



Develop My Child Ltd

Safeguarding Adults & Children Policy and Procedures

Document Control

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Section A : Safeguarding Adults Policy and Procedures

1. Policy Statement

It is the policy of Develop My Child Ltd (the “Organisation”) to ensure that all persons who may be deemed as adults at risk receive the appropriate protection, support and intervention required in order to ensure their safety is maintained.

Safeguarding means protecting the health, wellbeing and human rights of adults at risk, enabling them to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and reduce both the risks and experience of abuse or neglect.

A Safeguarding Lead will always be in place (see role at Appendix 3). This Lead will be the Safeguarding Lead unless a named alternative Lead is approved and designated.

Staff engaged via Develop My Child Ltd will always make appropriate notifications (see Section 13) following any suspected abuse of a person of any age by any member of the staff team. Such notifications will be both internal (including the Safeguarding Lead) and to the relevant local Safeguarding authority (See Page One).

The Organisation will work within and adhere to all relevant statutory provisions. The [Care Act 2014](#) introduced legislation regarding safeguarding for adults. The Act sets out a legal framework for how local authorities and other organisations should react to suspicion of abuse or neglect. Develop My Child Ltd will undertake its responsibilities systematically in this regard, including all associated guidance and updates to this legislation. The Organisation will adhere closely to the relevant Six Principles of:

- **Empowerment** – person-led decisions and informed consent.



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- **Prevention** – it is better to act before harm occurs.
- **Proportionality** – the least intrusive response appropriate to the risk presented.
- **Protection** – support and representation for those in greatest need.
- **Partnership** – local solutions through services working with their communities.
Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability** – transparency in delivering safeguarding.

In addition, if there are any concerns identified about a child, the organisation will undertake its responsibilities under the “Working Together to Safeguard Children” (2018) guidance and legislation and subsequent updates.

Develop My Child Ltd understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld.
- The human rights of adults at risk are respected and upheld.
- A proportionate, timely, professional, and ethical response is made to any adult at risk who may be experiencing abuse.
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
 - a) Choice and control
 - b) Safety
 - c) Health
 - d) Quality of life
 - e) Dignity and respect

2. Relevant CQC Regulations, Standards and Quality Statements



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Relevant H & SC Regulation:	Regulation 13 Safeguarding service users from abuse & improper treatment
Relevant Key Lines of Enquiry:	Safe
Relevant Quality Statement:	Safeguarding

3. Relevant Legislation

To meet the legal requirements of the regulated activities that Develop My Child Ltd is registered to provide:

- Serious Crime Act 2015 Section 76
- Domestic Violence, Crime and Victims Act 2004
- The Counter Terrorism and Security Act 2015
- The Modern Slavery Act 2015
- Anti-social Behaviour, Crime and Policing Act 2014
- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 1998
- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) order 2012
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006



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4. Purpose

The objective of this policy is to provide clear guidance on prevention of abuse and the procedure for reporting any concerns or allegations of abuse and to set out the levels of responsibility by:

- Ensuring that staff are aware of the policy.
- Ensuring that children and adults at risk are protected from any form of abuse.
- Ensuring that staff receive the appropriate training.
- Ensuring that any allegations of abuse are reported and are thoroughly investigated and lessons are learnt.
- To ensure that this policy includes and refers to the Local Authority Policy and procedures and details clearly who is responsible and accountable for managing safeguarding concerns within Develop My Child Ltd.
- To protect the patient's right to live in safety, free from abuse and neglect.
- To ensure that the Local Authority Safeguarding Policy and Procedure is understood by all staff at Develop My Child Ltd and that the local authority safeguarding procedures dovetail with the service's policy and procedure.
- To set out the key arrangements and systems that Develop My Child Ltd has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with local policies and procedures.
- To have a clear, well-publicised policy of zero-tolerance of abuse within Develop My Child Ltd.

5. Scope

This policy applies to all Develop My Child Ltd's staff, agency, contract, locum staff, and stakeholders involved in the care of patients.

The following roles may be affected by this policy:

- All staff



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The following Patients may be affected by this policy:

- Patients

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

6. Objectives

6.1 Summary Objectives

- To ensure that all staff working for, or on behalf of Develop My Child Ltd, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within Develop My Child Ltd.
- To manage the safety and wellbeing of adults in line with the six principles of safeguarding.
- To identify lessons to be learned from cases where adults have experienced abuse or neglect.
- Develop My Child Ltd aims to support and empower each adult to make choices, to have control over how they want to live their own lives and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP). Develop My Child Ltd intends to take this approach with all safeguarding concerns.
- Develop My Child Ltd is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Patients want to achieve. We will engage Patients in a conversation about how best to respond to their



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safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

6.2 Key Objectives

In implementing the Safeguarding Policy, Develop My Child Ltd has the following objectives.

Protection

To ensure that all Patients deemed as adults at risk receive appropriate protection whilst under the care of Develop My Child Ltd.

Reporting

To ensure that appropriate statutory safeguarding authorities are contacted promptly and with the necessary information as and when necessary.

Support

To ensure that Patients receive the appropriate support to maintain safety whilst a Patients of Develop My Child Ltd and during any potential Safeguarding investigation.

Advocacy

To ensure adequate arrangements for advocacy for Patients are in place, especially where there are potential issues relating to capacity and consent.

Intervention

To ensure that appropriate interventions are instigated by appropriately trained staff in an appropriate and timely manner.

To ensure that any interventions implemented are the least restrictive wherever practicable



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Co-operation

To work collaboratively with all multidisciplinary team members involved within Safeguarding /Child Protection procedures, through both internal and external policy.

Communications

To ensure that staff demonstrate effective communication skills and that communication is maintained within the collaborative team, on a 'need to know' basis, throughout the Safeguarding process. That staff ensure that communication takes place in an appropriate environment.

Confidentiality

To ensure national legislation and professional codes of conduct relating to confidentiality are adhered to at all times.

To ensure appropriate areas are provided where discussions can take place regarding safeguarding issues or concerns, free from intrusion of visitors and other Patients .

To ensure that Develop My Child Ltd provides a confidential service to all Patients , paying attention to Safeguarding Policy when required.

Privacy and Dignity

To ensure that the privacy and dignity of Patients involved in a Safeguarding process is maintained at all times throughout the process.

To ensure that principles of common courtesy are upheld by staff, especially when faced with challenging questions or working under difficult circumstances.

To ensure patient privacy is respected in all interactions with staff.



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Individual and Cultural Diversity

To ensure Patients are treated fairly on the basis of need and not negatively discriminated against on the basis of age, sex, race, religion, disability or sexual orientation.

To ensure Patients are treated in a manner, which respects their religious beliefs, culture, gender, sexual orientation or ability.

To ensure Patients cultural and religious needs will be valued and met where possible.

To ensure decisions on care that Patients receive are determined only by their needs.

7. Responsibilities

7.1 Safeguarding Lead (This role could be the Registered Manager)

- Take the initiative in communicating externally about safeguarding issues, including making any statutory notifications to the relevant local Adult Safeguarding Authority and where required also the CQC
- Where necessary, contributing to sharing information required for reviews, and contribution to safeguarding investigations
- Act as a point of contact for staff to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised
- Disseminate information in relation to safeguarding throughout the Organisation
- Assess information received on safeguarding concerns promptly and carefully, clarifying or obtaining more information about the matter as appropriate
- Facilitate access to support and supervision for staff working with vulnerable adults and families
- Ensure that the team reports safeguarding incidents correctly, including completion of any



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relevant documentation

- Be fully conversant with the Safeguarding policy, and the integrated processes that support safeguarding
- Be responsible for facilitating training opportunities for individual staff groups.

7.2 Registered Manager's Responsibilities (This role could be Safeguarding Lead)

- To establish the facts about the circumstances giving rise for concern.
- To identify sources and level of risk.
- To ensure that information is recorded and that the Local Authority Adult Safeguarding Team is contacted to inform them of their concern or harm.
- If a patient is at immediate risk of harm, the Registered Manager will contact the Police. CQC will also be informed.
- In all cases of alleged harm, there will be early consultation between Develop My Child Ltd, the Local Authority and the Police to determine whether a joint investigation is required. We understand that it may also be necessary to advise the relevant Power of Attorney if there is one appointment. In dealing with incidents of potential harm,
- People have rights which must be respected, and which may need to be balanced against each other.
- The wishes of the person harmed will be considered whenever possible. This may result in no legal action.
- Documentation of any incidents of harm in the patient's file and using body maps to record any injuries.
- Follow The Local Authority policy guidelines where applicable.
- Report any incidents of abuse to the relevant parties.
- Work with multiple agencies.
- Advise and support staff.
- Ensure staff are trained to enhance knowledge.



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- Actively promote the “Whistleblowing” policies.

7.3 The Healthcare professionals Responsibilities

- To be able to recognise and report incidences of harm.
- To report concerns of harm or poor practice that may lead to harm.
- To remain up to date with training
- To follow the policy and procedures.
- To know how and when to use the Whistleblowing procedures.
- To understand the Mental Capacity Act and how to apply it in practice.

8. Process

8.1 General Principles

- We will have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service.
- A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At Develop My Child Ltd, this person is Registered manager.
- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the Whistleblowing process.
- Develop My Child Ltd will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the Local Authority.



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8.2 Multi-Agency Procedures

- Develop My Child Ltd will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice.
- We will have a learning and development strategy which specifically addresses adult safeguarding. We will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported.
- Develop My Child Ltd recognises its responsibilities in relation to confidentiality and will share information appropriately.
- We will have zero tolerance for harm.
- We will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred to for investigation to the most appropriate agency.
- We will ensure that any action that is taken is assessed, proportionate and reflective of the risk presented to the people who use the services.
- We will report any incidents in line with our regulatory requirements.
- Develop My Child Ltd will adhere to the Code of Conduct for Staff
- There is a clear, well-publicised Whistleblowing Policy and Procedure in place that staff are familiar with and know how to use. They should also understand how to escalate and report concerns.

Whistleblowing is an important aspect of the support and protection of adults at risk where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk:

- they may not be following the code of conduct
- they could be pushing boundaries beyond normal limits



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- or displaying conduct which compromises health and safety, breaches the law, or which falls below established standards of practice with adults at risk.

8.3 Prevention

Providing information to support Patients

- Develop My Child Ltd will support Patients, their advocates/ relatives by providing accessible, easy to understand information on what abuse is and what signs to look out for and how to report abuse. This will include Patients ' rights and how to get help and support if they need it through the Care Plan process. We will comply with the Accessible Information Standards.

8.4 Raising awareness

- Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act [Chapter 14](#) and Develop My Child Ltd will ensure that it is able to respond appropriately.
- Develop My Child Ltd will ensure that all staff are trained in the Whistleblowing Policy and Procedure.
- Develop My Child Ltd will ensure that staff are aware of the Local Authority reporting procedures and timescales for raising adult safeguarding concerns.

9. Definitions, Categories and Signs of Abuse

Definition of Abuse

The Care Act 2014 defines an Adult at Risk as someone who:

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) Is experiencing, or is at risk of, abuse or neglect, and



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- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Distinct categories of abuse are:

- **Physical Abuse** – This relates to any form of malpractice involving an individual's physical wellbeing. More commonly known examples include hitting or kicking a patient or adult in a care setting but can also extend to misuse of medication and inappropriate use of restraint.
- **Emotional/ Psychological Abuse** – Usually a repeated form of verbal abuse, where an individual is subjected to threats of harm, isolation or seclusion from services, harassment, or intimidation, as well anything that alters the person's behaviour from the way they'd like to live.
- **Financial Abuse** – Where someone in a caring role misuses the finances of the individual they care for. This could be for personal gain or in a way originally intended to help the adult receiving care but using someone's money without their consent is a crime.
- **Sexual Abuse** – If the adult in need of social care is subjected to sexual activity that they did not or could not consent to, including anything from inappropriate touching to rape, the perpetrator is guilty of sexual abuse.
- **Organisational Abuse** – This is defined as a service, agency or care home putting its own needs before those of the patients. From imposing inflexible daily routine to reorganising a staff rota to suit its own costs, organisational abuse can damage the patients' lives.
- **Neglect** – Instances of a care worker ignoring the care needs of an individual and failing to provide the care services they require is neglect. Extreme cases can lead to irreparable psychological damage and even death.
- **Discriminatory Abuse** – Refusing to acknowledge the different care needed for everyone. This could mean purposefully ignoring someone's religion, personal beliefs, dietary views, or any number of personal preferences.
- **Domestic Violence** – One of the new introductions to the list of safeguarding adults in care settings, domestic violence is now recognised as the jurisdiction of the Safeguarding Adults Boards across the country when it is committed against an adult in need of care services.





- **Modern Slavery** – Another new category, the use of individuals working for little or no wages is now the business of the Safeguarding Adults Boards across the country. This could be perpetrated by care service employers, the adult in need to care themselves, or someone connected to that person.
- **Self Neglect** – A newly defined form of abuse, self-neglect is a condition affecting behaviour, where the individual refuses to attend to their personal care and hygiene, their environment or even refusal of care services offered to them. Staff should be educated on this condition and prepared to work with the individual to improve their situation.

The Act also defines “abuse” as including:

“... financial abuse: and for that purpose “financial abuse” includes

having money or other property stolen,

(b) being defrauded,

(c) being put under pressure in relation to money or other property, and

(d) having money or other property misused.

Signs of Abuse

Physical abuse signs

(Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault, e.g. skin bruising can occur very easily due to blood vessels becoming fragile).

- A history of unexplained falls or minor injuries.
- Bruising in well protected areas, or clustered from repeated striking.
- Finger marks Burns of unusual location or type.
- Injuries found at different states of healing.
- Injury shape like an object.
- Injuries to head/face/scalp.



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- History of GP or agency hopping, or reluctance to seek help.
- Accounts which vary with time or are inconsistent with physical evidence.
- Weight loss due to malnutrition, or rapid weight gain.
- Ulcers, bed sores and being left in wet clothing.
- Drowsiness due to too much medication, or lack of medication causing recurring crises/ hospital admissions.

Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting.
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the adults at risk.
- Circumstances – e.g. two Patients found in a toilet area, one in a distressed state.

Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem





- Confusion

Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the adult at risk's assets

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities





- Lack of personal clothing or possessions
- Controlling relationships between care staff and Patients .

Harm ... will be regarded as:

- Ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical);
- The impairment of health (physical or mental) or development (physical intellectual, emotional, social or behavioural).
- Neglect
- Unlawful conduct which adversely affects property, rights or interests (for example financial abuse)

Prevent

A related issue – although not covered specifically by the Care Act 2014 - is abuse and concerns arising from the threat of terrorism. PREVENT is part of the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

An Adult at Risk therefore Is or may need community care services to enable them to retain: -

- a) Independence
- b) Well being
- c) Choice
- d) And to access their human right to live a life free from abuse and neglect.

For the purpose of this guidance 'community care services' will be taken to include all care services provided in any setting or context. The people most likely to be assessed as an Adult At Risk are those aged 18 or over who:

- a) Are elderly and very frail
- b) Suffer from mental illness, including dementia



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- c) Have a physical or sensory disability
- d) Have a learning disability
- e) Suffer from a severe and incapacitating physical illness
- f) May not be able to give informed consent owing to mental incapacity.

10. Provision for Adults Who Do Not Speak English

Develop My Child Ltd is committed to ensuring that Patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family members who do not speak English.

In order to minimise misunderstanding and ensure that the Patients is satisfied with the information being offered please follow the guidance below.

- Ensure that the correct language is identified in order to provide information in the appropriate language.
- Ensure that information about safeguarding is given to the patient/parent in appropriate language prior to seeking consent.
- If the patient/parent does not read their own language ensure that relatives/friends who are asked to act as interpreters have declared their relationship to the patient and are not involved in any allegations of abuse against the patient.
- Where possible an independent interpreter should be used.
- Consideration should be given to the involvement of interpreter/link worker if they have been consistently involved in interpreting as they may have useful information and be able to offer support to the patient.



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11. Advice and Involvement from The Police

Some incidents may require police involvement – e.g. any abuse arising from terrorism and those involving the national PREVENT Strategy. Referrals should normally be made to local safeguarding authorities which would initiate any necessary procedures involving the police along with recording and retaining evidence.

The types of patient safety incidents that may need consideration of police involvement in this way are where there is evidence or suspicion:

- That the actions leading to harm were intended
- That adverse consequences were intended
- Of gross negligence and or recklessness in a patient safety incident.

12. Training

Safeguarding training for our staff. These will reflect the Inter-collegiate document “Adult Safeguarding: Roles and Competencies for Health Care Staff” – this can be downloaded at:

https://www.researchgate.net/publication/330114951_INTERCOLLEGIATE_DOCUMENT_Adult_Safeguarding_Roles_and_Competencies_for_Health_Care_Staff

All staff will be appropriately trained in Safeguarding Training will normally be to Level 2, and clinical staff normally to Level 3.

In addition, the Safeguarding Lead will receive appropriate additional training in Safeguarding issues to Level 4 and will have access to independent advice about Safeguarding issues.



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Training in safeguarding procedures will be beginning in the new staff induction programme. This will also include significant event analysis training. The organisation will provide clear lines and methods of reporting incidents and concerns and ensure ongoing training ensures all team members know how to meet their safeguarding responsibilities.

The objective of this training will be to enable staff to:

Competence - Have the required knowledge and confidence to carry out their safeguarding responsibilities.

Control - Roles and responsibilities will be allocated through the team.

Cooperation - Internal and interagency cooperation and communication processes will be agreed and the team will be able to put them into action immediately when necessary.

Communication - Record keeping must be sufficiently detailed for a reflective significant event analysis to following a critical incident. **All staff will have yearly training on safeguarding adults and children.**

The organisation will maximise flexible learning opportunities to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies, critical incident reviews and analysis, and serious case reviews – as well as learning related to safeguarding processes and procedures within the organization itself.

13. How to raise concern

The emergency services should be contacted immediately if a patient appears to be in immediate physical danger. Records and relevant evidence should be retained.

If there is no immediate physical danger apparent report to Jane Love.

Report abuse to your local safeguarding board detailed at the start of this policy



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14. How to Respond to Possible Abuse

Strict procedures will be in force within Develop My Child Ltd to carry out appropriate notifications in the event of abuse or suspected abuse being identified.

In summary, these are:

a) **Step 1**

The emergency services should be contacted immediately if a patient appears to be in immediate physical danger. Records and relevant evidence should be retained.

If there is no immediate physical danger apparent, proceed directly to Step 2.

b) **Step 2**

Ensure that the Safeguarding Lead is fully aware of the issue.

c) **Step 3**

Appropriate swift confidential internal investigations to be undertaken as directed by the Safeguarding Lead, including taking of any necessary verbal and/or written statements.

If appropriate, informal external confidential investigations will be made e.g., with the relevant GP, Health Visitors, social worker, etc.

d) **Step 4.**

The designated Safeguarding Lead/Deputy will decide about making a formal notification to the appropriate local statutory Safeguarding Authority if evidence of any safeguarding concern is confirmed.

The telephone number for notifications to the relevant local Safeguarding Authority will be obtained immediately, and a referral made as soon as possible should this be deemed necessary.



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The referral should be made via the mandated procedure of that Authority (see the relevant website)

e) **Step 5**

Statutory Notification to be made to the CQC in line with the 2014 Regulations, specifically:

“(the provider”) must notify Commission without delay of the incidents ...which occur whilst services are being provided in the carrying on of a regulated activity, or because of the carrying on of a regulated activity... which involve any abuse or allegation of abuse in relation to a patient”.

f) **Step 6** – Full records will be kept on a confidential basis.

15. Care Act 2014

Develop My Child Ltd recognises the responsibilities of Local Authorities outlined in Section 42 of the Care Act 2014 in respect of a person or persons who have:

- a) needs for care and support (whether the authority is meeting any of those needs),
- b) is experiencing, or is at risk of, abuse or neglect, and
- c) Because of those needs, he is unable to protect himself or herself against the abuse or neglect or the risk of it.

In addition, Section 44 of the Care Act 2014 requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when:

- a) An adult has died because of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or
- b) An adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect.



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- c) Safeguarding Adults Boards are free to arrange Reviews in any other situation involving an adult in its area with needs for care and support.

Via this Safeguarding Policy, Develop My Child Ltd will ensure full cooperation with the Local Authority and any other statutory authority in respect of Care Act requirements should this be necessary to ensure the safety and well-being of any such person. We will undertake this via:

- Establishing a Safeguarding Lead for the organisation.
- Ensuring that the Safeguarding Lead works with the Safeguarding Lead on an ongoing basis so that a coordinated approach is always adopted.
- Ensuring that our Board of Directors is kept informed of your safeguarding process and policies, and informed confidentially of any specific safeguarding concerns that may arise from time to time in the work of Develop My Child Ltd.
- Undertaking reviews of safeguarding arrangements on a regular basis so that our statutory and professional responsibilities are maintained.
- Making whatever statutory referrals and reports as are necessary to carry out these responsibilities.
- Making sure that our staff team are appropriately trained for their safeguarding responsibilities.
- Undertaking regular checks including DBS and Fit and Proper Persons checks on our staff and Directors.

16. Confidentiality/Record Keeping/Information Sharing

Clear, confidential, and comprehensive records relating to all events and decisions about safeguarding will be maintained.

Members of staff have a duty of confidentiality, and patients have a right to expect that information given to a member of staff in a professional context will not be shared without their permission. Exceptions include the disclosure of a safeguarding referral (subject to following the guidance above).



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Where there are safeguarding concerns, staff have a duty to share information. It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.

Information should be shared with consent wherever possible. However, a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g., in the interests of public safety, police investigation, etc.

The following guidelines are therefore in place for our staff:

- a) **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- b) **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- c) **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- d) **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.
- e) **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions or the actions of the perpetrator.



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- f) **Sharing should be necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate, and up to date, is shared in a timely fashion, and is shared securely.
- g) **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

IN SUMMARY, any information disclosed should be:

- clear regarding the nature of the problem and purpose of sharing information based on fact, not assumption.
- restricted to those with a legitimate need to know.
- relevant to specific incidents.
- strictly limited to the needs of the situation at that time.
- recorded in writing with reasons stated.



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Section B : Child Safeguarding Policy and Procedures

Develop My Child Ltd (the “Organisation”) believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to working to the following principles:

- a) The child’s needs must come first.
- b) The child’s well-being and welfare is everyone’s shared responsibility for achieving better outcomes for children.
- c) The opinions of the child and family will always be considered and documented.
- d) The child and family will not be discriminated against on the grounds of age, ethnicity, religion, culture, gender, disability, class or sexual orientation.

The Organisation has a statutory duty to safeguarding and promoting the welfare of children and young people as outlined in the Children Act (1989; 2004) and the Children and Social Work Act (2017). Section 11 of the Children Act and Working Together to Safeguard Children (2015) outlines the legal duties and responsibilities placed on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

In addition, in the event that there are any concerns identified about a child, the organisation will undertake its responsibilities under the “Working Together To Safeguard Children” (2018) guidance and legislation and subsequent updates – see:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

1. The purpose of this policy

This policy is intended to set out to all staff, children and parents how Develop My Child Ltd will protect and safeguard all children and young people who have yet to reach their 18th birthday that are known



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to the services. This policy is to provide clear guidance on prevention of abuse and the procedure for reporting any concerns or allegations of abuse and to set out the levels of responsibility by:

- a) Ensuring that **staff are aware of the policy**
- b) Ensuring that **vulnerable children are protected** from any form of abuse
- c) Ensuring that **staff receive the appropriate training**
- d) Ensuring that any **allegations of abuse are reported** and are **investigated** by the statutory organisations and **lessons are learned**.

This policy underpins the intention of Develop My Child Ltd to maintain these principles in compliance with statute and statutory guidance. It is supported by a procedure document.

2. The Legal Framework:

This policy has been developed to enable Develop My Child Ltd to comply with the following law and guidance:

- a) Children Act 1989
- b) United Nations Convention on the Rights of the Child 1991
- c) Data Protection Act 2018
- d) Human Rights Act 1998
- e) Education Act 2002
- f) Adoption and Children Act 2002
- g) Female Genital Mutilation Act 2003
- h) Sexual Offences Act 2003
- i) Children Act 2004
- j) Children and Adoption Act 2006
- k) Safeguarding Vulnerable Groups Act 2006
- l) Children and Young Persons Act 2008





- m) Borders Citizenship and immigration Act 2009
- n) Education Act 2011
- o) Protection of Freedoms Act 2012
- p) Children and Families Act 2014
- q) Children and Social Work Act 2017
- r) Digital Economy Act 2017

Guidance:

- a) Working Together to safeguard children HM Gov 2018
- b) Mandatory reporting of Female Genital Mutilation 2016
- c) Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers HM Gov March 2015
- d) What to do if you are worried a child is being abused HM Gov 2015
- e) Intercollegiate document- Safeguarding children and young people: roles and competences for health care staff March 2014
- f) Special Educational needs and disability code of practice 0-25 DoE 2014

And it is following:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This policy should be read alongside Develop My Child Ltd's policies and procedures for:

- a) General Safeguarding
- b) Health and Safety
- c) Safer Recruitment
- d) Whistleblowing
- e) Information governance



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This policy applies to all Develop My Child Ltd's staff, including senior managers, the board of trustees, paid staff including agency staff or anyone providing services on their behalf in accordance with statute:

Everybody who works with or has contact with children, parents and other adults who care for children, will be safely recruited, and be expected to recognise, and know how to act upon, evidence that a child's health, welfare or development is or may be being impaired especially when they are suffering, or likely to suffer significant harm. This will require that staff understand circumstances that may make a child more vulnerable to abuse.

This policy and supporting procedure document will cover the roles and responsibilities of all staff working on behalf of Develop My Child Ltd, with children, young people and their families and carers who are, or may be assessed as being in need (vulnerable) or in need of protection.

It is recognised that Develop My Child Ltd may be serving children and their families from across the United Kingdom. Key differences in legislation, government guidance, and local arrangements in the 4 nations are therefore included in Appendix 3

3. Governance and management

The CQC Registered Manager will be responsible for ensuring that the requirements of the Safeguarding policies and procedures are effectively implemented and managed and that the staff are aware of their responsibilities.

4. Issues specific to remote delivery of Health Care services

It is recognised that delivering health care services remotely via telephone etc could potentially introduce additional risks and vulnerabilities. Where possible these have been anticipated and the steps taken to mitigate that risk are listed below.



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Potential vulnerability	How this is addressed
Clinicians may find it harder to spot physical indicators or signs of concern when not physically present.	Enhanced awareness of risk factors and associated signs and indicators will be achieved through specifically commissioned training . This policy provides additional details on vulnerabilities and risks
Clinicians may not be familiar with safeguarding and child protection arrangements in force in the different parts of the country served by Develop My Child Ltd	This will be a feature of the training provided to staff and key differences in language and procedure, including legislative and official guidance, are highlighting within this policy and summarised in Appendix 3
Families may seek to avoid scrutiny and disguise abuse by using Develop My Child Ltd 's services rather than attending their regular GP	All families using the service are required to sign up to terms and conditions that make it clear that all Develop My Child Ltd records will automatically be shared with their own GP. Registration with a UK GP is a requirement for all patients.
Develop My Child Ltd clinicians may not be aware of a child's full medical history or other relevant information	All patients must agree that Develop My Child Ltd clinicians can have access to their medical history and communicate with their regular GP as necessary . All relevant information will be gathered at the point of registration for the patient.

This list is not exhaustive and will be reviewed and added to when the effectiveness of this policy is



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reviewed at regular intervals.

Contact details:

Safeguarding: The CQC Registered Manager of Develop My Child Ltd or his/her designee is the named Child Protection Officer.

5. Procedures to safeguard children and young people

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them or placing the interests of adults ahead of the needs of children.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and/or speak to the child; listen to what they say, take their views seriously; and work with them collaboratively when deciding how to support their needs.

The aim of this procedure document is to provide guidance for staff to implement the principles of the policy and **should be read in conjunction with RCGP/NSPCC Safeguarding Children Toolkit for General Practice.**

These procedures will cover the roles and responsibilities of all staff working with children, young people and their families and carers who are, or may be assessed as being in need (vulnerable) or in need of protection.

Content:

Early Help

Raising Concerns



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Categories of abuse

Recognising abuse

Responding to disclosure

Confidentiality and consent

Making a referral

Raising concerns about staff

Record keeping

Code of practice

Recruitment

Appendices

Early help.

Effective early help relies upon local agencies working together to:

- a) identify children and families who would benefit from early help
- b) undertake an assessment of the need for early help; and
- c) provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Early help can prevent significant harm occurring and must be provided with the consent of either the parent or legal guardian or the child if they have capacity to give consent.

To assist in decision making each Local Authority is expected to provide a Threshold continuum that can be found on their website. For example:

http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

6. Raising concerns - when to suspect maltreatment



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If a child is suspected to be suffering or at risk of significant harm (Appendix 1) clinicians must know how to respond sometimes this may mean sharing this information without consent and in some circumstances when putting the child's welfare as a priority it is important not to seek consent. These situations may be sexual abuse, suspected fabricated or induced illness or if the child may be at further risk by informing carers of intention to refer.

Develop My Child Ltd staff are in a unique position to be able to identify indicators of abuse or neglect, through their consultations with children and young people.

They have a duty to act on concerns to bring about better outcomes for children by acting to:

- a) protect children from maltreatment
- b) prevent impairment of children's health or development
- c) ensure that children grow up in circumstances consistent with the provision of safe and effective care; and
- d) to enable all children to have the best outcomes.

Everybody who works with or has contact with children, parents and other adults who care for children, should be able to recognise, and know how to act upon, evidence that a child's health, welfare or development is or may be being impaired especially when they are suffering, or likely to suffer significant harm.

7. Identifying abuse and neglect

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Child welfare concerns may arise in many different contexts and can vary greatly in terms of their



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nature and seriousness.

Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet.

They may be abused by an adult or adults, or another child or children.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives.

Abuse and neglect can happen over a period but can also be a one-off event.

Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, because they may have an impaired capacity to resist or avoid abuse or to disclose verbally due to speech, language and communication needs which may make it difficult to tell others what is happening.

Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.



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There are several warning indicators which might suggest that a child may be being abused or neglected.

There are 4 categories of abuse as defined in the document “Working Together to Safeguard Children 2015”:

- a) Physical abuse
- b) Sexual abuse
- c) Emotional abuse
- d) Neglect

Abuse is defined as:

“Any action by another person – adult or child – that causes significant harm to a child.”

Physical abuse:

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Fabricated and induced illness is part of a parent/ carers psychological problems and has specific guidance that requires careful assessment between health services and the police.



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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

Emotional abuse:

Emotional abuse is the persistent emotional maltreatment of a child. It can have severe and persistent adverse effects on a child's emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, Staff may be able to notice in the child's demeanour or way they may talk about themselves or in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children, being left alone for long periods or caring for others. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect:

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

- a) provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- b) protect a child from physical and emotional harm or danger



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- c) ensure adequate supervision (including the use of inadequate caregivers); or
- d) ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Sexual abuse:

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Recognising abuse

Children may disclose directly that they are being abused. If this happens it is important to listen and record as soon as possible the child's words.

It is recognised that some of the service provided by Develop My Child Ltd may be via video link, mobile telephone screen or computer. This may present some challenges to identifying physical indicators. An unusual injury be seen or pain described by a child not related to their condition, this should be considered as possible harm.

Emotional abuse is a feature of all types of abuse. It can be recognised by developmental delay, anxieties and low affect in a child. It may be described in the child's behaviour by a carer, of being isolated, poor eating habits, refusing school, self-harming poor sleep patterns etc.

It can also be identified by the nature of the relationship between carer and child; hostility,



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authoritarian, dismissive or high criticism, low warmth parenting.

Neglect can be identified through obvious lack of basic care, but also the emotional impact. A carer who neglects their child may be putting their own needs first. They may be using substances, alcohol excessively or have mental health problems.

Sexual abuse can be identified through the emotional impact and through a child having sexually transmitted diseases, pregnancy or substance misuse problems.

Children who are sexually abused may self-harm or develop eating disorders. They will often believe they are to blame and have consented to a sexual relationship. Children may be harmed by being bullied by peers through social media or groomed on-line by predatory adults.

It is important to ensure the child is not led to believe that they are in any way responsible for sexual abuse.

Other ways children may be maltreated or abused:

Female genital mutilation:

This is practiced by a decreasing number of communities and in decreasing numbers and maybe considered cultural. There is a **mandatory requirement to report to social care** a suspicion that this might happen.

If you are informed that a child has been 'cut' it is reported to the police see guidance Mandatory Reporting of Female Genital Mutilation – procedural information.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

Child Sexual Exploitation:



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Where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.

Children often are not aware that they have been victim to sexual exploitation and may refuse consent to sharing of this information. The child's safety is the deciding factor for sharing information without consent.

<https://www.gov.uk/government/publications/tackling-child-sexual-exploitation--2>

Trafficking:

Children may be trafficked for sexual exploitation or slavery. The main indicator may be that they are not in the care of a person who holds legal responsibility for them. When using the services of Develop My Child Ltd it is important that the doctor is confident that the person giving consent is legally able to do so.

This can be done by the **adult providing details of their relationship with the child and signing a form to confirm their legal responsibility prior to treatment** being agreed or provided. Checks need to be made for the validity of the information.

The patient's guardian will be asked to provide a reference number pertaining to a piece of their photo ID at the online registration page. This piece of photo ID will then be sighted and verified by the treating Clinician before they start the consultation.

The second method of **verification is through the registered credit card address of the Guardian.**



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The patient will need to **enter a valid registered address to pay by credit card.**

The patient will **on registration be asked whether they are calling from their registered address.** If not, they will be requested to state where they are calling from before commencing the consultation.

If a prescription is required, we will have details of the pharmacy that agrees to dispense the medication and therefore have information on the general location of the patient.

The patient's IP address can be used as a backup to identify town from which they are contacting our service.

If the child is in the care of a person who does not have legal responsibility for them a referral must be made as this may constitute private fostering arrangements.

Radicalisation:

Healthcare professionals have a key role in Prevent. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Prevent does not require you to do anything in addition to your normal duties. What is important is that if you are concerned that a vulnerable individual is being exploited in this way, you can raise these concerns in accordance with your organisation's policies and procedures.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf

Online or through social media

Children and young people can be bullied, groomed and exploited on-line. This must be reported to CEOP (Child Exploitation on-line protection) if suspected.

<https://www.ceop.police.uk/safety-centre/>



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This is not an exhaustive list of potential vulnerabilities for children.

Careful consideration should be given to children and young people in the following additional categories:

- a) Disabled children
- b) Children who have special educational needs
- c) Children who are young carers
- d) Children who show signs of engaging in anti-social or criminal behaviour
- e) Children who live in family circumstances presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence

8. Responding to disclosure

If a child discloses abuse it is important not to react or stop the child sharing, listen to them and record the child's words as soon as possible. If the child or carer asks you not to tell anyone or report you must consider the public interest test for sharing information without consent and the right of the child to ask for confidentiality to be respected.

Some basic principles:

- a) Don't give assurances about absolute confidentiality.
- b) Try to gain consent to share information as necessary.
- c) Consider the person's mental capacity to consent to information being shared and seek assistance if you are uncertain.
- d) Make sure that others are not put at risk by information being kept confidential:
- e) Does the public interest served by disclosure of personal information outweigh the public interest served by protecting confidentiality.



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- f) Could your action prevent a serious crime?
- g) Don't put management or organisational interests before safety.
- h) Share information on a 'need-to-know' basis and do not share more information than necessary.
- i) Record decisions and reasoning about information that is shared.
- j) Carefully consider the risks of sharing information in relation to domestic violence or hate crime.

9. Consent to share information

The parent/ carer must be asked for consent to share information regarding a child being in need and informed of the intention to share information if there is a risk of or the child is suffering significant harm.

Children can deny consent to share information. It is recognised that some children may consult with Develop My Child Ltd without their parent or legal guardian present.

In consultation with a young person who does not give consent to sharing of information the Clinician should **follow guidance to Gillick principles and Fraser competence before discussing with a parent or guardian.**

A young person 16 years to 18 years can expect to have their wishes for confidentiality upheld if they have capacity under Mental Health Act guidance.

A child under 16 years must be assessed about their capacity.

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

<https://www.gmc-uk.org/->



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/media/documents/0_18_years_english_0418pdf_48903188.pdf?la=en&hash=3092448DA3A5249B297C4C5EAEF1AD7549EEB5C7

<https://www.medicalprotection.org/uk/articles/eng-consent-children-and-young-people>

10. Making a referral/ sharing information

The process for making a referral starts after discussion with the Safeguarding lead or deputy (see flowchart at Appendix 1).

If there is **immediate concern for the child's safety the police are informed through 999**. This will be followed up by a referral to Social Care through the Organisation's procedures.

The clinician must record their concerns using observation and child's or parent's/ carer's words to share with the safeguarding lead. The discussion is recorded in the child's notes.

Social Care will require information to assess the level of need/risk which is stipulated in the assessment framework (Appendix 3) This is the 'need to know' information.

Under the "Working Together to Safeguard Children" (2018) guidance, emergency actions are to be managed as follows:

"Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to act immediately to secure the safety of the child. If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO).



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Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child. An EPO, made by the court, gives authority to remove a child and places them under the protection of the applicant.

When considering whether emergency action is necessary, an agency should always consider the needs of other children in the same household or in the household of an alleged perpetrator.”

11. Raising concerns about staff

If an allegation is made regarding a complaint about the behaviour of a member of staff of Develop My Child Ltd there are 3 strands to consider.

- a) The immediate safety of a child making the allegation.
- b) The need to suspend the staff member.
- c) The need to inform other statutory bodies: police, local authority designated team, and the Care Quality Commission.

If you think no action has been taken, escalate to a more senior manager. If you are still concerned follow your **Whistleblowing Policy**. You should always follow your local safeguarding procedures. Ask your manager if you aren't sure what they are.

Whistleblowing is an important aspect of the support and protection of children at risk of harm where staff are encouraged to speak up and share genuine concerns about a colleague's behaviour. Their behaviour may not be related to a child at risk, they may not be following the Code of Conduct; they could be pushing boundaries beyond normal limits; displaying conduct which is a breach of the law or which compromises health and safety or conduct which falls below established standards of practice with children at risk.



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If the concern is in regard to a Clinician, it must be shared with that clinician's Responsible Officer. See: <http://www.gmc-uk.org/concerns/29430.asp>

12. Record keeping

The clinician must make full and accurate notes of meetings or interviews with the child or young person and other people involved in the case at the time that an event happens or as soon as possible afterwards.

Any notes or reports you make must be written fairly and impartially:

- a) Keep clear, accurate and legible records.
- b) Make records at the time the events happen, or as soon as possible afterwards.
- c) Record your concerns, including any minor concerns, and the details of any action you have taken, information you have shared and decisions you have made relating to those concerns.
- d) Make sure information that may be relevant to keeping a child or young person safe is available to other clinicians providing care to them.

This record will be shared with the patient's GP.

13. Training

All staff will be trained before commencing work to the levels as set out below.

All Develop My Child Ltd staff will receive training prior to commencement of their work and undergo a **refresher course in Safeguarding at least once every 3 years**. This will normally be done via an externally delivered course.

Safeguarding leads should be trained to Level 4 as indicated in the Intercollegiate document.



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For **clinical staff, training will normally be to Level 3** and certificates will be inspected before Clinicians are allowed to commence work with Develop My Child Ltd.

Non-clinical staff will be required to have Level 1 Safeguarding training before commencing work, and Level 1 Safeguarding training if their work involves direct dealing with children.

In addition, the **CQC Registered Managers will be trained to Level 5** standard before the business is launched.

Training will encompass areas such as vulnerable adults, domestic violence, learning disability, disabled children, working with families who are difficult to engage, child maltreatment and key principles of advocacy and human rights, documentation, dealing with uncertainty, and individuals' responsibility to act.

Develop My Child Ltd will ensure that all staff are trained on the Whistleblowing Policy and Procedure and know how and when to use the Whistleblowing procedures.

14. Recruitment

All staff will be recruited using safer recruitment processes. Those staff in regulated positions will have **enhanced DBS checks and with barring checks**. Develop My Child Ltd will seek clarification from any agency providing staff that the staff member has been safely recruited and their DBS check is current and relevant.

All staff will sign that they have received and read the induction package and be made aware that commencing delivery of the service will start when all checks are completed, and safeguarding training has been received.

Code of conduct



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http://www.gmc-uk.org/guidance/good_medical_practice/contents.asp

15. Provision for children/ parents and carers for whom English is a second language

Develop My Child Ltd is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family members who do not speak English.

In order to minimise misunderstanding and ensure that the patient is satisfied with the information being offered please follow the guidance below.

- a) Ensure that the correct language is identified in order to provide information in the appropriate language.
- b) Ensure that information about safeguarding is given to the patient / parent in appropriate language prior to seeking consent.
- c) If the patient/parent does not read their own language ensure that relatives/friends who are asked to act as interpreters have declared their relationship to patient and are not involved in any allegations of abuse against the patient.
- d) Where possible an independent interpreter should be used.
- e) Consideration should be given to the involvement of interpreter/link worker if they have been consistently involved in interpreting as they may have useful information and be able to offer support to the patient.

16. Confidentiality/Sharing Data

Clinicians have a duty of confidentiality, and patients have a right to expect that information given to a clinician in a professional context will not be shared without their permission. The GMC emphasises the importance in most circumstances of obtaining a patient's consent to disclosure of personal information. In general, if you decide to disclose confidential information without consent, you should be prepared to explain and justify your decision and you should only disclose as much information as is necessary for the purpose. The Medical Defence organisation and/or



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the organisation's insurers will be consulted in all cases.

- a) You can disclose information without consent if you are making a child protection referral (subject to the guidance above)
- b) You should always obtain consent if you are making a referral as a child in need.
- c) If you are in doubt about whether to refer a child as a 'child protection referral' versus a 'child in need' referral, ask advice from one of your local advisers such as the Designated or Named Doctor or Nurse.
- d) Clear and comprehensive records relating to all events and decisions will be maintained.

GMC guidance "Confidentiality: Protecting and Providing Information" (Sep 2000) describes the following circumstances when disclosure may be justified:

Disclosures to protect the patient or others

"Disclosure of personal information without consent may be justified where failure to do so may expose the patient or others to risk or death or serious harm. Where third parties are exposed to a risk so serious that it outweighs the patient's privacy interest, you should seek consent to disclosure where practicable. If it is not practicable, you should disclose information promptly to an appropriate person or authority. You should generally inform the patient before disclosing the information."

"Such circumstances may arise, for example where a disclosure may assist in the prevention or detection of a serious crime. Serious crimes, in this context, will put someone at risk of death or serious harm, and will usually be crimes against the person such as abuse of children."

Children and other patients who may lack competence to give consent

"If you believe a patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to disclosure, you should give information promptly to an appropriate responsible person or statutory agency, where you believe that the disclosure is in the patient's best interests. You should usually inform the patient that you intend to disclose the information before doing so. Such circumstances may arise in relation to children, where concerns



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about possible abuse need to be shared with other agencies such as social services. Where appropriate you should inform those with parental responsibility about the disclosure. If, for any reason, you believe that disclosure of information is not in the best interests of an abused or neglected person, you must still be prepared to justify your decision."

Where there are **safeguarding concerns, staff have a duty to share information**. It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.

Information should be shared with consent wherever possible. However, a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, etc.

The following guidelines are therefore in place for our staff:

- h) **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- i) **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- j) **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- k) **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.
- l) **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions or the actions of the perpetrator.





- m) **Sharing should be necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate, and up to date, is shared in a timely fashion, and is shared securely.
- n) **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared with whom and for what purpose.

IN SUMMARY, any information disclosed should be:

- a) clear regarding the nature of the problem and purpose of sharing information.
- b) based on fact, not assumption.
- c) restricted to those with a legitimate need to know.
- d) relevant to specific incidents.
- e) strictly limited to the needs of the situation at that time.
- f) recorded in writing with reasons stated.

This policy is approved and authorised by:

Grainne Yeatman

Signed: *G Yeatman*

Date: February 2025



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Appendix A

Staff Training – Safeguarding (Adults And Children)

Staff training expectations regarding safeguarding is covered below as follows:

- Induction training
- Levels 1 / 2 – Other staff
- Level 3 –Clinician Level
- Level 4 – Named Safeguarding Leads

1. For all staff at all levels taking up a post within a new organisation:

A mandatory session of at least 30 minutes duration should be included in the general staff induction programme or within six weeks of taking up post within a new organisation. This should provide key safeguarding information and appropriate action to take if there are concerns.

Levels 1 & 2

	Level 1	Level 2
Staff groups Examples	<ul style="list-style-type: none"> ➤ Receptionists ➤ Administrative staff ➤ Volunteers ➤ Domestic staff 	<ul style="list-style-type: none"> • Practice managers • Phlebotomists • Healthcare assistants • Physician’s assistants
Adult Safeguarding training requirement over 3 years	Minimum of 2 hours	Minimum of 4 hours





Child Safeguarding training requirement over 3 years	Minimum of 2 hours	Minimum of 4 hours
Total safeguarding training requirement over 3 years	Minimum of 4 hours	Minimum of 8 hours



Level 3

	Level 3 Core	Level 3 requiring additional knowledge, skills and competencies
Staff groups Examples	<ul style="list-style-type: none"> Pharmacists* Foundation level doctors 	<ul style="list-style-type: none"> Medical staff Practice nurses Advanced nurse practitioners Paramedics
Adult Safeguarding INITIAL training requirement in the first 12 months of taking up a Level 3 post	Minimum of 8 hours	Minimum of 8 hours
Adult Safeguarding REFRESHER training requirement over 3 years	Minimum of 8 hours	Minimum of 8 hours
Child Safeguarding INITIAL training requirement in the first 12 months of taking up a Level 3 post	Minimum of 8 hours	Minimum of 16 hours
Child Safeguarding REFRESHER training requirement over 3 years	Minimum of 8 hours	Minimum of 12 hours with the exception of Safeguarding Leads who will require 16 hours
Total safeguarding REFRESHER	Minimum of 16 hours	For all professionals in this group except Safeguarding Leads: Minimum of 20 hours

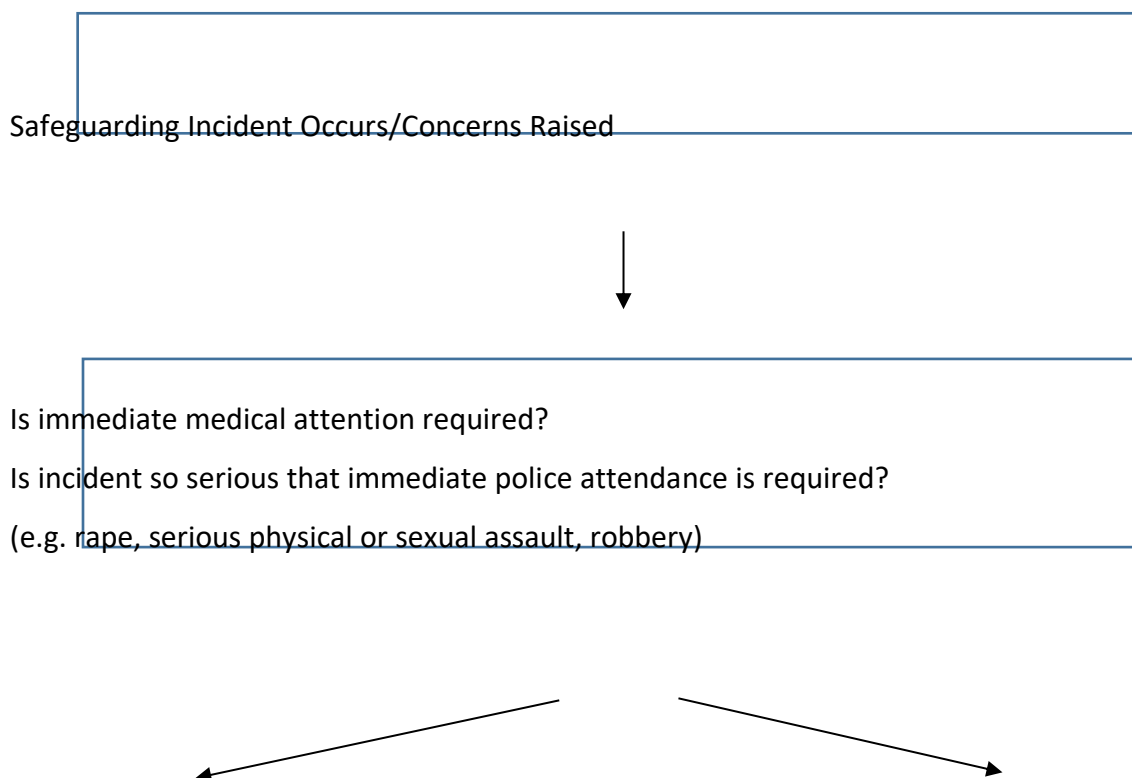
training requirement over 3 years		Safeguarding Leads: Minimum of 24 hours
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References:

- Adult Safeguarding: Roles and Competencies for Health Care Staff -: August 2018 (RCN)
- Intercollegiate Document. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019. (RCN)

Appendix B

Responding to a concern



NO



Notify the Safeguarding Lead
Make a record in the child's notes
Safeguarding Lead liaise with CQC
Registered Manager



Contact Children's Social Care
(or equivalent agency in other nations)
Tel. No may be found at
<https://www.gov.uk/report-child-abuse-to-local-council>

Confirm details in writing within 24 hours
using the form in Appendix 3 or the one
provided by Children's Social Care

YES



Ensure safety of victim
Call ambulance or Doctor (999)



Ensure safety of victim
Call Police (999)
Think preservation of evidence



Notify the
Safeguarding Lead

If your concern involves a person providing a service this will need to be referred to the Local Authority Designated team for dealing with disclosures against staff. Safeguarding concerns about a member of staff may require reporting to CQC.

Appendix C

Referral Form (to be used unless Children's Social Care request their own form to be submitted)

Name of person completing referral			
Role within Develop My Child Ltd			
Date		Time	
Tel No.			
Address			
Email			

CHILD / YOUNG PERSON'S DETAILS					
Family Name		First Names			
DoB		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unborn <input type="checkbox"/>
Address:					
Home telephone no		Mobile no			
First Language		Interpreter Required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
GP					
School					

DETAILS OF REFERRAL
Describe the identified cause for concern – What is the IMPACT (or potential) on the child/young person?

On what evidence / information is your concern is based?

What action have you / your agency taken to date to address this specific concern?
FAMILY CONTEXT
Outline your agency's role / service provided to the child and or family. Confirm how long you have been involved; include any history of concerns and when you last had contact with the child/family.

Outline your knowledge of the child's needs and parent's capacity to meet these.

Include any family and environmental factors that impact on child's need and parent's capacity.

FAMILY COMPOSITION AND HOUSEHOLD MEMBERS

Name	Gender	DoB/Age	Relationship to subject child	School Nursery Children's Centre	GP

SIGNIFICANT OTHERS – NOT OF THE HOUSEHOLD

Name	Gender	DoB/Age	Relationship to subject child	Does this person hold parental responsibility?	Is this person a known risk to children?

CONSENT & CONFIDENTIALITY

Is the parent aware of the referral?

YES ☐ NO ☐

Has the parent given consent to the referral being made?

YES ☐ NO ☐

If the answer to either of the above is **No** please provide an explanation as it is essential that professionals work in partnership with families, unless to do so would place a child at immediate risk of harm.

Key differences across the 4 nations of the United Kingdom

England

Overall responsible body: The Department for Education

Local arrangements: Local Safeguarding Children Boards (LSCBs)

Key Legislation:

Children Act 1989

Children Act 2004

Main Guidance:

Wales

Overall responsible body: The Welsh Government

Local arrangements: Local Safeguarding Children Boards

Key Legislation:

The Social Services and Well-being (Wales) Act 2014

The Children Act 1989

The Children Act 2004

Main Guidance:

Rights of Children and Young Persons (Wales) Measure 2011

Programme for children and young people

Codes of Practice

Safeguarding children: working together under the Children Act 2004 (Welsh Government, 2006)

The All-Wales Child Protection Procedures Review Group, 2008

Scotland

Overall responsible body: The Scottish Government

Local arrangements: Child Protection Committees

Key Legislation:

The Children (Scotland) Act 1995

The Children and Young People (Scotland) Act 2014

Main Guidance:

Scottish Government (2014) National Guidance for child protection in Scotland.

Getting it right for every child (GIRFEC)

The Early Years Framework (2008)

Northern Ireland

Overall responsible body: The Northern Ireland Executive government

Local arrangements: Safeguarding Board for Northern Ireland (SBNI)

Key Legislation:

The Children (Northern Ireland) Order 1995

The Children's Services Co-operation Act (Northern Ireland) 2015

The Safeguarding Board Act (2011)

Main Guidance:

Our children and young people: our pledge: a ten-year strategy for children and young people in Northern Ireland 2006-2016

The Understanding the Needs of Children in Northern Ireland (UNOCINI)

Co-operating to Safeguard Children and Young People in Northern Ireland (2016)

Appendix E

Related Legislation

[The Care Act 2014](#)

[The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

[The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015](#)

[Children Act 1989](#)

[Children Act 2004](#)

[Children and Young Persons Act 1933](#)

[Equality Act 2010](#)

[Equality Act 2010: Chapter 1 \(protected characteristics\) Chapter 2 \(prohibited conduct\) and Chapter 3 \(services and public functions\)](#)

[Human Rights Act 1998](#)

[Mental Capacity Act 2005](#)

[Mental Capacity Act Code of Practice](#)

[Mental Health Act 1983](#)

[Mental Health Act 2007 and Code of Practice](#)

[Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 \(Disclosure and Barring Service Transfer of Functions\) Order 2012](#)

Appendix F

Related Guidance

Care Act and Care Certificate

[Care Act 2014 \(Social Care Institute for Excellence\)](#)

[Care Act 2014 part 1: factsheets \(Department of Health, June 2014\)](#)

[Care and support statutory guidance, issued under the Care Act 2014 \(Department of Health, March 2016\)](#)

Challenging behaviour

[Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report: revised edition \(Department of Health\)](#)

A core principles commissioning tool for the development of local specifications for services supporting children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour: THIS CAN BE DOWNLOADED AT:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/transforming-care/place-i-call-home/ensuring-quality>

Data protection

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Dignity and respect

[Dignity in Care – SCIE guide 15 \(Social Care Institute for Excellence, June 2010 \(updated May 2013\)\)](#)

Equality and human rights

[Equality Act 2010 guidance](#)

[Guidance for service providers about their duties under the Equality Act 2010 \(Equality and Human Rights Commission\)](#)

Services, public functions and associations: Statutory Code of Practice (Equality and Human Rights Commission) -THIS CAN BE DOWNLOADED AT:

https://www.equalityhumanrights.com/sites/default/files/servicescode_0.pdf ([Equality and Human Rights Commission](#))

General resource

[National Institute for Health and Care Excellence \(NICE\)](#)

Mental capacity

[Mental Capacity Act 2005 Code of Practice](#)

Mental health

[Code of Practice: Mental Health Act 1983 \(Department of Health\)](#)

Quality monitoring/governance

[National Institute for Health and Care Excellence \(NICE\) guidance](#)

[National Institute for Health and Care Excellence \(NICE\) quality standards topic library](#)

Restrictive practice/restraint

[Positive and proactive care: reducing the need for restrictive interventions \(Department of Health\)](#)

Risk assessment

[Health and Safety Executive, Sensible risk assessment in care settings](#)

[Risk assessment \(Health and Safety Executive\)](#)

Safeguarding

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

[What to do if you're worried a child is being abused \(HM Government\)](#)

[When to suspect child maltreatment - NICE guideline CG89 \(National Institute for Health and Care Excellence, June 2009\)](#)

[Clinical governance and adult safeguarding \(Department of Health\)](#)

Whistleblowing

https://www.cqc.org.uk/sites/default/files/20200420_Whistleblowing_quick_guide_final_update.pdf
(Care Quality Commission)

[Raising concerns at work: whistleblowing guidance for workers and employers in health and social care](#)