

Whistleblowing Policy and Procedure

1. Purpose

1.1 This policy outlines the process to follow if a person wishes to 'whistleblow' and raise a concern about a wrongdoing in their workplace.

1.2 This policy and procedure does not apply if a member of the workforce is aggrieved about their personal position. They must use the Grievance Policy and Procedure.

1.3 To support My Life Legacy in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S2: How are risks to individuals and the service managed so that people are protected, and their freedom is supported and respected?
WELL-LED	W1: How does the service promote a positive culture that is person-centred, open, inclusive and empowering?

1.4 To meet the legal requirements of the regulated activities that My Life Legacy is registered to provide:

- The Criminal Justice and Courts Act 2015
- The Enterprise and Regulatory Reform Act 2013
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Public Interest Disclosure Act 1998

2. Scope

2.1 The following roles may be affected by this policy:

- All staff
- Volunteers
- Work Placements
- Persons working on training courses
- Temporary Agency Staff

2.2 The following My Life Members may be affected by this policy:

- All My Life Members / customers

2.3 The following stakeholders may be affected by this policy:

- Commissioners
- Local Authority
- Care Quality Commission
- Ofsted

- Relevant
Safeguarding
Board

3. Objectives

3.1 All staff have a duty to ensure standards of quality care by raising concerns regarding wrongdoing or malpractice. This policy will provide the means of ensuring that staff can confidentially raise genuine concerns of malpractice and/or misconduct through appropriate means at the earliest point without fear of reprisal.

4. Policy

4.1 My Life Legacy is committed to the principals of whistleblowing and supporting and providing mechanisms for employees to fulfil their duty without fear of any reprisals.

4.2 My Life Legacy is committed to a high standard of care, to honesty, openness and decency in all its activities. It is recognised that a My Life Members safety must come first at all times and whilst it can be difficult for staff to raise concerns about the practice of others, including managers, the implications of not raising those concerns are potentially very serious for My Life Legacy, its employees and most importantly for those receiving our services.

4.3 This organisation encourages a free and open culture in its dealings with its employees and all people with whom it engages in business and legal relations. In particular, My Life Legacy recognises that effective and honest communication is essential if any wrongdoing or malpractice is to be effectively dealt with and the organisation's success ensured.

4.4 My Life Legacy believes raising concerns/speaking up is important to ensure the safety of My Life Member, employee and public safety.

4.5 My Life Legacy recognises staff members are likely to be the first to realise that there may be something seriously wrong within the organisation but may feel that speaking up would be disloyal to colleagues or their employer who may under certain circumstances face criminal charges. They may also fear harassment or victimisation and fear for a loss of job or reduction in work hours.

4.6 My Life Legacy will not tolerate the ill treatment including any bullying or harassment of anyone raising a concern. We will ensure that any individual who raises a concern, can do so confidentially in line with the Public Interest Disclosure Act 1998 (PIDA). See also My Life policies 441 Anti Bullying and policy 437 Harassment.

4.7 My Life Legacy will ensure that any individual who raises a genuine concern under the Whistleblowing Policy and procedure will not be at risk of termination of their employment or suffer any form or reprisal which includes but not limited to loss or reduction of hours or changes to regular working patterns because of it.

4.8 My Life Legacy will support and enable members of staff and volunteers to speak out regarding misconduct and malpractice through a structured and regularly reviewed process.

4.9 My Life Legacy recognise that whistleblowing concerns are often raised when employees do not feel their earlier concerns have been listened to or that any action has been taken. My Life Legacy will put in place mechanisms for our staff to discuss concerns when they arise and endeavour to give feedback on any actions if confidentiality will not be breached.

5. Procedure

5.1 All staff have a duty to raise concerns regarding inappropriate behaviour, unlawful conduct, poor practice or behaviour to ensure standards of quality care.

5.2 This procedure is intended to provide a safeguard to enable members of staff to raise concerns about one or more of the following that has occurred, is occurring, or is likely to occur. These qualifying disclosures (see definition) mean that you can raise a concern about risk, malpractice or wrongdoing you think is harming the services, might harm or has in past harmed any aspect of the services we deliver. A few examples of this might include (but are by no means restricted to):

- Unsafe care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported My Life Member safety incident
- Suspicions of fraud (which can also be reported to the local counter-fraud team)
- Damaging the environment - e.g. disposing materials or waste incorrectly, for example, flushing medicines or syringes down the toilet or sink
- A bullying culture (across a team or organisation rather than individual instances of bullying)
- Incidents of unsafe staffing, falsification of timesheets, My Life Member visit logs or MAR charts or clinical or care records
- Failure to investigate claims of physical or sexual assault
- Physical, verbal or sexual abuse of any My Life Member, colleague or other
- Breaching the Data Protection Act

5.3 How to Raise a Concern- Step 1

- If a member of staff has a concern about a risk, malpractice or wrongdoing at work, it is hoped that they feel they will be able to raise it first with their line manager
- This may be done verbally or in writing
- It is better to raise a concern as soon as it arises
- Where possible, unless for example, where the concern relates to a Safeguarding matter, your concerns will be treated confidentially
- Your line manager will inform you if they cannot keep the concern confidential
There are specific roles within My Life for managing concerns raised – see Step 2 .

5.4 How to Raise a Concern - Step 2

- If a member of staff does not feel they can raise the concern with their line manager or the concern relates or involves the line manager, or they have raised it with the line manager and no action has been taken - the colleague should then escalate their concerns to the Staff Pastoral Lead or Safeguarding Lead or additionally in the case of My Life Support the Registered Manager.

5.5 Registered Manager and Responsible Trustee

- Responsibility for dealing with any concerns reported will lie with the either Staff Pastoral Lead, Safeguarding Lead or in the case of My Life Support Registered Manager who will have access to the responsible trustee, Amanda McDonagh. At this stage the concern will also be raised with Human Resources.
- If the concerns relate to the Staff Pastoral Lead, Safeguarding Lead, Registered Manager, concerns should be escalated to the responsible trustee.
- If an employee is not satisfied with the way in which the concern has been handled, exhausted all avenues, or feels it is right to take the matter outside, there are strict criteria to make a disclosure protected. Employees are therefore encouraged to seek advice in the first instance. Here are some useful points of contact:
- If your concerns involves all those named about can contact the
 - CQC in the case My Life Support
 - Ofsted in the case of My Life Learning.
 - The independent charity Public Concern at Work
 - Whistleblowing Helpline for the NHS and Social Care

5.6 How to Raise a Concern - Step 3

- If you do not feel that the Line Manager, Staff Pastoral Lead, Safeguarding Lead, Registered Manager or Responsible Trustee will appropriately handle your concerns, you may report your concerns directly
 - to the Care Quality Commission on 03000 616161 or through their website. Additionally [the Whistleblowing Helpline for the NHS and Social Care \(external link\)](#) – Tel. 08000 724 725 can offer independent guidance.
 - The local authority in the case of My Life Learning.
 - [The independent charity Public Concern at Work \(external link\)](#) – Tel. 0207 404 6609
 - [Whistleblowing Helpline for the NHS and Social Care \(external link\)](#) – Tel. 08000 724 725
- The bodies will not disclose your identity without your consent unless there are legal reasons requiring them to do so, e.g. where your information is about a child or vulnerable adult who is at risk

5.7 Investigation

The Line Manager, Staff Pastoral Lead, Safeguarding Lead or Registered Manager, in consultation with the Responsible Trustee, shall have discretion over the nature of the investigation into concerns raised, including, where it is considered appropriate, the involvement of others such as Adult Social Services or Auditors. If there is evidence of criminal activity, the Police will be informed.

5.8 Protected Disclosures and Safeguarding

- Where a safeguarding concern is received by a member of staff, My Life safeguarding policy and procedures will be followed
- Where a safeguarding concern is received by a member of staff and refers to the actions of the Manager or Deputy Manager, then the referral must in the first instance (via My Life Safeguarding Lead) be made to the Social Services Adult Protection Team
- The Adult Protection Team will take the responsibility of informing other agencies. The contact details for your local Social Services are as follows:
 - Wigan Children's Social Care 01942 828300 or <https://apps.wigan.gov.uk/ChildReferral/>



- Wigan Adults Social Care
<https://apps.wigan.gov.uk/adultsafeguardingreferrals/ReferralForm.aspx>
- Lancashire Children's Social Care 0300 123 6720 (or on 0300 123 6722 between 8.00pm - 8.00am)
- Lancashire CSC referral form 2017 (See Appendix 1) then email to cypreferrals@lancashire.gov.uk
- Lancashire Adults Social care
https://lancashireself.achieveservice.com/service/Lancashire_Safeguarding_Adults_Process
- St Helens Council Contact Centre 01744 676600 (0900-1700 – Monday to Friday)

5.9 Raising a Concern - Timescales

The Manager will acknowledge your disclosure within locally agreed timescales and in line with best practice.

They will let you know who will be investigating the disclosure and any contact information you or they will require and how they will keep you informed.

Any further clarification will be asked for and a review and/or completion date to the investigation.

5.10 Where possible, the responsible manager will feedback on the outcome of any investigation, although this may not always be possible in full due to the nature of the disclosure.

5.11 A record of the information you have given and proceedings will be kept in line with best practice.

5.12 False Allegations

All whistleblowing concerns will be investigated, however if an employee is found to have made allegations maliciously and/or not in good faith, disciplinary action may take place. A member of staff will never be disciplined for raising a concern, so long as they follow the whistleblowing procedure or make disclosures in accordance with the Public Interest Disclosure Act 1998. The Responsible Trustee shall decide whether disciplinary action is to commence.

5.13 Bullying and Harassment of Whistleblowers

The Enterprise and Regulatory Reform Act imposed a new personal liability on co-workers who victimise or harass whistleblowers as well as vicarious liability on the part of their employers. Unless an employer has taken reasonable steps to prevent this type of victimisation by co-workers, it will be deemed liable for the acts of its staff. It is therefore no longer enough to deal with incidents of bullying or harassment as and when they arise, on a case by case basis. The only basis upon which an employer will now be able to defend itself against liability for the actions of its staff will be by proactive steps. In order to demonstrate a “reasonable steps” defence, an employer will need to anticipate conduct such as bullying and harassment. To avoid incidents of bullying or harassment occurring My Life Legacy will take the following steps:

- Adhere to the Whistleblowing Policy
- Embed a culture of openness and transparency, promoting the policy through training.

- Take action if any worker bullies or harasses a whistleblower

5.14 Implementing Whistleblowing Procedures

The Whistleblowing Policy and Procedure will form part of induction. Raising concerns will be discussed regularly during supervision and team meetings to promote an open culture and ensure whistleblowing processes are embedded within our business.

5.15 Employment Contracts, Whistleblowing and Confidentiality

A settlement agreement is used to bring an employment relationship to an end in a manner which is mutually agreed by the parties. In some instances, they may be used where the employee and employer agree that the employment relationship can no longer proceed and must be brought to an end. They may also be used to resolve a dispute or issue, where the employment does not need to be terminated, for example a dispute over pay. My Life Legacy will seek legal or Human Resource advice when drawing up any compromise agreements or employment contracts to avoid the risk of breaching the Public Interest Disclosure Act.

6. Definitions

6.1 Whistleblowing

- A member of staff who raises a concern about something they have seen first hand at work in relation to malpractice or wrongdoing. This could be concerns about inappropriate or unlawful conduct, financial mismanagement, poor practice or behaviour

6.2 Qualifying Disclosure

Qualifying disclosures are disclosures of information where the worker reasonably believes (and it is in the public interest) that one or more of the following matters is either happening, has taken place, or is likely to happen in the future.

- A criminal offence
- The breach of a legal obligation
- A miscarriage of justice
- A danger to the health and safety of any individual
- Damage to the environment
- Deliberate attempt to conceal any of the above

6.3 Public Interest

- A disclosure made in the interest of the public, i.e. not relating to an individual such as in a grievance case

6.4 Grievance or Private Complaint

- A dispute about the employee's own employment position without a public interest aspect

6.5 PIDA

- Public Information and Disclosure Act - Legislation which provides protection to workers who make disclosures in the public interest

6.6 Employee/Staff

- PIDA refers to 'workers'. This policy uses the term(s) employee/staff/colleagues to reflect the relevant person(s) this policy relates to.

6.7 Criminal Justice and Courts Act 2015

- Legislation which lays out the offences involving ill-treatment or wilful neglect by a person providing health or social care

6.8 Anonymously

- Made or done by someone whose name is not known or made public



Appendix 1

Childrens Social Care Referral Form



The purpose of this referral form is to support information sharing and decision making about children and young people in need of protection and support to ensure they receive the right help from the right agency at the right time.

Consideration needs to be given to Lancashire's Continuum of Need and Threshold Guidance.

This form must be completed as comprehensively as possible for children and families in need of help and support at **level 3 with consent of Parents or Carers and Level 4 on Lancashire's Continuum of need (CON)**. Informed consent is required of parents or carers at level 3 and desirable at level 4. At level 4 however the referral should be made whether or not consent is given.

If there are concerns about a child or young person at level 4 of the CON (child protection) **make direct contact** on 03001236720 or Police (999 in an emergency) and complete this form once the immediate concerns have been addressed.

If the child you are concerned about already has an allocated Social Worker go directly to this person by contacting 03001236720 – there is no need to use this form.

Informed consent means that the person on whose behalf the referral is being made understands that any offer of help will be based on an assessment of need and that this will require agencies to share information.

The failure to obtain consent means the referral cannot be accepted unless concerns lie at level 4 on the CON.

Making contact

Email this referral to cypreferrals@lancashire.gov.uk

The Telephone number for contact regarding level 4 referrals or to discuss this referral is 0300 1236720

**Referral to : Lancashire Children's Social Care**

Date of Referral		Time of Referral				
Details of Child(ren)						
Child(ren) name			DOB		Age	
Child(ren) NHS number(s) if referral from Health						
Child(ren) unique pupil number if referral from school						
Gender M/F			Disability [if known please specify]			
Ethnicity		Childs first Language		Is an interpreter needed? Y/N		
Address						
Postcode			Tel No			
Name of child(ren) primary carer/s:			Relationship:		Parental responsibility Y/N	
School/Nursery/College attended:						
Child(ren) GP details:						



Tel No:				
Family Composition/Significant Others				
Name	DOB	Relationship	School	Parental Responsibility Y/N
Reason for referral				
State the key areas of concern about risk of harm or neglect, outline what these are and how it will impact on the child. Refer to the continuum of need as a guide and identify if you are referring at level 3 child in need or level 4 child in need of protection.				
List the actions taken or support provided so far e.g. support via your agency, CAF and offer of Early Help, assessments completed. Please include any previous involvement of agencies with the family.				
What are you requesting from children's services social care and or other agencies?				

Child/Family View of the referral

Child/Young Persons Health and Developmental needs, Parental issues and Family /Environmental factors

Consider all aspects of child/young person's social, emotional, health and well being. Provide information in relation to any unmet health needs, education, emotional and behavioural development, identity and the parental/family environmental issues impacting on these.

Child/YP Unmet needs

this is about comparing where the child is in terms of their health, education, social, emotional and behavioural presentation at this present time compared with where they should be given their age and stage of development

**Underlying risk factors within the family and the child such as;
poverty, poor housing, lack of support/isolation, learning disabilities, physical health problems,
poor cooperation with professionals, drug and alcohol issues, mental health difficulties impacting
on the child's needs.**

High risk indicators within the family and child such as;
chaotic drug and alcohol misuse, personality disorder, uncontrolled mental health problems, other previous children removed, previous involvement in child neglect, physical and sexual abuse of children, history of violence, sexual offending, parental experience of own parenting abusive, denial to accept responsibility, evidence of FGM, over excessive chastisement, honour based violence, radicalisation, child is under 3 and pre mobile and these factors are present.
Child involved in CSE, frequently MFH,

Strengths / resilience factors (for example, a protective parent, supportive wider family, parent wants to change / acknowledges problems, Child has some secure attachments and secure base)

Are there any current or previous concerns regarding CSE (Child Sexual Exploitation)? Please provide details.

Are there any concerns regarding the child going missing from Home? Please provide details.

Are there any concerns regarding Radicalisation and have any referrals to CHANNEL been made? Please provide details.

Are there any concerns regarding the child's Mental Health? Please provide details

Parenting capacity

Issues affecting parent/carers capacity to respond appropriately to child/young person's needs; consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability.

Are there any concerns regarding Parents mental health which is impacting on the child?

Are there any concerns regarding Parents learning abilities which is impacting on the child?

Are there any concerns regarding Parental substance use which is impacting on the child?

Are there any concerns regarding Domestic abuse and violence?



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Consent to Referral		
Has informed consent for this referral been obtained from a person who has parental responsibility?	Yes Name of individual providing consent & relationship	
	No (State reason why referring without consent)	
Has informed consent to share information with other agencies such as health and education been obtained?	Yes/No	

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Has a CAF or any other assessment been completed on this child/young person?

Yes [By your agency]	
Yes [by another agency give name of lead professional]	
No [Give reasons why not]	
Not known	

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Attach CAF and any relevant TAF minutes or any other assessment if available

Other agencies/provision involved e.g. Health visitor, CAMHS, YOT , WPEH if known		
Name of Organisation and Profession.	Contact Details: Address/ Telephone No/ Email Address	Brief description of work undertaken to support child/young person.

Referral from:		
Name		
Job title		
Agency		
Address		
Tel		
Email		
Approval of referral by agency safeguarding lead	Yes/No	

Lancashire's Risk sensible Model

All agencies should be 'risk sensible' when assessing a child's vulnerability, need and risk

Underlying Risk Factors

Those elements that are **often present** in risk situations but which do not, of themselves, constitute a risk

- Poverty
- Poor Housing
- Lack of support network/isolation
- Experience of poor parenting
- Low educational attainment
- Physical/learning disability (adult/child)
- Mental health difficulties (adult/child)
- Drug & alcohol misuse
- Victimisation from abuse/neglect
- Discorded/discordant relationships
- Previous history of non-violent offending
- Rejecting/antagonistic to professional support

- Behavioural/emotional difficulties in parent
- Behavioural/emotional difficulties in child
- Young, inexperienced parent
- Physical ill health (adult/child)
- Unresolved loss of grief

High Risk Indicators

Those elements which, ***by their presence***, do constitute a risk:

- Previous involvement in child physical and sexual abuse and/or neglect
- History of being significantly harmed through neglect as a child
- Seriousness of abuse (and impact on the child)
- Age of the child (particularly if less than 3 years old)
- Incidence of abuse (how much abuse over how long a period of time)
- Record of previous violent offending (against both children and adults)
- Older child being relinquished or removed
- Unexplained bruising (particularly in pre-mobile children)
- Uncontrolled mental health difficulties (including periods of hospitalisation)
- Personality disorders
- Chaotic drug/alcohol misuse
- Denial/failure to accept responsibility for abuse or neglect
- Unwillingness/inability to put the child's needs first and take protective action
- Cognitive distortions about the use of violence and appropriate sexual behaviour
- Inability to keep self-safe
- Unrealistic, age inappropriate expectation of the child.

This list is not exhaustive and is to be used as a guide only.