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Safeguarding Policies:

Safeguarding Policy

Adults at Risk Policy

Use of DBS Policy

Whistleblowing Policy

Children's Safeguarding Policy

Revision	Date	Nature of changes	Approved by	Review Date
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Safeguarding Policy

Purpose and Scope

This policy outlines the commitment of HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD to safeguarding and promoting the welfare of all individuals who access our services, including both adults and children. The purpose of this policy is to ensure that all staff understand their roles and responsibilities in identifying, responding to, and reporting concerns about abuse, neglect, or exploitation, in line with our statutory duties and regulatory requirements.

This policy reflects our obligations under the key legislative and statutory frameworks that govern safeguarding in England, including but not limited to:

- The Children Act 1989 and 2004
- The Care Act 2014
- Working Together to Safeguard Children (2018)
- Keeping Children Safe in Education (where applicable)
- The Children and Social Work Act 2017
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Human Rights Act 1998
- The Equality Act 2010

The policy applies to all staff, contractors, volunteers, and professionals working within or on behalf of HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD, and encompasses all services provided. It sets out our approach to safeguarding both **adults at risk** and **children**, recognising that safeguarding is everyone's responsibility, and that the protection of vulnerable individuals must be at the forefront of clinical practice and organisational governance.

This policy also supports compliance with the Care Quality Commission's (CQC) fundamental standards and key lines of enquiry (KLOEs), particularly those relating to safety, leadership, and responsiveness.

HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD acknowledges its **statutory duty to safeguard and promote the welfare of both adults and children**, and to take appropriate action, including making referrals to external safeguarding agencies when abuse, neglect, or exploitation is known or suspected. These duties are mandated under the Children Act 1989 and 2004, the Care Act 2014, and related statutory guidance. In line with these obligations, all staff and the organisation itself are legally required to **recognise, respond to, and refer** safeguarding concerns in a timely and effective manner. This duty applies whether the concern arises in a clinical setting, through disclosure, or by any other means. HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD ensures that all staff receive appropriate training and support to fulfil these responsibilities in accordance with statutory requirements and local safeguarding procedures.



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Safeguarding Lead

Dr Richard Azzawi-White will have the following duties and responsibilities:

- Correct protocols and procedures are followed in any suspected Safeguarding context or situation.
- Complying with the requirements of the local Safeguarding Adults Board.
- Ensuring that HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD has safer recruitment procedures.
- Being available for all staff members to discuss any safeguarding issues or concerns.
- Ensuring that staff are fully trained in safeguarding and know how to spot and raise concerns.
- Undergoing regular refresher training themselves to ensure their safeguarding knowledge is as up to date as possible and in line with new guidance.

The Safeguarding Lead is also responsible for overseeing the governance of safeguarding across the organisation. This includes **collating and reviewing information from safeguarding referrals, incidents, concerns, and complaints** to identify patterns, areas for improvement, and opportunities for organisational learning. The Safeguarding Lead will ensure that findings are appropriately shared with relevant staff and management, and that **necessary changes to policy, practice, or training are implemented** as a result. This continuous review process supports a culture of transparency, accountability, and improvement in safeguarding practice.

The Safeguarding Lead holds overarching responsibility for the organisation's compliance with all statutory and regulatory safeguarding domains. This includes, but is not limited to, the **Mental Capacity Act (MCA) 2005, Prevent** (the duty to prevent people from being drawn into terrorism), **Support and Management of Aggression (SAMA), Domestic Abuse and Violence (DA/DV), Child Sexual Exploitation (CSE), Missing, Exploited or Trafficked children and adults (MET), and Looked After Children (LAC)**. These areas are considered integral components of the Safeguarding Lead's organisational duties and functions. The Safeguarding Lead is responsible for ensuring that each of these areas is appropriately reflected in internal policy, risk management, staff training, and safeguarding procedures. Where appropriate, the Safeguarding Lead may delegate day-to-day oversight of specific domains to designated staff members; however, overall accountability for governance, compliance, and quality assurance remains with the Safeguarding Lead. This ensures that HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD maintains a comprehensive and proactive safeguarding framework that meets all relevant statutory requirements. **Other members of staff**

Safeguarding is a responsibility of every employee at HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD towards all people who come into contact with HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD in:

- Protecting their rights
- Promoting their welfare and wellbeing
- Preventing (wherever possible) the risk and experience of abuse or neglect.

All employees must be aware of safeguarding matters as described in this policy and its procedures.



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Haven Medical Primary Healthcare Services Ltd recognises its statutory duty to contribute to multi-agency safeguarding reviews, including Serious Case Reviews (SCRs), Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs), and the Section 11 Children Act 2004 audits. Where requested, the organisation will provide timely, accurate, and reflective information to support learning, accountability, and service improvement, and will participate fully in any review process in collaboration with safeguarding partners.

Safer recruitment

While the organisation's separate recruitment policies provide detailed procedures, this safeguarding policy reinforces the importance of safer recruitment as a key safeguarding measure. Safer recruitment helps prevent the appointment of individuals who may pose a risk of harm to children or adults at risk. This is achieved through robust pre-employment checks, including enhanced DBS checks, verifying professional registration where applicable, and conducting structured interviews that include safeguarding-related questions to assess the candidate's values, attitudes, and understanding of safeguarding principles. These measures ensure that only those suitable to work with vulnerable groups are employed or engaged in any capacity.

Information sharing top-level guidance

Haven Medical Primary Healthcare Services Ltd is committed to effective and lawful information sharing as a vital part of safeguarding practice. All staff must adhere to the principles of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR), which allow for the sharing of personal information without consent where there is a lawful basis to do so for the purpose of safeguarding. Information must be shared proportionately, securely, and on a need-to-know basis in line with the HM Government's "Information Sharing: Advice for Practitioners Providing Safeguarding Services" (2018). Staff are trained to recognise when and how to share concerns with relevant agencies to protect children and adults at risk. Please refer to the information governance policy for more details on information sharing, the DPA and GDPR.

Training

All staff members, clinical and non-clinical will undergo safeguarding training (CPD) every year as part of our continued dedication to ensuring that all staff members put safeguarding to the forefront. We use accredited training service Bluestream.

All staff at Haven Medical Primary Healthcare Services Ltd are required to complete **mandatory safeguarding training** appropriate to their role, in line with recommendations in safeguarding intercollegiate documents for adults, children and looked after children. This includes training in **safeguarding adults**, **safeguarding children**, and, where appropriate, **looked after children**.

- **Non-clinical staff** must complete safeguarding training to at least **Level 1**.
- **Clinical staff** who have direct contact with patients must be trained to **Level 2**, and those with safeguarding responsibilities (e.g. GPs, nurses, safeguarding leads) to **Level 3** or above, depending on their role and scope of practice.



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Staff Supervision and Support

Haven Medical Primary Healthcare Services Ltd is committed to promoting reflective and safe safeguarding practice through regular staff supervision and support. All staff involved in safeguarding responsibilities will have access to scheduled supervision sessions, where they can reflect on safeguarding concerns, discuss complex cases, and receive guidance to support decision-making. This process fosters a culture of continuous learning, accountability, and professional development, ensuring safeguarding practices remain robust and person-centred.

Partnership Working and Multi-Agency Safeguarding

Haven Medical Primary Healthcare Services Ltd recognises the vital importance of working in partnership with local safeguarding boards and statutory safeguarding partners—including local authorities, Integrated Care Boards (ICBs), the police, and other health and social care organisations—to ensure a coordinated and effective response to safeguarding concerns. We acknowledge our duty under the **Care Act 2014** and **Children Act 2004** to engage in **multi-agency safeguarding arrangements (MASA)** and contribute to local safeguarding strategies in all areas in which we operate.

As a provider operating across **Dorset, Hampshire and the Isle of Wight, and Devon**, we work collaboratively with the following local safeguarding boards:

- Dorset Safeguarding Children Partnership (DSCP)
- Dorset Safeguarding Adults Board (DSAB)
- Hampshire Safeguarding Children Partnership (HSCP)
- Hampshire Safeguarding Adults Board (HSAB)
- Isle of Wight Safeguarding Children Partnership (IOWSCP)
- Isle of Wight Safeguarding Adults Board (IOWSAB)
- Devon Children and Families Partnership (DCFP)
- Devon Safeguarding Adults Board (Devon SAB)

Haven Medical Primary Healthcare Services Ltd is committed to actively engaging with these multi-agency boards and will cooperate with **audits, serious case reviews, safeguarding adult reviews, learning reviews, information-sharing requests, and assurance reporting**. We will attend multi-agency safeguarding meetings and contribute to the development of safeguarding practice through shared learning, open dialogue, and alignment with local safeguarding priorities.

All staff must be aware of the role of these boards and should refer to the relevant websites for guidance and procedural updates:

Safeguarding Board Links

Dorset:



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- NHS Dorset Safeguarding <https://nhsdorset.nhs.uk/health/safeguarding/>

Hampshire and Isle of Wight:

- Hampshire Safeguarding Children Partnership: <https://www.hampshirescp.org.uk>
- Hampshire Safeguarding Adults Board: <https://www.hampshiresab.org.uk>
- Isle of Wight Safeguarding Children Partnership: <https://www.iowscp.org.uk>
- Isle of Wight Safeguarding Adults Board: <https://www.iowsab.org.uk>

Devon:

- Devon Children and Families Partnership: <https://www.dcfp.org.uk>
- Devon Safeguarding Adults Board:
<https://www.devonsafeguardingadultspartnership.org.uk>

National Guidance:

- Working Together to Safeguard Children (Statutory Guidance):
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Care and Support Statutory Guidance (Adults):
<https://www.gov.uk/government/publications/care-act-statutory-guidance>

Allegations against staff

Where an allegation is made against a member of staff, volunteer, or contractor that they have harmed or may pose a risk of harm to a child, Haven Medical Primary Healthcare Services Ltd has a statutory duty to refer the matter to the Local Authority Designated Officer (LADO) without delay. For concerns involving adults with care and support needs, similar concerns about individuals in a Position of Trust (PIPOT) must be managed in line with local safeguarding adults board procedures. The organisation has a separate PIPOT Policy, which outlines detailed responsibilities, thresholds, and referral processes, and this should be read in conjunction with this safeguarding policy.

The Designated Safeguarding Lead (DSL) named in this policy also undertakes the function of Safeguarding Allegations Management (SAMA), ensuring that such concerns are investigated, risk-assessed, and appropriately escalated to external safeguarding partners and regulatory bodies (including the CQC where required). All such incidents must be documented, and any action taken must prioritise the safety and wellbeing of children and vulnerable adults. For clarity, the SAMA and DSL are Dr Richard Azzawi-White.

Referrals must be made to the appropriate LADO service based on the geographical location:

- Dorset LADO: lado@dorsetcouncil.gov.uk | 01305 221122
- Hampshire LADO: child.protection@hants.gov.uk | 01962 876364



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- Isle of Wight LADO: lado@iow.gov.uk | 01983 814370
- Devon LADO: ladosecure-mailbox@devon.gov.uk | 01392 384964

Contact details are kept up to date by the Safeguarding Lead and can also be accessed via each Local Authority Safeguarding Partnership website.

Duty of candour

Haven Medical Primary Healthcare Services Ltd recognises its obligations under CQC Regulation 20: Duty of Candour. The detailed procedures for meeting this duty, including openness and transparency with patients and families following a notifiable safety incident, are outlined in the organisation's separate Duty of Candour Policy, which should be read alongside this safeguarding policy.

Adults at Risk Policy

Safeguarding is a term used in the United Kingdom and Ireland to denote measures to protect the health, well-being, and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect.

The Care Act 2014 statutory guidance defines adult safeguarding as:

Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

What is an Adult at Risk?

The definition is wide, however this may be regarded as *anyone over the age of 18 years who may be unable to protect themselves from abuse, harm or exploitation, which may be by reason of illness, age, mental illness, disability or other types of physical or mental impairment.*

Those at risk may live alone, be dependent on others (care homes etc.), elderly, or socially isolated.

The Care Act 2014 has expanded the list of recognized abuse categories into:

- Discriminatory abuse
- Domestic abuse
- Extremism/Radicalisation
- Financial
- Modern slavery
- Neglect



- Organisational abuse
- Physical abuse
- Psychological abuse
- Sexual abuse

Forms of Abuse

Domestic Abuse

This form is defined as an incident/incidents which are defined by a controlling or threatening behaviour, violence or abuse by a person who is, or who has been in the past, an intimate partner or family member

It includes these types:

- Sexual
- Psychological
- Physical
- Emotional
- Financial
- Female Genital Mutilation (FGM)

Physical Abuse

This form is defined as non-accidental harm to the body. It can include one of the following: hitting, punching, pushing, kicking, nipping, head-butting, misuse of medication or inappropriate use of restraint.

Indicators of physical abuse might include:

- Bruising
- Finger marks
- Unexplained injuries or falls
- Unexplained changes in behaviour
- Inconsistent causes for injuries

Discriminatory Abuse

This general concept is inclusive of all forms of harassment, bullying or name-calling based on a person's race, ethnic origin, disability, belief, gender or sexuality. In particular circumstances this would be classified as 'hate crime'.

Indicators of discriminatory abuse:

- Victimising a person because of their disability
- Failing to respect one's religious practices/faiths
- Racist or sexist descriptions

Sexual Abuse

It can include sexual assault, rape, inappropriate/indecent touching, forcing an adult to look at sexual images, or any sexual act to which the adult has not given consent/ for which the adult was pressured into consenting

Indicators of sexual abuse might include:

- Bruising or injuries in intimate areas
- Genital and urine infections
- Behavioural changes

Psychological (Emotional) Abuse

This type of abuse will refer to threats of harm, deprivation of contact, humiliation. It is also linked with bullying, threats, intimidation and radicalisation.



Indicators of psychological abuse might include:

- Depression
- Lack of confidence
- Withdrawal
- Lack of trust in other people
- Social deprivation
- Bullying
- Abuse (verbal)

Neglect and Acts of Omission

It includes ignoring medical needs or withholding necessities such as drink, food or medication.

Indicators of neglect might include:

- Weight loss
- Dehydration
- Malnutrition
- Complaints of hunger/thirst
- Complaints of pain
- Reduced communication skills or independence

Modern Slavery

This is characterized by all types of slavery, human trafficking or forced labour/domestic servitude.

The adult at risk would be subjected to a life of abuse and servitude at the mercy of traffickers and slave masters who would use their influence to subject inhumane treatment to the adult at risk.

Indicators of modern slavery might include:

- Extreme anxiety and fear
- Low self-esteem
- Self-harm
- Poor skin condition
- Suicidal ideation

Self-Neglect

The individual will neglect their own basic needs (personal hygiene, health, diet)

Indicators of self-neglect might include:

- Unkempt appearance
- Hoarding

Organisational (Institutional/Systemic) Abuse

This can include neglect and poor care within an institution or specific care setting (hospital, hospice or care home).

Indicators of organisational abuse may include:

- Lack of individualised care
- Culture of discriminatory abuse

Financial (Material) Abuse



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This type of abuse can include theft or fraud, not being allowed access to or control of one's money, possessions or benefits

The adult at risk will be pressurised against her will, being forced to pay for other people's things. It can also include coercion in relation to an adult's financial arrangements in relation to property or financial transactions.

Indicators of Financial (Material) Abuse:

- Lack of independence in making decisions/Fear of making decisions
- Constant supervision by the abuser

Radicalisation

This is defined as the act or process, by a person, group of people or an organisation, of influencing, coercing or causing another or others to adopt extremist ideologies and/or support terrorism.

It includes Far Right extremism, Terrorist extremism, Environmental extremists or Animal Rights extremists.

Its indicators can include:

- Use of hateful language in relation to a specific group/sector of the population
- Verbally expressing extreme ideologies

Abuse may be deliberate or as a result of lack of attention or thought and may involve combinations of all or any of the above forms. It may be regular or on an occasional or single event basis, however it will result in some degree of suffering to the individual concerned. Abuse may also take place between one adult at risk and another, for example between residents of care homes or other institutions

Haven Medical Primary Healthcare Services Ltd acknowledges that adults with care and support needs may be vulnerable to a wide range of safeguarding issues beyond physical, emotional, or financial abuse. This includes **hate crime, mate crime** (exploitation by those perceived as friends), **forced marriage**, and **honour-based violence**. These are recognised forms of adult abuse under the **Care Act 2014**. Staff must be alert to the signs and dynamics of such abuse and understand their duty to respond promptly and appropriately, in line with adult safeguarding procedures and statutory guidance.

Indications of Abuse

- Bruising
- Burns
- Falls
- Apparent lack of personal care
- Nervousness or withdrawn
- Avoidance of topics of discussion
- Inadequate living conditions or confinement to one room in their own home
- Inappropriate controlling by carers or family members



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- Obstacles preventing personal visitors or one-to-one personal discussion
- Sudden changes in personality
- Lack of freedom to move outside the home, or to be on their own
- Refusal by carers to allow the patient into further care or to change environs
- Lack of access to own money
- Lack of mobility aids when needed

Action Required

Where abuse of a vulnerable adult is suspected the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency the registered manager will assess the risk to the patient. Ideally the matter should be discussed with the patient involved first, and attempt made to obtain consent to refer the matter to the appropriate agency.

Due regard will be taken of the patient's capacity to provide a valid consent
In assessing the risk to the individual, the following factors will be considered:

- Nature of abuse, and severity
- Chance of recurrence, and when
- Frequency
- Vulnerability of the adult (frailty, age, physical condition etc.)
- Those involved – family, carers, strangers, visitors etc.
- Whether other third parties are also at risk (other members of the same household may be being abused at the same time)

Escalation

Where there are concerns about the effectiveness of the safeguarding response—either internally or from external agencies—staff must escalate the concern through formal channels. Internally, this involves raising the matter with the **Designated Safeguarding Lead (DSL)** or senior management team. If concerns remain unresolved or if there is disagreement about the appropriate course of action, staff should escalate the issue to the relevant **Local Safeguarding Children Partnership (LSCP)** or **Safeguarding Adults Board (SAB)**, in line with their formal **escalation or professional disagreement procedures**, which are publicly available on their respective websites.

HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD takes great care in the recruitment of staff, carries out all possible checks on recruits to ensure that they are of a high standard, and will collaborate in all Government initiatives regarding the sharing of information on staff who are found to be unsuitable to work with vulnerable people.

All new recruits will also have to undergo an enhanced Disclosure and Barring Service Check (DBS). This policy outlines HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD's approach to:

1. The use of criminal record checks and the storage and use of information on convictions disclosed by the DBS



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2. The safeguarding of vulnerable adults
3. The prevention of the abuse of adults

Adult Safeguarding – Making Safeguarding Personal (MSP)

Haven Medical Primary Healthcare Services Ltd is committed to the principles of Making Safeguarding Personal (MSP), which places the adult at the centre of any safeguarding enquiry. In line with the Care Act 2014, safeguarding interventions must be led by the individual's views, wishes, and desired outcomes wherever possible. Staff are expected to involve the adult in decision-making, support their right to autonomy, and ensure safeguarding is done **with them, not to them**. This personalised approach must be embedded throughout all safeguarding processes, with clear and respectful communication, and consideration of the adult's capacity, consent, and support needs.



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Use of DBS Policy

HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD will:

- comply with the law, use the Disclosure and Barring Service to obtain information, to enable it to assess the suitability of applicants for employment in positions of trust
- comply fully with the DBS Code of Practice and not discriminate unfairly against any subject of a DBS disclosure on the basis of conviction or other information revealed.
- Having a criminal record will not necessarily bar an applicant from working for the organisation as the nature of a disclosed conviction and its relevance to the post in question will be considered first
- comply with the DBS code regarding the secure storage, handling, use, retention and disposal of DBS disclosures and disclosure information and with its obligations under the Data Protection Act 2018

Any information revealed in a disclosure that is likely to lead to withdrawal of a job will be discussed with the applicant before that offer is withdrawn. Where a conviction has been disclosed in an individual's application for a post with HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD, a discussion will take place at the end of the interview regarding the offence and its relevance to the position. Failure to reveal information relating to unspent convictions could lead to withdrawal of an offer of employment. The Rehabilitation of Offenders Act 1974 provides that ex-offenders are not required to disclose to prospective employers' convictions defined as 'spent' under the Act.

However, it is this organisations policy to require all applicants to disclose all criminal convictions, both 'spent' and 'unspent' as they will be working with vulnerable adults in positions of trust.

An enhanced DBS will be applied for against anyone applying for employment with HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD, which will include a check against the Safeguarding of Adults at Risk register and DBS information will be stored on an employee's personnel file in lockable storage with access limited to those who are entitled to see it as part of their duties.

DBS disclosure information will only be used for the specific purpose for which it was requested and for which the applicant's full consent will have been obtained. Once a recruitment (or other relevant) decision has been made, DBS information will not be stored for longer than is necessary. This is generally for a period of up to six months to allow for consideration and resolution of any disputes or complaints, If, in exceptional circumstances, it is considered necessary to keep such information for longer than six months, consideration will be given to the Data Protection rights of the individual.

Once the retention period had elapsed, the organisation will ensure that any DBS information is destroyed and, while awaiting destruction, DBS information will be kept securely.

Any suspicion, concern or allegation from any source, that a patient has been or is being abused or is abusing another person. The information sent to CQC and local Council must include:

- Details of the possible victim(s)
- Unique identification code



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- Date attended to the service
- Date of birth
- Gender
- Ethnicity
- Disability
- Religion or belief (if requested by authorities)
- Sexual orientation (if requested by authorities)
- Relevant circumstances
- Anything already done about the incident by registered person
- Any relationship to the patient
- The person reporting the abuse (using code or identifier)
- Relevant dates, witnesses and circumstances
- Whether the abuse has been reported to any multi-agency or police
- Type of abuse



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Monitoring and Prevention of Abuse

HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD employs well-trained highly motivated staff who are chosen not only for their expertise but also for their personalities and caring nature.

The following procedures will be used as tools to identify and report possible cases of abuse:

Accidents and Injuries Policy

- All accidents and injuries to Patients and staff are reported in the online incident log and details reviewed by the manager.
- Accidents to Patients are investigated by a senior member of staff and a written report submitted. If it is suspected that abuse may have taken place then R RICHRD AZZAWI-WHITE, the Registered Manager, will be informed immediately, they will be responsible for any further action. The action taken will depend on the circumstances.

Complaint's Policy

- HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD operates a complaint procedure for Patients or their representatives. The Senior management team closely monitors all complaints.



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Whistleblowing Policy

Introduction

Whistleblowing is defined as:

The disclosure by an employee of confidential information, which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of a fellow employee(s).

A whistleblower is not a "sneak" or a "troublemaker" but someone who comes to a decision to express a concern after a great deal of thought. The law only requires that there be a genuine doubt – the individual is not expected to produce unquestionable evidence to support the concern.

Scope

The Policy applies to all employees and Senior Managers/Directors, and also applies to other people who work at HAVEN MEDICAL e.g. temporary staff.

Haven Medical Whistleblowing Policy

- HAVEN MEDICAL has a duty to conduct its affairs in a responsible way
- HAVEN MEDICAL encourages openness, freedom of speech and the voicing of concerns as a contribution towards maintaining and enhancing quality and ensuring high standards of governance and accountability
- HAVEN MEDICAL wishes to encourage and enable employees to raise genuine and legitimate concerns internally, confidentially, and without being subject to disciplinary action or any other detriment
- HAVEN MEDICAL will take appropriate action to ensure that the matter is resolved effectively within HAVEN MEDICAL wherever possible. Matters will be dealt with in strict confidentiality
- Employees can raise concerns with appropriate outside bodies in the event that the concerns are not dealt with satisfactorily internally

Examples of serious concerns covered by the policy

- An offence under, or breach of, any statutory instrument or legal obligation.
- Fraud, financial irregularity, dishonesty
- Malpractice, corruption, bribery
- Unethical conduct
- Medical errors
- Breach of confidentiality
- Miscarriage of justice
- Danger to the health or safety of any individual or the environment
- The deliberate concealing of information about any such matter



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Procedure for reporting a concern

- If you identify a matter of serious concern, you should in the first instance notify the Registered Manager in writing.
- Dr Richard Azzawi-White will investigate the matter promptly and inform you of the findings in writing, and a copy will be sent to the member of staff who is the subject of the allegation
- The matters will be dealt with confidentially and where appropriate, names will be redacted to prevent potential victimisation.
- Where the report relates to HAVEN MEDICAL's potential liability or responsibilities arising under the Corporate Manslaughter and Corporate Homicide Act 2007 (also see Resources below) the matter should be raised as above in the first instance, however where the employee considers that this route is inappropriate the disclosure may be made to an external "prescribed body" dependent on the nature of the disclosure. The ability to disclose to an external body applies to both the above Act, and to whistleblowing in general, outside the scope of that Act.
- If appropriate, HAVEN MEDICAL's Disciplinary Procedure will be invoked to discipline the offender
- Where there is evidence of criminal activity, the Police will be informed
- Where attempts to raise matters internally have been unsuccessful or an employee feels he/she cannot raise their concerns internally, they may consider raising the matter with relevant regulatory bodies/authority. For more advice on this matter, they can contact Public Concern at Work on 020 7404 6609
- Any victimisation of an employee who raises a concern, or any attempts to deter him/her from raising a legitimate concern, will be regarded as a serious disciplinary offence
- The raising of false or malicious concerns or complaints will be regarded as a disciplinary offence

Contact the [Advisory, Conciliation and Arbitration Service \(ACAS\)](#) for help and advice on resolving a workplace dispute.

Raising a concern with the Regulator

If the employers are registered with a regulatory body, such as the Health & Care Professions Council (HCPC) or the Care Quality Commission (CQC), then you may wish to contact them to investigate the issue in circumstances where;

- You feel that the responsible person or local body is part of the problem you wish to report
- Concerns have been raised through local channels but not satisfied that adequate



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- action has been taken by the responsible person/body
- You feel there is an immediate and serious risk to patients and a regulator (or a similar external body) has the responsibility to act or intervene.

Resources

- Corporate Manslaughter Act 2007 policy ^[*]
- Disclosures in the public interest guidance - BERR
- Whistleblowing : Quick Guide to Raising a concern with CQC (Nov 2013)

Regulatory and Investigatory Bodies Contact Details

Health & Care Professions Council

Website: <https://www.hcpc-uk.org>; Phone: 020 7582 5460

Care Quality Commission

Website: www.cqc.org.uk; Phone: 03000 616161

CROWN NON-DEPENDENT PUBLIC BODY

Advisory, Conciliation and Arbitration Service (ACAS)

Website: www.acas.org.uk; 0300 123 1100

Training

All staff will be trained in recognising abuse and carrying out their responsibilities under this policy within six months of their employment. Their training will be updated annually.

Objectives to be achieved:

- State how to access the Safeguarding Policy and Procedures
- Define a vulnerable adult
- Define the abuse and identify the different types
- List the likely signs and indications of abuse
- State their role within the procedures
- Explain their organization's whistle blowing procedures
- State the importance of creating a safe environment and promoting good practice
- State the value of a stimulating environment, meaningful activity and effective communication

The members of staff of HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD will have to possess the following training qualifications:

- All clinical staff – *Safeguarding Level 2 for Adults and Children*
- Safeguarding Officer/Lead of HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD – *Safeguarding Level 3 for Adults and Children*



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If there is evidence that a child appears to be at immediate risk of harm, the member of staff must call 999 and alert the police of this emergency

Safeguarding Process in Place

When a manager receives a report of suspected, imminent or actual abuse, and investigation should be opened as soon as possible.

- The staff member investigating the abuse should take steps to arrange for the patient to be interviewed and, if possible, to give their consent to further investigation and action. If the patient refuses consent, their wishes must be respected unless the manager judges that they or others are in serious danger or if they are clearly incapable of making an informed decision.
- Relevant legislation must be followed and confidentiality maintained unless the safety of a vulnerable adult is at risk. Records must be kept of all findings and discussions.
- In cases of incapacity, the manager should attempt to pursue the matter with an appropriate representative of the patient, in line with the key principles of the Mental Capacity Act 2005

Applying to any patient, the key principles of the Mental Health Act 2005 are:

- **Presumption of capacity** – Until you can determine otherwise, assume the adult is capable of making their own choices
 - **Support to make a decision** – It's advisable to offer support to patients to make their own choices, but it should be support and not coercion
 - **Ability to make unwise decisions** – Just because someone is making a poor or unwise decision, it doesn't automatically mean they lack mental capacity
 - **Best interest** – When someone has been deemed to not have mental capacity, anyone acting on their behalf must act in their best interests
 - **Least restrictive** – If you're making choices for a patient without mental capacity, you should always choose the least restrictive, but safe, option
1. If the suspected abuser is a member of staff of HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD, the Registered manager should initiate appropriate steps under the disciplinary procedure and remove the abuser from the situation if this is within the power of the company. Staff will take all possible steps to co-operate with further investigations by social services or the police.
 2. After reporting the alleged abuse to the appropriate authority, hold a strategy meeting to ensure that a plan of care is made, where appropriate, in discussion with relevant personnel such as Senior Care staff, and implement same, informing all relevant staff.
 3. Ensure that action plan is monitored and that a date is set to review progress against the care plan and check for compliance or non-compliance with all relevant policies and procedures for safeguarding.
 4. Ensure all details are carefully documented whatever the outcome and that all interested parties are informed.

If the safeguarding concern is related to a member of HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD, please contact the Local Social Services on 01202 123654



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Living a life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and safety.

Safeguarding adults is about the safety and wellbeing of all individuals but providing additional measures for those least able to protect themselves from harm or abuse.

Abuse can be physical, psychological/emotional, sexual and sexual exploitation, financial, neglect, discriminatory and institutional.



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Children's Safeguarding Policy

Responsibilities and Decision Making

Safeguarding Lead

Dr Richard Azzawi-White will have the following duties and responsibilities:

- Correct protocols and procedures are followed in any suspected Safeguarding context or situation.
- Complying with the requirements of the Pan-Dorset Safeguarding Children Board.
- Ensuring that HAVEN MEDICAL PRIMARY HEALTH CARE SERVICES LTD has safer recruitment procedures.
- Being available for all staff members to discuss any safeguarding issues or concerns.
- Ensuring that staff are fully trained in safeguarding and know how to spot and raise concerns.
- Undergoing regular refresher training themselves to ensure their safeguarding knowledge is as up to date as possible and in line with new guidance.

Local authority

BCP Safeguarding Children Partnership

Tel: 01202 093732 (Business Unit)

[Email BCP Safeguarding Children Partnership](#)

If you are concerned about a child's welfare or worried they are being abused you can contact the [BCP First Response Hub](#)

Call 01202 123334 from 8.30am to 5.15pm, Monday to Thursday and 8.30am to 4.45pm on a Friday Or e-mail direct on: childrensfirstresponse@bcpcouncil.gov.uk

Out of Hours Service on 01202 738256 Email: ChildrensOOHS@bcpcouncil.gov.uk

Dorset Safeguarding Children Partnership

County Hall, Colliton Park

Dorchester

Dorset

DT1 1XJ

Tel: 01305 221196

[Email Dorset Safeguarding Children Partnership](#)

Guiding principles

- No matter where you work, you are likely to encounter children during the course of your normal working activities.
- You should make sure that you are alert to the signs of abuse and neglect, that you question the behaviour of children and parents/carers and don't necessarily take what you are told at face value. You should make sure you know where to turn to if you need to ask for help, and that you refer to children's social care or to the police, if you suspect that a child is at risk of harm or is in immediate danger (see the section on Taking action for further information).



- You should make sure that you understand and work within the local multi-agency safeguarding arrangements that are in place in your area. In doing so, you should be guided by the following key principles:
 - children have a right to be safe and should be protected from all forms of abuse and neglect.
 - safeguarding children is everyone's responsibility.
 - it is better to help children as early as possible
 - children and families are best supported and protected when there is a coordinated response from all relevant agencies.
- You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If you think that referral to children's social care is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

Understanding and 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 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. In the case of female genital mutilation, children may be taken out of the country to be abused. 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 of time 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, including because they may have an impaired capacity to resist or avoid abuse. They may have 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 does not automatically mean a child is being abused.

There are several warning indicators which might suggest that a child may be the subject of abuse and neglect.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn, or clingy, or they might have difficulty sleeping or start wetting the bed.



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- Children with clothes which are ill-fitting and/or dirty.
- Children with consistently poor hygiene.
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who do not want to change clothes in front of others or participate in physical activities.
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry.
- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason.
- Children who are regularly missing from school or education.
- Children who are reluctant to go home after school.
- Children with poor school attendance and punctuality, or who are consistently late being picked up.
- Parents who are dismissive and non-responsive to practitioners' concerns.
- Parents who collect their children from school when drunk, or under the influence of drugs.
- Children who drink alcohol regularly from an early age.
- Children who are concerned for younger siblings without explaining why.
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

There are four main categories of abuse and neglect: **physical abuse, emotional abuse, sexual abuse, and neglect**. Each has its own specific warning indicators, which you should be alert to. Working Together to Safeguard Children (2015) statutory guidance sets out full descriptions.

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.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones
- Children with unexplained bruises or cuts, burns or scalds, bite marks.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and 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, practitioners will be in a position to observe it, for example, 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 some child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games, or mobile phones – by a child's peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual abuse and exploitation

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
 - Children who use sexual language or have sexual knowledge that you wouldn't expect the to have.
 - Children who ask others to behave sexually or play sexual games; and
 - Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections, or underage pregnancy.
-
- Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power, or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection, or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care, and education at some point.



Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision, or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action.

However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing, or warmth for the child. Neglect may occur during pregnancy because of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing, e.g. not having a winter coat.
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- Children who are often angry, aggressive or self-harm.
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

Haven Medical Primary Healthcare Services Ltd recognises that children and young people may be at risk from a range of safeguarding concerns beyond familial abuse or neglect. This includes **hate crime, forced marriage, honour-based violence, criminal exploitation** (such as county lines), **female genital mutilation (FGM)**, and **modern slavery and human trafficking**. These are all serious forms of abuse and exploitation, and staff must remain vigilant to signs and disclosures. All concerns relating to these issues must be treated as safeguarding matters and responded to in accordance with statutory child protection procedures and the organisation's safeguarding escalation process.

Taking action

As well as the responsibility of all practitioners to consider the welfare of children, several local agencies have specific duties to safeguard and promote the welfare of children.

You should ensure that you take account of them in your day to day work and you should be aware of and understand the local multiagency safeguarding arrangements in place.



As you work with children on a regular basis, you are well positioned to be able to identify abuse or neglect, including peer on peer abuse.

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.

It may not always be appropriate to go through all four stages sequentially. If a child is in immediate danger or is at risk of harm, you should refer to children's social care and/or the police. Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

You should record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

Being alert to signs of abuse and neglect

The first step is to be alert to the signs of abuse and neglect, to have read this document and to understand the procedures set out in your local multi-agency safeguarding arrangements. You should also consider what training would support you in your role and what is available in your area.

Questioning behaviours

The signs of child abuse might not always be obvious, and a child might not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the child, alone, if appropriate, to seek further information.

If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe. You will need to decide the most appropriate action to take, depending on the circumstances of the case, the seriousness of the child's allegation and the local multi-agency safeguarding arrangements in place. You might refer directly to children's social care and/or the police or discuss your concerns with others and ask for help. At all times, you should explain to the child the action that you are taking. It is important to maintain confidentiality, but you should not promise that you will not tell anyone, as you may need to do so in order to protect the child.

Asking for help

Concerns about a child's welfare can vary greatly in terms of their nature and seriousness, how they have been identified and over what duration they have arisen. If you have concerns about a child, you should ask for help.

You should discuss your concerns with your Registered Manager Dr Richard Azzawi-White, or a designated member of staff.

You can also seek advice at any time from the NSPCC helpline – help@nspcc.org.uk or 0808 800 5000.

Next steps might involve undertaking an early help assessment or making a referral directly to children's social care/the police.

If you have concerns about the safety or welfare of a child and feel they are not being acted upon by your manager or named/designated safeguarding lead, it is your responsibility to take action.



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Early Help Assessment

Early help means providing support as soon as a problem emerges. As part of your area's local multi-agency safeguarding arrangements there will be processes in place around the assessment of children who may benefit from early help.

An early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. Any frontline practitioner from any agency working with children, young people, and families, including the voluntary and community sector, can undertake an early help assessment.

You might, therefore, act as the lead professional for an early help assessment, or be asked to participate in such an assessment. Whatever the case, you will need to work closely with other practitioners to decide whether the child and family would benefit from coordinated support from more than one agency.

Referring to Children's Social Care

If, at any time, you believe that a child may be a child in need, or that a child is being harmed or is likely to be, you should refer immediately to local authority children's social care. This referral can be made by any practitioner. If you see further signs of potential abuse and neglect, report and refer again.

When referring a child to children's social care, you should consider and include any information you have on the child's development needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment.

Children are considered to be 'in need' under S17 of the Children Act 1989 if:

- they are unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a satisfactory level of health or development without the provision of services.
- their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- they are disabled.

Information sharing

It is important to remember that throughout the four stages, sharing information is an intrinsic part of any practitioner's role. The decisions about how much information to share, with whom and when can have a profound impact on people's lives. You should weigh up what might happen if the information is shared against the consequences of not sharing the information. Early sharing of information is key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. For more information on sharing information which includes a myth-busting guide see Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers.

What happens after a referral has been made to children's social care?

Once you have made a referral, a social worker should respond within one working day telling you what further action they have decided to take.

You might be asked to participate in further assessment of the child, either through an early help assessment, through a child in need assessment (section 17 of the Children Act 1989) or a child protection enquiry (section 47 of the Children Act 1989), which will be led by a social worker.



If the social worker suspects that a child is suffering, or is likely to suffer, significant harm (i.e. their health and/or development has been or would be impaired compared with that which could reasonably be expected of a similar child), the local authority will hold a strategy discussion to determine the child's welfare and plan rapid future action. A strategy discussion can take place following a referral or at any other time, including during the assessment process. You should be prepared to contribute to these discussions by providing information and agreeing what action is required.

If concerns are substantiated and the child is judged to be at continuing risk of significant harm an initial child protection conference is convened to make decisions about the child's future safety, health, and development. If you are involved with the child and family, for example if you are a teacher, a police officer, or a health worker, you will be invited. You may also be involved if you have expertise in the harm suffered by the child or in a child's particular condition, for example, a disability or long-term illness.

The conference will decide the membership of the core group of practitioners and family members who will develop and implement the child protection plan. The core group will meet within 10 working days of the conference. If you are a member of the core group, you will help to develop and implement the child protection plan.

Working Together to Safeguard Children (2015) statutory guidance sets out this process in further detail.

Protection orders and powers

Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers – children's social care, the police or the NSPCC – must act quickly to secure the immediate safety of the child. This can be via an emergency protection order (under section 44 of the Children Act 1989) or police protection powers (under section 46 The Children Act 1989).

Responding to Safeguarding Concerns about Children: Step-by-Step Procedure

All staff at Haven Medical Primary Healthcare Services Ltd have a statutory duty to recognise, respond to, record, and refer any concerns about a child or young person's safety or welfare. The following step-by-step procedure outlines the actions staff must take when they are concerned that a child may be at risk of abuse, neglect, or exploitation.

Step 1: Recognise

Staff must remain alert to safeguarding indicators, including physical signs, changes in behaviour, inconsistent explanations, or direct disclosures. These may relate to concerns such as physical abuse, emotional abuse, sexual abuse, neglect, exploitation, domestic abuse, or other forms of harm such as forced marriage, FGM, criminal exploitation, or online abuse.

Step 2: Respond

If you are concerned that a child is at risk of harm:

- Act immediately. Do not delay.
- Reassure the child if they disclose something to you, but do not promise confidentiality.



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- Remain calm and listen carefully, using open questions only if necessary (e.g. “Can you tell me more about that?”), avoiding leading or investigative questioning.

If the child is at immediate risk of significant harm, contact 999 and inform the Safeguarding Lead without delay.

Step 3: Record

- Make a clear, concise, and factual written record of what was seen, said, or heard — including dates, times, exact words used (if possible), and your response.
- Record only facts and avoid assumptions or personal opinions.
- Documentation must be completed as soon as possible on the same day and submitted via the clinic’s designated safeguarding incident form or reporting system.
- Records must be:
 - Accurate and timely
 - Stored securely in line with Data Protection Act 2018 and UK GDPR
 - Accessible only to relevant safeguarding personnel

Step 4: Refer

- All concerns must be escalated to the clinic’s Designated Safeguarding Lead (DSL) or Deputy DSL immediately.
- The DSL is responsible for deciding whether a referral to children’s social care is required and for liaising with the local safeguarding children partnership (LSCP).
- If in doubt, the DSL should consult the local Multi-Agency Safeguarding Hub (MASH) for advice.
- Referrals must be made without delay, and in line with local thresholds and procedures for:
 - Dorset: <https://nhsdorset.nhs.uk/health/safeguarding/>
 - Hampshire: <https://www.hampshirescp.org.uk>
 - Isle of Wight: <https://www.iowscp.org.uk>
 - Devon: <https://www.dcfp.org.uk>

Information Sharing and Confidentiality

Staff must balance the duty to protect children with the principles of confidentiality and data protection. The UK GDPR and Data Protection Act 2018 do not prevent the sharing of information for safeguarding purposes. Information can and must be shared:

- Without consent where there is risk of significant harm or serious crime,
- Only with those who need to know,
- In accordance with the “Seven Golden Rules” of information sharing.



See HM Government guidance:

Information sharing advice for safeguarding practitioners (updated 2018):

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

All information must be shared securely and documented thoroughly. Decisions about sharing or withholding information should always be recorded, including rationale.

Escalation

Where there are concerns about the effectiveness of the safeguarding response—either internally or from external agencies—staff must escalate the concern through formal channels. Internally, this involves raising the matter with the Designated Safeguarding Lead (DSL) or senior management team. If concerns remain unresolved or if there is disagreement about the appropriate course of action, staff should escalate the issue to the relevant Local Safeguarding Children Partnership (LSCP) or Safeguarding Adults Board (SAB), in line with their formal escalation or professional disagreement procedures, which are publicly available on their respective websites.

Mental Capacity Act (MCA) 2005

The **Mental Capacity Act 2005** (MCA) provides the legal framework for acting and making decisions on behalf of individuals aged **16 and over** who may lack the capacity to make specific decisions for themselves at a particular time. The Act applies to all staff at **Haven Medical Primary Healthcare Services Ltd** who work with patients and service users, whether in clinical or non-clinical roles.

It is essential that all staff understand the MCA and apply it correctly. **The MCA is distinct from the Mental Health Act 1983 (MHA)**, which deals with the treatment and care of individuals with mental disorders who are detained under that Act. The MCA is not about detaining individuals due to mental illness but about **supporting autonomy and decision-making**, and where necessary, making decisions in a person's best interests when they are unable to do so themselves.

Key Principles of the MCA:

1. **Presumption of capacity** – Every adult and young person aged 16+ has the right to make their own decisions unless it is proven they lack capacity.
2. **Support to make decisions** – All practicable steps must be taken to help a person make their own decisions before concluding that they lack capacity.
3. **Right to make unwise decisions** – A person is not to be treated as lacking capacity simply because they make an unwise decision.
4. **Best interests** – Any act or decision made on behalf of someone who lacks capacity must be in their best interests.
5. **Least restrictive option** – Any intervention must be the least restrictive of the person's rights and freedoms.



Procedural Guidance for Staff:

- **Assessing capacity:** Staff must assess capacity **decision by decision** and **at the time** the decision is needed. This involves a two-stage test:
 1. **Is there an impairment or disturbance in the functioning of the mind or brain?**
 2. **Does this impairment or disturbance mean the person is unable to make a specific decision when needed?**
- A person is considered **unable to make a decision** if they cannot:
 - Understand the information relevant to the decision,
 - Retain that information,
 - Use or weigh that information as part of the decision-making process, or
 - Communicate their decision (by any means).
- **Recording capacity assessments and best interest decisions** is a professional requirement and must be clearly documented in clinical notes or safeguarding records.
- Where significant decisions are being made (e.g., about care, treatment, or safeguarding concerns), staff must follow local procedures and consult relevant professionals, including the **Safeguarding Lead** or **MCA Lead**, where applicable.
- Where appropriate, **Independent Mental Capacity Advocates (IMCAs)** must be involved in accordance with the statutory requirements.

Children and Young People (Aged 16–17):

The MCA applies to young people **aged 16 and 17**. While the principles of parental responsibility still apply in certain circumstances, the same legal principles around capacity assessment and best interests apply. If a young person aged 16 or over lacks capacity, decisions may be made on their behalf following the MCA framework. However, consideration must also be given to **Gillick competence** and **Fraser guidelines** when assessing children under 16.

Further Guidance:

- GOV.UK MCA Code of Practice: <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

Child Safeguarding – Voice of the Child and Trauma-Informed Practice

Safeguarding children and young people must be child-centred, with a strong emphasis on listening to and recognising the voice of the child. Staff must seek to understand the child's lived experience and ensure their views, feelings, and wishes are actively considered in any decisions made about their safety or wellbeing. This includes children who may have difficulty expressing themselves or who may not disclose harm directly. Additional attention must be given to looked after children (LAC), who often face complex trauma, disrupted attachments, and increased vulnerability. Safeguarding practice must be trauma-informed,



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recognising the impact of past adversity and ensuring that responses are sensitive, respectful, and built on trust.

Reporting of Safeguarding Concerns to local authority

The Care Act 2014 has made clear that the Safeguarding Boards are the first point of contact when abuse is found, and action is needed immediately. Safeguarding Boards bring together all the local services involved in the safeguarding process

If you are concerned about the safety or wellbeing of an individual and suspect abuse, please contact and report your concern to any one of the following organisations:

Bournemouth, Christchurch & Poole Safeguarding Adults Board

BCPSAB

c/o Adult Social Care – Services

Room 1

Civic Centre

Poole

BH15 2RT

Email: cpsafeguardingadultsboard@bcpcouncil.gov.uk

Core hours: **01202 123654**

Out of hours: **0300 123 9895**

<https://www.bcpsafeguardingadultsboard.com/reporting-a-concern.html>

Dorset Safeguarding Adults Board

Email: DSAB@dorsetcouncil.gov.uk

Tel: 01305 221016

Dorset Safeguarding Adults Board

c/o Adult and Community Services

County Hall

Colliton Park

Dorchester

Dorset

DT1 1XJ

www.dbcpsafeguardingadults.org.uk

BCP Safeguarding Children Partnership

Tel: 01202 093732 (Business Unit)

[Email BCP Safeguarding Children Partnership](#)

If you are concerned about a child's welfare or worried they are being abused you can contact the [BCP First Response Hub](#)

Call 01202 123334 from 8.30am to 5.15pm, Monday to Thursday and 8.30am to 4.45pm on a

Friday Or e-mail direct on: childrensfirstresponse@bcpcouncil.gov.uk

Out of Hours Service on 01202 738256 Email: ChildrensOOHS@bcpcouncil.gov.uk



HAVEN MEDICAL

HEALTHCARE SPECIALISTS

Dorset Safeguarding Children Partnership

County Hall, Colliton Park

Dorchester

Dorset

DT1 1XJ

Tel: 01305 221196

[Email Dorset Safeguarding Children Partnership](#)

CONTACT LIST	
SERVICE	CONTACT NUMBER
Police (local)	999/101
Community Mental Health	01202 584 440
Adult Support services	01202 123654
Adult Support services (Out of Hours)	0300 123 9895
Adult Protection Officer	01202 123654
Age Concern	01202 649 244
Social Services	01202 123654
Social services (out of Hours)	0300 123 9895
Drug Misuse	01202 735 777
PCO Adult protection lead	01202 123654

Reporting to CQC

If the local authority is made aware, a report should also be made to CQC

Telephone number: **03000 616161**

Fax number: **03000 616171**

Written notifications will be sent to:

CQC National Customer Service Centre

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Alternatively, the CQC online form can be used in order to raise a query to the Care Quality Commission: <https://surveys.cqc.org.uk/contactus.aspx>

Equality statement

Haven Medical Primary Healthcare Services Ltd is committed to recognising and respecting diversity, dignity, inclusion, control, and choice in all safeguarding practices. Safeguarding interventions must uphold and protect an individual's human rights, ensuring that people are treated with fairness, respect, and cultural sensitivity. Staff are expected to take account of a person's individual background, identity, beliefs, and communication needs, and to



support their right to participate in decisions about their safety and wellbeing, in line with person-centred and trauma-informed principles.

Equality Impact Assessment

This safeguarding policy has been reviewed in line with the Equality Act 2010 to ensure it is inclusive and accessible to all individuals, regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, or other protected characteristics. Haven Medical Primary Healthcare Services Ltd is committed to promoting equality, eliminating discrimination, and ensuring that safeguarding procedures are applied fairly and appropriately to all service users, staff, and stakeholders. Adjustments and additional support will be provided as needed to ensure equitable safeguarding access and protection.

References

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- General Medical Council (2009). *Confidentiality: Good Practice in Handling Patient Information*. Available at: <https://www.gmc-uk.org>
- Nursing and Midwifery Council – Guidance on Confidentiality. Available at: <https://www.nmc.org.uk>
- UK Government Guidelines on Confidentiality. Available at: <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>
- Mental Capacity Act 2005: Code of Practice. Available at: <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Children Act 1989 / Children Act 2004. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/contents>
<https://www.legislation.gov.uk/ukpga/2004/31/contents>
- HM Government (2023). *Working Together to Safeguard Children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Department of Health (2015). *Promoting the Health and Well-being of Looked After Children: Statutory Guidance*. Available at: <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>
- 4LSAB (Four Local Safeguarding Adults Boards). *Safeguarding Adults Multi-Agency Policy, Guidance and Toolkit*. Available at: <https://www.hampshiresab.org.uk/toolkit/>
- NHS England (2017). *Prevent Training and Competencies Framework*. Available at: <https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/>
- NHS England (2022). *Safeguarding Accountability and Assurance Framework*. Available at: <https://www.england.nhs.uk/publication/safeguarding-accountability-and-assurance-framework/>



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- NICE (2010; updated). *Looked After Children and Young People: Public Health Guideline [PH28]*. Available at: <https://www.nice.org.uk/guidance/ph28>

Staff Declaration:

I agree that I have read the above policies and understand the core principles of safeguarding for adults, vulnerable adults and children. I understand the principles underpinning Whistleblowing.

Name:

Signature:

Date: