the information that is relevant to the agreed purpose and lawful to share.
- Be clear about what the Blueprint has observed directly and what has been reported by someone else.
- Keep the participant informed about what is happening where it is safe and appropriate to do so.
- Escalate again if new information suggests that the person is becoming less safe or that the existing response is not sufficient.

12. Adult safeguarding and adult peer support

ADULT SAFEGUARDING FRAMEWORK

Adult safeguarding in the Blueprint is based on the Care Act 2014 and Care and Support Statutory Guidance. Practice is informed by the six adult safeguarding principles identified by SCIE and by Making Safeguarding Personal. NICE guidance may be relevant to specific ADHD, self-harm or health topics, but it is not the adult safeguarding framework.

The Care Act safeguarding framework is aimed at adults who have needs for care and support, are experiencing or at risk of abuse or neglect, and because of those needs are unable to protect themselves from that abuse or neglect. The local authority determines whether the statutory safeguarding threshold is met. The Blueprint does not make that statutory determination.

Good adult safeguarding also requires respectful curiosity. Where information does not fit together, facilitators should not simply assume the first explanation is correct. They should look, listen, ask clear questions focused on safety, check whether other services or trusted people are involved, and reflect on what the available information means. This is a safeguarding practice, not a permission to investigate or test evidence.

12.1 The six adult safeguarding principles

Principle	Blueprint approach	Practical example
Empowerment	Support adults to understand choices and make their own decisions wherever possible.	Ask what the adult wants to happen and who they want involved.
Prevention	Act early and reduce avoidable isolation or exposure to harm.	Use safe group boundaries, safer recruitment, accessible spaces and timely signposting.
Proportionality	Use the least intrusive response appropriate to the risk.	Do not take over an adult's life simply because a situation feels uncomfortable.
Protection	Support and represent people who need more help to stay safe.	Help an adult contact police, local authority safeguarding or another service where appropriate.
Partnership	Work with the adult, chosen supporters and relevant agencies.	Agree who is best placed to take the next step and hand over safely.
Accountability	Be clear about responsibility, decisions and information sharing.	Record what was decided, why, who acted and what happens next.

12.2 Making Safeguarding Personal

- ask the adult what outcome they want and what would help them feel safer
- involve the adult in decisions wherever possible
- respect informed choices, while recognising that protective action may still be necessary where law or serious safety concerns require it
- use the least restrictive and most proportionate response available
- consider communication needs, accessibility, advocacy and the adult's chosen supporters
- do not assume that ADHD, another diagnosis, distress, intoxication, communication difference or an unwise decision means that the person lacks capacity

Mental capacity is decision-specific and time-specific. Facilitators should not make unsupported judgments about capacity. Where capacity is genuinely in question or a decision has significant consequences, seek appropriate advice from the relevant service.

12.3 Adult peer-support groups

- open-door sessions use proportionate sign-in arrangements and provide an accessible privacy notice and clear group boundaries
- meeting preamble explains privacy and safeguarding limits; staying in a room or group is not treated as GDPR consent
- peer members are not expected to provide unmonitored crisis support or manage another person's safeguarding concern
- facilitators remain within peer-support and education boundaries and do not create dependency through acute distress
- unsafe behaviour may lead to proportionate boundaries or temporary removal; a person is not punished for making a genuine disclosure

12.4 Adult safeguarding concerns

Possible concerns include physical, sexual, psychological, financial or material abuse; discriminatory or organisational abuse; domestic abuse; modern slavery; neglect; self-neglect; coercive control; exploitation; abuse by a person in a position of trust; stalking; unsafe relationships; or serious vulnerability arising from dependence, isolation or living conditions. Not every distressed adult is an adult at risk under the Care Act. The Blueprint should still respond to serious safety and welfare concerns through the most appropriate route.

12.5 Adult safeguarding refusal and ongoing risk

An adult may decide not to accept support. Facilitators should listen, explain options honestly, explore what would make the situation safer and respect an informed decision wherever possible. Consent is important but is not the only consideration: information may need to be shared without consent where there is a lawful and proportionate basis, such as serious risk to life, risk to a child or another adult at risk, serious crime, coercion, inability to make the relevant decision, or another overriding legal or public-interest reason. Adult safeguarding decisions should remain focused on the adult's wishes, safety and wellbeing. Where there is disagreement between what an adult wants and what others believe should happen, the facilitator should avoid taking over the decision and instead seek appropriate safeguarding advice, particularly where there may be coercion, serious harm or concerns about the person's ability to make the relevant decision.

12.6 Responding to adult safeguarding concerns

When an adult raises a safeguarding concern, the facilitator should listen, establish whether there is any immediate danger and explain what the Blueprint can and cannot do. The adult should normally be involved in deciding what happens next. Where the circumstances meet, or may meet, the statutory safeguarding framework, the relevant local authority safeguarding route should be used. The Blueprint should not attempt to determine the statutory threshold itself.

- Ask what the adult wants to happen and what would help them feel safer, unless immediate protective action is required.
- Check whether the adult has a trusted person, advocate or existing service that they want involved.
- Explain honestly when information may need to be shared without consent because of serious safety, legal or public-interest considerations.
- Record the concern, the adult's wishes, the advice received and the action taken.
- If the adult declines support but there remains serious or escalating concern, seek safeguarding advice rather than simply closing the matter.

12.7 Adult safeguarding in one-to-one and online peer support

One-to-one conversations may take place as part of peer support, signposting or practical help, but they must not become an unplanned substitute for professional care, social care or crisis response. Online contact carries the same safeguarding responsibilities as face-to-face contact. Facilitators should use approved organisational channels, avoid creating private dependency and keep clear boundaries around availability.

- Do not promise to remain available at all times or imply that a facilitator is personally responsible for another adult's safety.
- Move significant safeguarding discussions from informal social-media messaging into the approved organisational process wherever possible.

- If an online message indicates immediate danger, follow the emergency process rather than waiting for the next group session.
- Do not investigate allegations made about partners, relatives, carers or other members; record and refer through the appropriate route.

12.8 Boundaries, referral and handover

Peer support is strongest when the boundary between listening and taking responsibility is clear. A facilitator may help an adult organise their thoughts, identify options, prepare questions for another service or understand where to seek help. The facilitator should not take control of the person's decisions, contact multiple services on their behalf without an appropriate basis, or continue a safeguarding matter privately once it has been referred.

- Use warm, respectful language while remaining clear about the limits of the peer-support role.
- Make handovers explicit: identify who has taken responsibility for the next safeguarding action and what the Blueprint still needs to do.
- Where a concern has been referred, record the date, recipient and agreed next step, subject to lawful information-sharing requirements.
- Where the situation changes, becomes more urgent or is not being responded to, reassess and escalate rather than assuming the original referral is sufficient.

12.9 Practical safeguarding boundaries for adult peer support

The Blueprint's role is connection, shared experience, practical learning and signposting. Clear boundaries protect members and facilitators and help identify when another service needs to take responsibility.

- Facilitators may listen and support signposting, but should not become a person's social worker, therapist or crisis responder.
- Complex, persistent or escalating concerns should be brought to the Safeguarding Lead and not managed privately by one facilitator.
- Personal phones, personal social-media accounts and private meetings must not become an informal safeguarding case-management system.
- If circumstances change or a referral is not producing a safe response, reassess and escalate through the appropriate route.

12.10 Practical examples of adult peer-support boundaries

A warm peer-support relationship can remain safe when the boundaries are visible and consistent. The following examples help facilitators distinguish supportive contact from taking on a role that belongs to another service.

- Helping someone prepare what they want to say to their GP or another service is appropriate; acting as their clinician or case manager is not.
- Checking in after a difficult group can be appropriate where it follows an agreed organisational process; becoming someone's only overnight or crisis contact is not.
- Sharing a relevant lived-experience strategy is appropriate; telling someone what medication to take or how to change prescribed treatment is not.
- Supporting an adult to identify options is appropriate; making financial, housing, legal or safeguarding decisions for them is not.
- Encouraging an adult to involve a trusted person can be helpful; privately coordinating their entire support network through a personal phone is not.

13. Online, WhatsApp, social media and digital activity

Online safeguarding is not a weaker version of safeguarding. The same expectations for respect, boundaries, reporting, information sharing and recording apply online as in person. Digital activity creates additional risks because content can be copied, forwarded, misread, accessed outside expected hours or seen by people who were not part of the original conversation.

13.1 Official channels

- official channels should clearly state their purpose, administrators/moderators, moderation arrangements and emergency-service limits
- pinned or welcome information should give appropriate emergency and support routes
- moderators should use organisational accounts rather than personal accounts for official moderation
- where platform controls allow it, use access controls, waiting rooms, passwords or invitations for closed sessions
- do not allow participants to believe a WhatsApp group or social-media page is monitored continuously or functions as a crisis line

13.2 Moderation and response

- safeguarding content should be treated seriously and escalated according to the urgency guide
- moderators should preserve necessary evidence only and move it to secure organisational storage as soon as practicable
- do not copy, save or forward illegal sexual images of children; contact police or safeguarding services for advice
- do not debate, shame or publicly challenge a disclosure in a group
- use a private organisational channel for necessary follow-up, with transparent arrangements
- moderators must not diagnose, provide therapy or manage acute risk alone

13.3 Digital boundaries

- no private personal-account contact with under-18s
- no disappearing messages or secret groups for organisational safeguarding activity
- no unauthorised screenshots, recording, forwarding, doxxing, live-location sharing or publication of another person's story
- no sharing of identifiable personal information about participants outside the people who need it
- participants are reminded that no online space can guarantee that another participant will not copy or retain content; the Blueprint controls its own conduct and moderation but cannot control every participant's device

13.4 Online events

Online sessions should have clear start and end times, appropriate host permissions, controlled access where appropriate, clear recording rules, an agreed moderation role and a response plan for unexpected disclosures, abusive content, impersonation, disruption or technical failure. Moderators should also remember that online conversations can change rapidly. A message that appears minor in isolation may become significant when combined with previous messages, repeated contact, threats, grooming behaviour or information from another source. The safest response is to preserve relevant context and escalate appropriately.

14. One-to-one support, lone working and home contact

One-to-one contact can be useful in peer support but creates additional safeguarding and boundary risks. It should be planned and role-defined rather than developing informally from a crisis or personal relationship.

- use an approved venue, platform or organisational contact route
- agree a clear start and end time; avoid open-ended availability
- a responsible person should know the location and expected finish time for lone working, using a check-in/check-out arrangement where needed
- record the purpose of a planned contact and any safeguarding concern, not a detailed diary of ordinary private conversation
- do not meet a child alone in a private or hidden space
- home visits, personal transport and out-of-hours contact require prior approval, appropriate checks, consent, individual risk assessment and an emergency plan
- no worker becomes someone's sole crisis contact, keeps their medication, manages their finances or creates a dependency relationship through the Blueprint role
- if a conversation moves beyond peer support into specialist needs, signpost or hand over to the appropriate professional or statutory service Any arrangement involving regular one-to-one contact should have a clear purpose, start and end point and agreed communication method. Informal contact should not gradually become an unrecorded support service or create a situation in which a member believes a particular facilitator is personally responsible for them. One-to-one support should never become an informal substitute for casework. Facilitators should be clear about the purpose of contact, avoid unnecessary personal information and use organisational channels wherever possible. Where a member asks for support outside the agreed arrangement, the facilitator should consider whether the request can safely be met through normal peer support or whether it needs signposting or safeguarding advice. The organisation should be especially cautious where there is a power imbalance, financial dependence, repeated crisis contact, requests for secrecy or pressure to move communication onto personal accounts.

LONE-WORKING RULE

The person doing the lone work is not expected to manage serious safeguarding risk alone. The purpose of check-in/check-out is to protect both the participant and the facilitator and to make sure support can be escalated promptly if something goes wrong.

15. Events, Walk & Talks and practical activities

Every official activity must have a proportionate written risk assessment and a named activity lead. Physical safety and safeguarding must be planned together because the same activity can create both types of risk.

- attendance, age range, supervision arrangements, ratios where relevant, accessibility and emergency contacts
- route, venue, weather, lighting, water, traffic, toilets, first aid, food and allergy arrangements
- known support needs, communication preferences, sensory adjustments and a calm space where practicable
- lost or missing-person procedure
- competence, PPE, safe zones and supervision for tools, machinery, vehicles, animals, water or construction materials
- parent/carer consent and collection arrangements for children
- partner, instructor and contractor credentials, safeguarding responsibilities and insurance
- incident reporting, near-miss review and clear cancellation thresholds

15.1 Higher-risk activities

Children must not use power tools, machinery or vehicles, work at height, enter water-risk areas or handle animals merely because an adult is nearby. The activity must be specifically designed for the age and ability of participants, appropriately staffed, competent, insured, consented, supervised and risk assessed.

15.2 Transport

- transport provided or arranged by the C.I.C. must be specifically approved and included in the activity risk assessment
- drivers must meet the C.I.C.'s agreed eligibility, licence, insurance and safeguarding requirements
- children should not be transported alone by a facilitator except under a specific, approved and exceptional arrangement with appropriate consent and safeguards
- participants should know the transport arrangement in advance and the C.I.C. should keep necessary emergency contact information securely. The activity lead should make sure participants know how to raise a concern during the activity and who to approach if they become separated, distressed or unsafe. Accessibility should be considered alongside safeguarding so that people are not placed at additional risk because information, instructions or emergency arrangements are difficult for them to understand or use. Activity planning should also consider how safeguarding arrangements work in practice. Participants should know who the activity lead is, how to raise a concern and what will happen if someone needs to leave early or becomes separated from the group. Where children attend, the responsible parent, carer, school or partner should remain clear about collection and supervision responsibilities. Where adults may need additional support, reasonable adjustments should be considered without assuming that a diagnosis or disability automatically means that a person lacks capacity or independence. The aim is to make activities welcoming while keeping responsibilities clear.

16. Official activities, partners and member-led meetups

16.1 Official Blueprint activity

An activity is official only when it has been authorised by the C.I.C., has a named lead, appropriate risk assessment, safeguarding arrangements and confirmed insurance cover. Official publicity should come through an approved organisational route and must describe the activity accurately.

16.2 Member-led activity

The Blueprint encourages community connection, and members may choose to socialise outside official activities. A meetup arranged privately by members is independent, undertaken at each person's own responsibility and is not covered by Blueprint insurance or organisational supervision unless the C.I.C. has formally adopted it in writing. It must not be described as a Blueprint event.

WHY THIS MATTERS

The distinction is about clarity, not discouraging friendship. People should know when they are attending an organised Blueprint activity with stated safeguarding arrangements and when they are meeting as private individuals without Blueprint supervision, insurance or responsibility.

16.3 Partners and contractors

- confirm who leads safeguarding for the activity
 - confirm safeguarding contacts and emergency arrangements before delivery
 - check role-appropriate suitability/DBS requirements where applicable
 - confirm insurance, activity competence and responsibilities
 - agree information sharing and incident notification arrangements
 - review partner concerns about Blueprint representatives promptly and independently
- The distinction should be communicated clearly in event publicity, group messages and conversations with members. Where a member-led event is presented publicly as a Blueprint event, the organisation should first complete the necessary approval, safeguarding, insurance and activity checks. Official status should be clear before an event is advertised. The organisation should not rely on a social-media post, informal message or verbal agreement as evidence that an activity has been approved. Approval should include the named lead, location, activity purpose, safeguarding arrangements, relevant risk assessment, insurance position and any partner responsibilities. If circumstances change materially, the activity should be reviewed rather than continuing under an assessment that no longer reflects what is actually happening.

17. Allegations, low-level concerns, complaints and whistleblowing

17.1 Allegations or concerns about people representing the Blueprint

Any allegation or concern that a person working for or representing the Blueprint has harmed, may have harmed, committed an offence against, posed a safeguarding risk to, or may be unsuitable to work with a child or adult at risk must be reported immediately. The Blueprint must not conduct its own investigation before safeguarding advice or formal external processes where that could interfere with a proper response.

- protect the child/adult and preserve relevant information
- report to the Safeguarding Lead unless implicated; if implicated, report to the Deputy or another uninvolved director and directly to the appropriate external service
- for child concerns, seek advice from the relevant LADO/local authority route and follow current local timescales
- for adult position-of-trust concerns, follow the relevant safeguarding adults or local PiPoT process
- notify police, DBS, insurer, commissioner, funder or regulator where the relevant threshold or requirement is met
- any temporary change of duties, supervised working or suspension is a neutral risk-management step, not a finding of guilt

17.2 Low-level concerns

A boundary concern that does not appear to meet the allegation threshold must still be recorded and reviewed. Examples can include repeated over-familiarity, inappropriate private contact, favouritism, excessive gift-giving, secrecy, boundary crossings or other behaviour that feels inconsistent with the code of conduct. A single concern may be minor; a pattern may indicate a greater safeguarding issue.

17.3 Complaints

A complaint about service quality, a safeguarding concern, an allegation against a worker and a grievance are different processes. One incident may trigger more than one process. Safeguarding action must not be paused simply because a complaint has been submitted.

17.4 Whistleblowing and conflicts

No person may be responsible for managing a safeguarding complaint or allegation about themselves. Anyone who raises a genuine safeguarding concern must be protected from retaliation. Where internal reporting is inappropriate or ineffective, a person may report directly to the police, local authority safeguarding service, LADO, DBS or another appropriate body. The Blueprint will not penalise a person for escalating a genuine concern in good faith. Concerns should be handled fairly, consistently and without retaliation. The fact that a person is well liked, experienced, highly trusted or holds a senior position must not prevent a concern from being recorded and independently considered. Where a concern is raised about a person representing the Blueprint, the organisation should avoid both automatic condemnation and informal reassurance. The correct response is to protect people, preserve relevant information, obtain appropriate advice and allow the relevant process to determine the outcome. Where the concern relates to a director or safeguarding lead, an independent route must be used. The person who raises a concern should be treated respectfully and should not be discouraged from contacting an external agency where they reasonably believe internal action is not safe or effective.

18. Confidentiality, consent and information sharing

PRIVATE, NOT SECRET

Blueprint spaces are intended to be respectful and private, but they cannot be treated as secret spaces. We cannot promise that safeguarding information will never be shared. We will share only what is necessary with people who need the information to keep someone safe, obtain advice, fulfil a lawful requirement or address a concern fairly.

18.1 General approach

- do not promise absolute confidentiality
- seek consent where safe, appropriate and meaningful, especially in adult safeguarding
- tell the person what will be shared, with whom and why, unless doing so may increase risk or prejudice a safeguarding process
- share information that is relevant, accurate, timely and proportionate
- distinguish facts, direct quotes, observations, information received from others and opinions
- do not assume that someone else has made a critical referral: confirm the handover where possible
- do not apply a blanket rule that every historical crime disclosed in peer support must be reported; decisions depend on current safeguarding, serious-harm and legal duties
- meeting preambles and continued attendance are not substitutes for a privacy notice or lawful data-processing basis

18.2 Children and information sharing

For child safeguarding, the Blueprint follows current Department for Education information-sharing statutory guidance and any applicable statutory duty. Information should be shared when it is necessary, lawful and proportionate to protect a child or promote their welfare, and in line with local safeguarding arrangements. The updated statutory guidance published in September 2026 includes the new information-sharing duty framework; the Blueprint will comply from commencement on 30 September 2026 where it falls within the scope of that duty.

18.3 Adults and information sharing

For adults, information sharing is based on lawful, necessary and proportionate action, taking account of consent, the Care Act framework, local procedures, data protection law, serious-risk considerations and the adult's wishes. Lack of consent does not automatically prevent necessary safeguarding action. The person receiving the concern should avoid sharing information simply because others are curious or because wider circulation feels easier. Safeguarding information should move through defined routes so that confidentiality is respected while necessary protective action can still take place. The Blueprint should explain its approach to confidentiality at the start of groups and activities and repeat it when a safeguarding disclosure is being made. People should understand that peer spaces are private in the sense that participants are expected to respect one another's information, but they cannot be guaranteed to be secret. Information should not be shared for gossip, curiosity or convenience. Equally, staff should not withhold necessary safeguarding information simply because they are worried about upsetting a member. Decisions should be based on safety, lawfulness, necessity and proportionality.

19. Safeguarding records, data protection and retention

19.1 What must be recorded

Once information is treated as a safeguarding concern, a factual central record must be created even if the final decision is not to make an external referral. Good records protect the person, the worker and the organisation and help identify patterns.

- date, time, location and people present
- activity or digital channel through which the concern arose
- what was seen, heard or received, using exact words where important
- immediate-safety questions and answers, without turning the record into an interrogation
- injury, medical or emergency action
- who was notified, when and by what route
- external advice, referral and reference numbers
- consent discussed and information-sharing explanation
- decision, rationale, responsible person and follow-up date
- conflicts of interest, delay, disagreement or escalation

19.2 Storage and access

- safeguarding records are kept separately from ordinary attendance and programme notes in access-controlled organisational storage
- access is limited to the Safeguarding Lead, Deputy and others with a documented need to know
- personal phones, personal email and group chats are not the permanent safeguarding record
- paper records are locked; digital records are password protected and encrypted where available
- access and transfers should be auditable
- the C.I.C. documents an appropriate UK GDPR Article 6 lawful basis and, where special-category data is processed, an Article 9 condition and relevant Data Protection Act 2018 safeguards
- data-subject requests are handled through the data-protection lead, recognising that rights are not absolute where disclosure would expose another person or undermine safeguarding or an investigation

19.3 Retention

The Board will approve a detailed retention schedule with safeguarding, insurance and data-protection advice. Records must not be destroyed while a matter remains active, under investigation, subject to a legal hold, involved in a claim, or where a statutory or insurer requirement requires retention. The schedule should distinguish ordinary safeguarding records, allegations, serious incidents and claims. Records should be written so that they remain understandable to someone who was not present. Where a decision is made not to escalate, the reason should still be recorded, particularly where the concern could recur or where another person may hold related information. The quality of a record matters because safeguarding decisions may be reviewed later by the Board, a partner organisation, an insurer, a local authority, police or another agency. Records should therefore be clear enough for someone who was not present to understand the sequence of events. If a concern is received verbally, the person receiving it should make a written record rather than relying on memory. If a record is corrected, the original information should remain auditable and the correction should be clear.

20. Incidents, learning, quality assurance and responder wellbeing

20.1 Serious incidents and near misses

- after a serious incident, the Board reviews what happened, what was known, decisions, timing, policy compliance, partner response and required improvements
- near misses and repeated low-level concerns are reviewed for patterns
- learning actions have an owner and deadline and are checked to completion
- the Board seeks external safeguarding or legal advice where the matter exceeds internal competence
- insurer notification and other contractual/reporting duties are completed where applicable

20.2 Quality assurance

The Board should receive anonymised safeguarding assurance at an agreed interval. Reporting should focus on whether the system is working, not on unnecessary personal detail. Useful assurance measures include concerns received, response times, referrals, allegations, training completion, DBS status, online moderation incidents, repeated themes, outstanding actions, contact-detail checks and policy exceptions.

20.3 Responder wellbeing

- a person who has dealt with a serious disclosure or emergency may step back from facilitation and receive a prompt check-in
- debriefing must protect confidentiality and share identifying information externally only where lawful and necessary
- no responder is solely responsible for the eventual outcome, but every responder remains accountable for following the policy and recording actions
- support, supervision and time away from delivery should be available where needed
- peer-support workers should not be expected to absorb repeated high-intensity crisis work as part of an informal role; patterns should trigger organisational review and referral to appropriate services Learning should result in practical change where needed, such as updating an activity risk assessment, changing a moderation rule, improving induction, clarifying a reporting route or seeking additional partner support. The purpose of review is improvement, not blame. Learning should be proportionate to the incident but should not be avoided because the outcome was positive. A near miss can reveal the same weakness as an incident that caused harm. Reviews should identify practical actions, such as changing an activity plan, clarifying who holds responsibility, improving online moderation, updating contact details or providing additional training. Where learning identifies a matter outside the Blueprint's competence, the organisation should obtain external advice rather than creating an informal workaround.

21. Monitoring, review and policy approval

This policy is reviewed at least annually and sooner after a serious incident, material change in activity, change in law or guidance, local pathway change, insurer requirement, partner requirement or evidence that a procedure did not work as intended.

21.1 Policy-in-practice test

- people know who the Safeguarding Lead and Deputy are
- every activity has an appropriate route for raising a concern
- online spaces make their limits clear
- people know when they may contact statutory services directly
- training is current and role-appropriate
- checks and insurance match actual activity
- safeguarding records can be located quickly and are secure
- the Board reviews themes, not only individual incidents
- the policy is updated when external guidance changes The Board should treat this policy as part of the organisation's governance system rather than as a document that sits separately from delivery. Evidence from day-to-day practice should inform revisions, and significant changes should be communicated to the people who use or deliver Blueprint services.

NO POLICY IS EFFECTIVE ON PAPER ALONE

A signed policy is not enough. The Blueprint must make safeguarding visible in everyday practice, welcome genuine concerns, support people to escalate when necessary and learn from what goes wrong.

Appendix A - Immediate safeguarding action guide

Step	Do this	Remember
1. SAFETY	Immediate danger: call 999. Protect yourself, the person and others.	Do not wait for a director or Safeguarding Lead.
2. LISTEN	Stay calm. Take the person seriously. Use accessible communication.	Do not promise secrecy or outcomes.
3. CHECK	Ask only what is needed for immediate safety and next action.	Do not investigate or lead the person.
4. REPORT	Tell the Safeguarding Lead/Deputy and relevant DSL where applicable.	If unavailable, implicated or ineffective, go directly to the appropriate external service.
5. RECORD	Write the facts, key words, actions, advice, decision and reason.	Make the record promptly; do not rely on a verbal heads-up.
6. FOLLOW THROUGH	Confirm the handover where possible, secure the record and escalate if needed.	Do not assume someone else has acted.

If the Safeguarding Lead is implicated, contact the Deputy or another uninvolved director and report directly to the appropriate external service. Do not send the concern to the person it concerns.

Appendix B - Emergency and safeguarding contacts

Item	Detail
Immediate danger	999 - police / ambulance / fire
Police non-emergency	101 - Greater Manchester Police, where applicable
Urgent mental-health help	NHS 111 - use the current mental-health route
Manchester safeguarding	Use the current Manchester local authority children/adult safeguarding referral route for the person's location
Manchester LADO	Use the current Manchester safeguarding/LADO route for allegations concerning adults working with children
Samaritans	116 123, 24/7
Shout	Text SHOUT to 85258
Childline	0800 1111
NSPCC Helpline	0808 800 5000
National Domestic Abuse Helpline	0808 2000 247
Men's Advice Line	0808 8010 327
FRANK	0300 123 6600; text 82111

CONTACT CONTROL

The Safeguarding Lead must check all local contact details at least every six months, and after any failed contact attempt. Where the person is outside Manchester, use the safeguarding route for the area where the child or adult is located. Contact details in this policy must not be treated as a substitute for checking the current local authority procedure.

Appendix B.2 Which route should I use?

Use the simplest route that matches the situation, while remembering that local pathways vary. The contact list is a prompt to act; it is not a replacement for checking the current local safeguarding procedure.

- Immediate emergency: 999 for immediate danger, serious injury, active violence, overdose or another emergency requiring urgent response.
- Child safeguarding: follow the current local children's safeguarding route and the school/college DSL process where relevant.
- Adult safeguarding: use the relevant local authority safeguarding adults route when the circumstances may meet the statutory safeguarding framework.
- Allegations about someone working with children: use the relevant LADO/local authority route and do not investigate internally first.
- Urgent emotional or mental-health distress without an immediate emergency: use the current NHS 111 mental-health route or another appropriate service.

Appendix B.3 After making contact

- Note who was contacted, when and what advice or reference number was provided.
- Pass relevant information to the Blueprint Safeguarding Lead or Deputy as soon as it is safe to do so.
- Secure any written notes or digital evidence in the approved organisational record system.
- Check whether any further action is expected from the Blueprint and who owns the next step.

Appendix B.1 Using the contact list safely

Contact details are provided as a quick reference, but local safeguarding arrangements can change. The current local authority route should always be checked for the area where the child or adult is located.

- Use 999 for immediate danger, serious injury, active violence or another emergency requiring urgent response.
- Use the relevant local authority safeguarding route for safeguarding concerns that do not require an emergency response.
- For school-based concerns, follow the school or college DSL procedure and the agreed partnership arrangements.
- If the normal internal route is unavailable or conflicted, escalate directly to the appropriate external service rather than allowing delay to increase risk.
- Record the date, time, service contacted and any reference number or advice received.

Appendix C - Safeguarding concern and incident record

Complete as soon as possible. Record facts and important exact words. Do not investigate or write unsupported conclusions.

Item	Detail
Record reference	
Date and time received	
Person completing record / role	
Person concerned / child or adult	
Age / date of birth if known	
Parent/carer or contact details where appropriate	
Location / activity / digital channel	
Who was present	
Exact words or factual observation	
Immediate safety questions and answers	
Injury / medical / emergency action	
Who was notified and when	
External advice / referral / reference number	
Consent discussed / information sharing explained	
Decision and reasons	
Follow-up action, owner and date	
Safeguarding Lead review / signature / date	

Appendix D - Adult group safeguarding preamble

SUGGESTED OPENING WORDING

What is shared in this group should be treated with respect and kept private. Please do not repeat somebody else's personal story, take photographs, record or share screenshots without permission. We cannot promise secrecy if we believe a child, an adult at risk or anybody's life may be in danger. If that happens, we will share only what is needed with people who can help. This is a peer-support and education group, not a crisis or clinical service. If there is immediate danger, call 999.

The preamble supports understanding but does not replace the privacy notice, code of conduct, safeguarding policy or lawful basis for processing information.

Appendix E - Child and family session preamble

SUGGESTED CHILD-FRIENDLY WORDING

This is a safe and respectful space to learn, talk and take part. You can tell a trusted adult if something worries you. We will respect your privacy, but we cannot promise to keep information secret if we think you or someone else could be unsafe. In that situation we will tell the people who need to know so that help can be put in place.

For school or partner delivery, adapt the wording to match the setting's own safeguarding procedure, the child's age and communication needs.

Appendix F - Role and activity safeguarding checklist

Check	Question	Complete
Governance	Is the activity formally authorised by the C.I.C.?	☐ Yes ☐ No
Lead	Is a named activity lead and safeguarding contact known?	☐ Yes ☐ No
People	Are roles, suitability checks and DBS requirements clear?	☐ Yes ☐ No
Training	Do people delivering the activity have the required preparation?	☐ Yes ☐ No
Risk	Is there a proportionate written risk assessment?	☐ Yes ☐ No
Insurance	Does insurance cover the actual activity and people involved?	☐ Yes ☐ No
Children	If children are involved, are DSL, consent, supervision and collection arrangements clear?	☐ Yes ☐ No
Adults	If adults at risk may be involved, is the adult safeguarding route understood?	☐ Yes ☐ No
Online	Are platform controls, moderation, privacy and emergency limits clear?	☐ Yes ☐ No

Check	Question	Complete
Emergency	Are emergency contacts and local referral routes current?	☐ Yes ☐ No
Information	Are consent, privacy and information-sharing arrangements clear?	☐ Yes ☐ No
Follow-up	Is there a plan for incidents, concerns and post-activity review?	☐ Yes ☐ No

Appendix G - Policy approval and acknowledgement

Item	Detail
Board approval date	
Effective date	
Safeguarding Lead signature	
Second director signature	
Next review date	
Worker / volunteer name	
Role	
Signature	
Date	

Acknowledgement: I confirm that I have read and understood this policy, know how to report a concern, understand that I may contact statutory services directly when necessary, understand the limits of my Blueprint role and agree to follow the Blueprint code of conduct and safeguarding procedures.

Board implementation checklist

- confirm and publish the Deputy and alternative reporting contact
- complete role mapping for DBS eligibility and check status
- confirm Safeguarding Lead and Deputy training for children and adults
- adopt the safeguarding concern record, privacy notice and retention schedule
- confirm insurer approval for adult groups, child/youth work, schools, online work, Walk & Talks, fishing, allotment and practical/tool activities
- obtain school and partner safeguarding agreements before delivery
- brief every director, worker, volunteer and facilitator and obtain acknowledgement
- run scenario exercises: child disclosure, adult safeguarding concern, suicidal statement, allegation against a director, missing child and online disclosure
- schedule six-month local contact checks and annual policy review

References and guidance

The Board must check for updates at each review and before material changes to service delivery. The current edition or version in force at the time of delivery must be followed. The list distinguishes legislation, statutory guidance, local safeguarding arrangements and supporting practice resources.

Children Act 1989: [Children Act 1989 - legislation](#)

Working Together to Safeguard Children 2026 - Department for Education: [Working Together to Safeguard Children 2026 - Department for Education](#)

Children Act 2004: [Children Act 2004 - legislation](#)

Children and Social Work Act 2017: [Children and Social Work Act 2017 - legislation](#)

Keeping Children Safe in Education 2026 - Department for Education: [Keeping Children Safe in Education 2026 - Department for Education](#)

Information sharing to safeguard children and young people - current statutory guidance: [Information sharing to safeguard children and young people - statutory guidance](#)

UN Convention on the Rights of the Child - UNICEF UK: [UN Convention on the Rights of the Child - UNICEF UK](#)

Research in Practice - Safe Uncertainty: [Research in Practice - Safe Uncertainty](#)

Manchester Safeguarding Partnership: [Manchester Safeguarding Partnership](#)

Manchester Service Directory: [Manchester Service Directory](#)

Care Act 2014: [Care Act 2014 - legislation](#)

Care and Support Statutory Guidance - adult safeguarding: [Care and Support Statutory Guidance - adult safeguarding](#)

SCIE - six principles of adult safeguarding: [SCIE - six principles of adult safeguarding](#)

SCIE - Making Safeguarding Personal: [SCIE - Making Safeguarding Personal](#)

SCIE - adult safeguarding information sharing: <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information/>

Protect - whistleblowing advice: [Protect - advice for whistleblowing](#)

Anna Freud - attachment resource: [Anna Freud - attachment resource](#)

NICE NG225 - Self-harm: [NICE NG225 - Self-harm](#)

NICE NG87 - ADHD: [NICE NG87 - ADHD](#)

Disclosure and Barring Service - employer guidance: [Disclosure and Barring Service - employer guidance](#)

ICO - UK GDPR and special category data guidance: [ICO - UK GDPR guidance](#)

2026 UPDATE NOTE

Keeping Children Safe in Education 2026 is in force from 1 September 2026. The updated child information-sharing statutory guidance was published on 10 September 2026, with the new section 16LA information-sharing duty coming into force on 30 September 2026. The Board should verify current requirements and local procedures at each policy review.