Develop My Child Ltd

Safeguarding Children, Young People and Adults at Risk Policy

For speech and language therapy, occupational therapy, and educational psychology services delivered to children, young people and adults, including people who may be vulnerable or at risk.

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Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
V1	20 July 2026	Kathryn Schlieben	Grainne Yeatman	- Combined adult and CYP policies - Updated for KCSIE 2026

Policy statement

Develop My Child Ltd is committed to safeguarding and promoting the welfare of every child, young

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person and adult who uses our services. Safeguarding is everyone's responsibility. We will act promptly, proportionately and in partnership with families, carers, schools, health and social care services, local authorities and the police where needed.

We recognise that some people are additionally vulnerable because of age, disability, communication needs, previous experiences, dependency on others, mental capacity, health needs, isolation or other circumstances. Our approach is person-centred, child-centred, trauma-informed and aligned with UK safeguarding expectations for health, education and care providers.

This policy applies to all employees, directors, contractors, associates, students, volunteers and anyone working on behalf of Develop My Child Ltd. It should be read alongside related policies including safer recruitment, DBS checks, professional registration, whistleblowing, complaints, data protection, lone working, online safety, and clinical record keeping.

1. Purpose and scope

The purpose of this policy is to ensure that everyone working for or on behalf of Develop My Child Ltd knows how to prevent, recognise, record, report and respond to safeguarding concerns about children, young people and adults at risk.

This policy covers safeguarding concerns arising during face-to-face, school-based, home-based, clinic-based, community, online and remote therapy services, including speech and language therapy, occupational therapy, assessment, intervention, advice, training and consultation.

2. Safeguarding contacts

Safeguarding Lead: Grainne Yeatman grainne@developmychild.co.uk
Deputy Safeguarding Lead: Kathryn Schlieben kathryn@developmychild.co.uk

Situation	Action
Immediate danger or medical emergency	Call 999 and take steps to keep the person safe.
Concern about an adult at risk	Contact the Safeguarding Lead and the relevant local authority adult safeguarding service.
Concern about a child or young person	Contact the Safeguarding Lead, the relevant school safeguarding lead and/or and the relevant local authority children's social care or Multi-Agency Safeguarding Hub.
Concern about staff, associate, volunteer or contractor conduct	Contact the Safeguarding Lead. If the concern relates to the Safeguarding Lead, contact the

	most senior appropriate director and follow the allegation procedure.

Local safeguarding contact details should be checked at each review and whenever services are delivered in a new local authority area. Staff must use the safeguarding arrangements for the area where the child, young person or adult lives or where the concern arises.

3. Legal and professional framework

This policy reflects relevant UK legislation, statutory guidance and professional expectations, including:

- Children Act 1989 and Children Act 2004;
- Children and Social Work Act 2017;
- Working Together to Safeguard Children, current statutory guidance;
- Keeping Children Safe in Education, where services are delivered in or for schools and colleges;
- Care Act 2014 and Care and Support Statutory Guidance;
- Mental Capacity Act 2005;
- Human Rights Act 1998 and Equality Act 2010;
- Safeguarding Vulnerable Groups Act 2006, Protection of Freedoms Act 2012 and DBS requirements;
- Data Protection Act 2018 and UK GDPR;
- Counter-Terrorism and Security Act 2015, including Prevent duties where applicable;
- Modern Slavery Act 2015;
- Health and Care Professions Council standards and relevant professional body guidance for therapy practice.

4. Definitions

Child or young person: anyone under the age of 18.
Safeguarding children: protecting children from maltreatment, preventing impairment of health or development, ensuring safe and effective care, and taking action so children have the best outcomes.
Adult at risk: an adult aged 18 or over who has needs for care and support, is experiencing or at risk of abuse or neglect, and is unable to protect themselves because of those needs.
Safeguarding adults: protecting an adult's right to live safely, free from abuse and neglect, while supporting choice, control, wellbeing and dignity wherever possible.
Safeguarding concerns may include abuse, neglect, exploitation, domestic abuse, online harm, bullying, grooming, child criminal exploitation, child sexual exploitation, modern slavery, discriminatory abuse, organisational abuse, self-neglect, radicalisation, unsafe professional practice, unsafe therapy environments or any pattern of behaviour that places a person at risk of harm.

5. Safeguarding principles

- The welfare of the child is paramount.
- Safeguarding is everyone's responsibility.
- Concerns must be acted on promptly and not ignored.

- Children, young people and adults should be listened to, respected and involved in decisions wherever safe and appropriate.
- Adult safeguarding will follow the principles of empowerment, prevention, proportionality, protection, partnership and accountability.
- Information will be shared lawfully, proportionately and in the interests of safety and wellbeing.
- All services will be inclusive, accessible and non-discriminatory.

6. Roles and responsibilities

All staff and associates must:

- read, understand and follow this policy and local safeguarding procedures;
- complete required safeguarding training and refreshers;
- maintain professional boundaries and safe working practice;
- recognise and report concerns without delay;
- make clear, factual and timely records;
- share information only when necessary, proportionate and lawful;
- escalate concerns if they believe a person remains at risk or action has not been taken.
    - maintain this policy and ensure it reflects current legislation, statutory guidance and local safeguarding arrangements;
    - advise staff on concerns, referrals, escalation and information sharing;
    - make or support referrals to children's social care, adult safeguarding, the police, the Local Authority Designated Officer, DBS, professional regulators or CQC where required;
    - ensure safeguarding records are accurate, secure and separate from routine clinical notes where appropriate;
    - ensure staff receive induction, supervision, updates and role-appropriate safeguarding training;
    - review concerns, incidents and near misses to identify learning and improve practice.

7. Safer working practice

- Staff must work within their professional competence, registration requirements and agreed role.
- One-to-one work must be appropriate, transparent and capable of professional scrutiny.
- Therapy sessions should take place in safe, suitable and observable environments wherever possible.
- Physical contact, handling, positioning or personal care support must be clinically justified, explained, consented to where possible and recorded where relevant.
- Staff must maintain professional boundaries in person, online and by telephone or messaging.
- Staff must not use personal devices, personal accounts or informal messaging to communicate with children or vulnerable adults unless this has been risk assessed and authorised.

- Any gifts, conflicts of interest, unusual relationships or boundary concerns must be declared to the Safeguarding Lead.

8. Recognising safeguarding concerns

Staff must stay alert to indicators of harm, including changes in presentation, communication, attendance, behaviour, relationships, home circumstances, care arrangements, online activity, mental health, physical injuries, neglect, exploitation or disclosures made directly or indirectly.

- For children and young people, concerns may include abuse, neglect, child-on-child abuse, sexual violence or harassment, exploitation, online harm, serious violence, domestic abuse, harmful sexual behaviour, absence from education, fabricated or induced illness, radicalisation, forced marriage, female genital mutilation, trafficking or risks linked to mental health.
- For adults at risk, concerns may include physical, emotional, sexual, financial, discriminatory, domestic, organisational or online abuse, neglect, self-neglect, exploitation, modern slavery, coercion, poor professional practice or unsafe care.
- Communication needs, disability, neurodivergence or speech, language and communication needs must never be assumed to explain away signs of abuse, neglect or distress.

9. Responding to a disclosure or concern

1. Listen calmly and take the concern seriously.
2. Reassure the person that they have done the right thing by telling you, but do not promise confidentiality.
3. Ask only open questions needed to clarify immediate safety, such as “Tell me what happened.”
4. Do not investigate, confront the alleged person causing harm, take photographs unless authorised, or ask leading questions.
5. If there is immediate danger, call 999.
6. Record the concern as soon as possible using the person’s own words where relevant.
7. Report to the Safeguarding Lead without delay. If the Safeguarding Lead is unavailable and risk is urgent, contact the relevant statutory service directly.

10. Reporting and escalation

Safeguarding concerns must be reported on the same working day and sooner where risk is immediate. Staff must not delay action while waiting for further evidence or certainty.

- Child protection concerns must be referred to the local authority children’s social care service or Multi-Agency Safeguarding Hub for the child’s area.
- Adult safeguarding concerns must be referred to the relevant local authority adult safeguarding service where the Care Act safeguarding criteria may apply.

- Concerns about staff, contractors, associates or volunteers working with children must be considered under local allegation management arrangements and referred to the Local Authority Designated Officer where the harm threshold may be met.
- Low-level concerns about adults working with children must still be recorded, reviewed and managed to identify patterns and prevent escalation.
- If staff believe a concern has not been acted on appropriately, they must escalate to the Safeguarding Lead, senior management, the relevant local authority service, the police or use whistleblowing arrangements.

11. KCSIE 2026 readiness for school and college work

When Develop My Child Ltd provides services in or for schools and colleges in England, staff must follow the host setting's safeguarding procedures and the relevant version of Keeping Children Safe in Education. KCSIE 2025 remains in force until 31 August 2026. KCSIE 2026 comes into force on 1 September 2026.

- All staff working in or with schools and colleges must read and understand Part one of KCSIE, not a shortened substitute. The new KCSIE 2026 overview may be used as a quick reference only.
- Safeguarding practice must remain child-centred, recognising that no single professional may hold the full picture.
- Staff must understand local early help, Family Help, child in need and child protection thresholds and contribute to multi-agency work when asked.
- Staff must be alert to online harms, including AI-generated content, misinformation, disinformation, conspiracy theories, grooming, image-based abuse and harmful contact or conduct.
- Staff must recognise risks linked to absence from education, alternative provision, children with SEND, children with medical conditions, young carers, mental health needs and children who are questioning their gender.
- Safeguarding concerns linked to misogyny, harmful sexual behaviour, child-on-child abuse, sexual violence and sexual harassment must be taken seriously and reported in line with the host setting's policy.
- Where therapy staff are recruited or deployed to work in schools, safer recruitment, regulated activity, DBS and supervision arrangements must be checked and recorded before work begins.

12. Information sharing and records

Safeguarding information must be recorded clearly, factually, promptly and securely. Records should include the concern, date and time, who was involved, the person's own words where relevant, actions taken, advice received, decisions made, referrals submitted and the rationale for sharing or not sharing information.

Information should normally be shared with consent where safe and appropriate. Consent is not required where sharing is necessary to protect a child, adult at risk or another person from harm, to prevent or detect crime, or to meet a legal, regulatory or professional duty. Information sharing must be necessary, proportionate, relevant, accurate, timely and secure.

13. Safer recruitment, suitability and training

- Recruitment must include identity, right to work, qualification, professional registration, employment history, reference and DBS checks appropriate to the role and activity.
- Where roles involve regulated activity with children or adults, barred list and enhanced DBS checks must be completed as required before unsupervised work begins.
- Professional registration and insurance must be checked for clinicians and associates.
- Safeguarding induction must be completed before staff work independently with service users.
- All staff must complete safeguarding children and adults training appropriate to their role, with annual updates and refresher training at least every three years or sooner if required by commissioners, schools, regulators or local procedures.
- The Safeguarding Lead must receive enhanced training suitable for the role and maintain knowledge of local safeguarding arrangements.

14. Online, remote and digital safeguarding

- Remote sessions must be delivered through approved systems and only where clinically appropriate and risk assessed.
- Children and adults at risk should normally be supported by a parent, carer, responsible adult or agreed professional where appropriate.
- Staff must consider privacy, consent, who is present off camera, recording, confidentiality, accessibility and emergency contact arrangements.
- Sessions must not be recorded unless there is a clear clinical purpose, informed consent and secure storage arrangements.
- Online safeguarding concerns must be reported in the same way as face-to-face concerns.

15. Whistleblowing and complaints

Staff must raise concerns about unsafe practice, poor professional conduct, breaches of this policy or organisational failures that may place people at risk. Staff may use line management, the Safeguarding Lead, senior management, whistleblowing routes, local safeguarding services, regulators or the police where appropriate. No one will be treated unfairly for raising a genuine safeguarding concern.

16. Review and assurance

This policy will be reviewed at least annually and sooner if legislation, statutory guidance, local safeguarding arrangements, service delivery, professional standards or organisational risks change.

This policy is approved and authorised by:

Grainne Yeatman

Signed: *G Yeatman*

Date: July 2026

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