

# SAFEGUARDING CHILDREN

BRADFORD VTS TEACHING AIDS — Created May 2026

YOUR STATUTORY RESPONSIBILITIES

CATEGORIES OF ABUSE & NEGLECT · PREVENT

WHEN TO SUSPECT CHILD MALTREATMENT

ASSESSMENT OF NEED / MANAGEMENT OF RISK

VULNERABLE CHILDREN GROUP

DOMESTIC ABUSE

INFORMATION SHARING & CONSENT

THINK CHILD WHEN WORKING WITH ADULTS

TOP TEN SAFEGUARDING TIPS · RESOURCES

Based on: **Working Together to Safeguard Children 2023** · NICE NG76 (2017, current) · Children Acts 1989 & 2004 · Domestic Abuse Act 2021 · Intercollegiate Document 5th Edition 2025 · UK GDPR/Data Protection Act 2018

Always use alongside your local multi-agency safeguarding procedures and organisational policies.

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**Important notice:** These cards should be used as a guide only, and should always be used alongside your organisational and local multi-agency policies and procedures. They are based on legislation and guidance current as of 2025, including **Working Together to Safeguard Children 2023**, **NICE NG76**, the **Domestic Abuse Act 2021**, and the **Intercollegiate Document 5th Edition (2025)**. Always check for the most up-to-date local guidance via your Safeguarding Children Partnership.



## YOUR STATUTORY RESPONSIBILITIES

### THE LEGAL FRAMEWORK

All NHS employees and health professionals have a **statutory duty and responsibility** to safeguard and promote the welfare of children and young people. This must be an integral part of care offered. (*Children Act 2004, s.11*)

**"The child's welfare is paramount."  
Section 1, Children Act 1989**

### WHO IS A CHILD?

A child is anyone who has not yet reached their 18th birthday — including unborn children. (*Children Acts 1989 & 2004*)

### KEY DEFINITIONS

**Safeguarding and promoting welfare** means: protecting from maltreatment; preventing impairment of mental and physical health or development; ensuring children grow up in circumstances consistent with safe and effective care; and taking action to enable all children to have the best outcomes. (*Working Together 2023*)

**Child protection** is the activity undertaken to protect specific children who are suffering or at risk of significant harm.

### UN CONVENTION ON THE RIGHTS OF THE CHILD

- Best interests as the primary concern in decisions about them (*Article 3*)
- Life and healthy development (*Article 6*)
- Protection from hurt, mistreatment, violence, abuse and neglect (*Article 19*)
- Protection from exploitation, trafficking and sexual abuse (*Article 34 & 36*)
- The right to be heard and have their views taken seriously (*Article 12*)

### MINIMUM RESPONSIBILITIES FOR ALL HEALTH STAFF

All staff who come into contact with children, and those working with adults who have dependent children, must:

- Have competencies to recognise and understand child maltreatment and abuse occurring outside the home, including online
- Recognise the potential impact of parental/carer physical and mental health, domestic abuse, and substance misuse on children
- Act as an effective advocate for the child
- Be clear about own and colleagues' roles, responsibilities and professional boundaries
- Know and follow your local Safeguarding Children Partnership multi-agency child protection procedures
- Know the contact details of Named and Designated Safeguarding Professionals
- Know when and how to make a referral to local Children's Services
- Know how to share information about child welfare concerns appropriately
- Record all concerns, actions taken, and reasons for no action clearly and contemporaneously
- Maintain training to the appropriate level in line with the *Intercollegiate Document 5th Edition (2025)*
- Access regular safeguarding supervision or peer review
- Maintain a whole-family focus while keeping the child's needs central

**WHISTLE BLOWING: If in doubt about whether appropriate action has been taken regarding your concerns about a child, contact your Safeguarding Lead, Named Nurse or Named/ Designated Doctor for Safeguarding.**

### MANAGING ALLEGATIONS

If you know of any person working with children who has behaved in a way that has harmed or may have harmed a child, possibly committed a criminal offence against a child, or behaved in a way that indicates they are unsuitable to work with children — all such allegations **must be referred to the Local Authority Designated Officer (LADO)**.



## CATEGORIES OF ABUSE & NEGLECT · PREVENT

### WHAT IS ABUSE & NEGLECT?

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, or by **failing to act to prevent harm**. Children may be abused in a family, institutional or community setting — including **online** — by those known to them or, rarely, by a stranger. Perpetrators may be adults or other children.

*Definitions from Working Together to Safeguard Children 2023*

### PHYSICAL ABUSE

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent or carer **fabricates or induces illness** in a child (previously "Munchausen by proxy").

### EMOTIONAL ABUSE

Persistent emotional maltreatment causing severe and persistent adverse effects on the child's emotional development. May include:

- Conveying to children they are worthless, unloved or inadequate
- Not allowing the child to express their views; silencing or ridiculing them
- Age or developmentally inappropriate expectations, including overprotection
- Seeing or hearing the ill-treatment of another, including domestic abuse
- Serious bullying (including cyberbullying), causing children to feel frightened or in danger
- Exploitation or corruption of children

Some level of emotional abuse is involved in all types of maltreatment, though it may occur alone.

### SEXUAL ABUSE

Involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware. Includes:

- Contact abuse: penetrative acts, and non-penetrative acts (masturbation, kissing, touching)
- Non-contact activities: involving children in sexual images, watching sexual activities, grooming (including online/via technology)
- Child sexual exploitation (CSE) — see Vulnerable Children section

Sexual abuse is not solely perpetrated by adult males. Women can also commit sexual abuse, as can other children.

### NEGLECT

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. May include a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision
- Ensure access to appropriate medical care or treatment
- Respond to a child's basic emotional needs

Neglect may also occur during pregnancy as a result of substance misuse.

**NOTE: A single indicator is not proof of abuse. Information must be gathered from multiple sources. However, abuse may occur when there are very few indicators. Always consider the whole picture.**

### TRIGGER POINTS — BE ALERT TO:

- Poor dental hygiene and dental caries
- Poor physical appearance: dirty, unkempt, inappropriate clothing for weather
- Bruising in a child who is not independently mobile (NIM) — see below
- Unexplained or inconsistent injuries
- Significant emotional or behavioural changes
- Sexualised behaviour inappropriate to age
- Significant weight loss, faltering growth, or signs of medical neglect

### BRUISING IN A NON-INDEPENDENTLY MOBILE (NIM) CHILD:

**Any bruising of any size in any site in a child who is not yet crawling, cruising or walking independently (including all children under 6 months) must initiate a referral to Children's Services. NICE NG76 (2017) supports this principle. Follow your local Safeguarding Children Partnership bruising protocol.**

### OTHER RECOGNISED FORMS OF HARM

ONLINE/CYBER ABUSE

CHILD CRIMINAL EXPLOITATION

PEER ABUSE

HONOUR-BASED ABUSE

FGM

RADICALISATION

MODERN SLAVERY/TRAFFICKING

### PREVENT

The government's counter-terrorism CONTEST strategy includes **PREVENT** — stopping people becoming terrorists or supporting terrorism. The NHS is a key PREVENT partner. Staff must follow their organisation's procedures if they have concerns about radicalisation. Discuss with your Safeguarding Lead, who will identify local referral pathways.



# WHEN TO SUSPECT CHILD MALTREATMENT

## RECOGNITION AND RESPONSE

Sustained abuse or neglect can have major long-term effects on all aspects of a child's health, development and wellbeing. **Doing nothing is not an option.**

If there are concerns about the safety or welfare of a child — even without firm evidence — some action must follow. At minimum, obtain advice from your Safeguarding Lead or Named Professional.

**DOING NOTHING IS NOT AN OPTION. Urgent concerns must be referred to Children's Services or the Police immediately.**

### WHEN ASSESSING AN INJURY, ALWAYS CONSIDER:

- Is there an explanation for the injury?
- Is the explanation compatible with the injury and the child's developmental stage?
- Is the explanation consistent with the history given by different people?
- Has there been a delay in seeking help?
- Is the parent's or carer's response appropriate?
- Are there any other safeguarding concerns in the history?

### PRINCIPLES WHEN RESPONDING

- The child's welfare is paramount
- Delay in taking action is often prejudicial to the child's welfare
- The duty of confidentiality is overridden by the duty to protect the child from abuse
- No single agency can have the full picture — everyone has a role
- All health professionals will work in partnership with parents and carers unless it conflicts with the child's interests
- Where there is disagreement in diagnosis, this must be documented with rationale
- Diversity — due regard to race, religion, culture, language, gender and disability must be given, but cultural differences must never be confused with acceptance of abuse or neglect

### RECORD KEEPING

Records (including a body map for injuries) must be:

**LEGIBLE**

**FACTUAL**

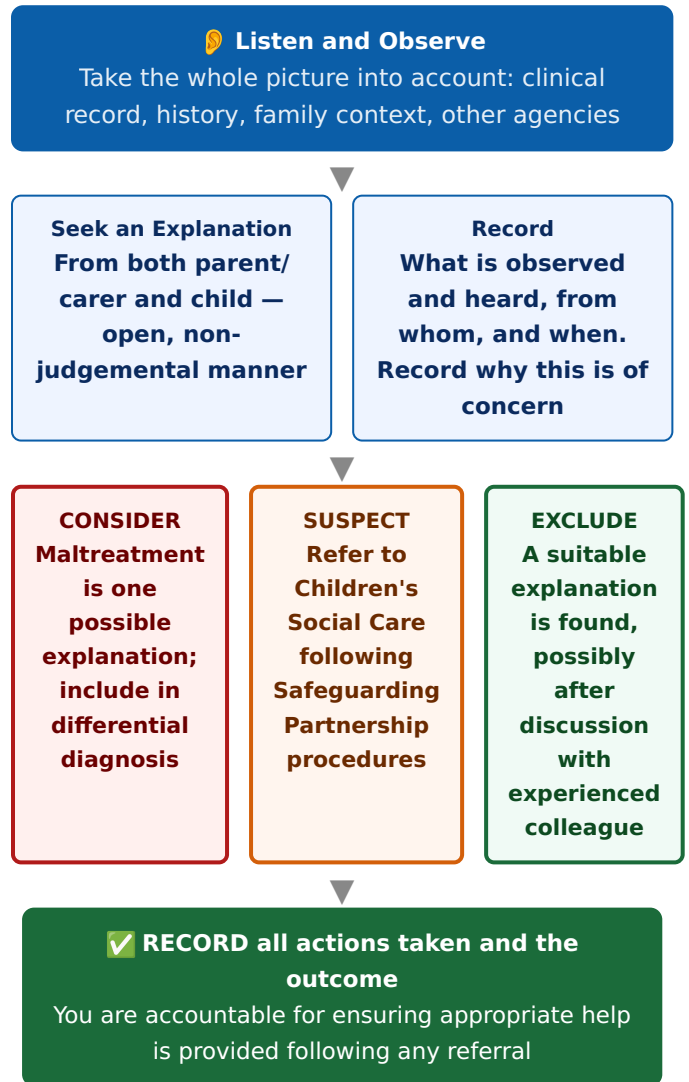
**ACCURATE**

**CONTEMPORANEOUS**

**SIGNED & DATED**

Use the child's own words as far as possible. Record all actions, discussions and decisions — including reasons for no action.

## QUICK REFERENCE FLOWCHART — NICE NG76 / WORKING TOGETHER 2023



### MAKING A REFERRAL TO CHILDREN'S SERVICES

- The person with the concern should ideally make the referral — but anyone can
- Discuss with your Safeguarding Lead or Named Professional before referring if not urgent
- Provide clear, concise information about concerns and what you believe needs to happen
- Include any risk assessment, body maps or chronology
- Follow up telephone referrals in writing, per local procedures
- If you have not heard back within **24 hours**, follow up urgently
- Seek advice from your Safeguarding Lead if you disagree with the outcome

**Remember: You are accountable for what you do — and for what you choose not to do.**



# ASSESSMENT OF NEED / MANAGEMENT OF RISK

## PROVISION OF EFFECTIVE EARLY HELP

### Working Together to Safeguard Children 2023

emphasises providing help and support as soon as problems emerge, drawing on a whole-family, whole-system approach. Early help assessments provide a systematic way of understanding what is happening to children within their families and wider community.

Be alert to the potential need for early help for a child who:

- Is disabled or has specific additional needs or SEND
- Has special educational needs
- Is a young carer
- Is showing early signs of abuse and/or neglect
- Is showing signs of engaging in anti-social or offending behaviour
- Is in a family experiencing substance misuse, adult mental health problems, domestic abuse and/or has a parent in custody
- Is experiencing harm outside the home (e.g. CSE, criminal exploitation, online harm)

## STATUTORY ASSESSMENTS — CHILDREN ACT 1989

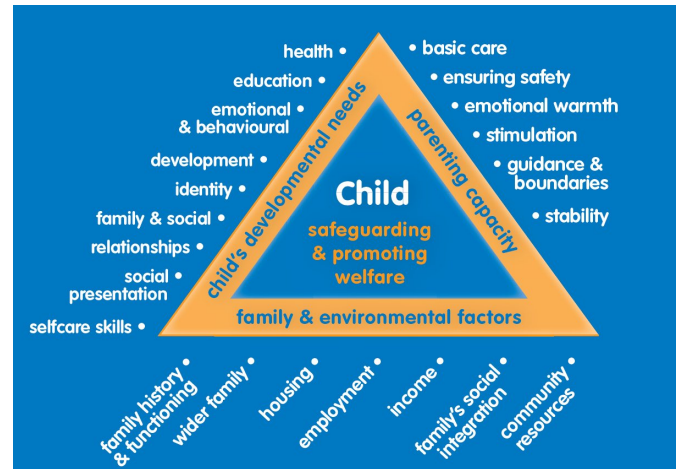
**Section 17 (Child in Need):** A child whose health/development is likely to be significantly impaired without provision of services, or who is disabled. The local authority must assess and provide services.

**Section 47 (Child Protection Enquiries):** Where a child is suffering, or likely to suffer, significant harm. The local authority has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare.

**Significant Harm** — severity of ill-treatment is judged by: degree and extent of physical harm; duration and frequency; degree of premeditation; threat, coercion and sadism.

**Purpose of Assessment: To gather information about the child and family; analyse needs and risk; decide whether the child is in need (s.17) or suffering significant harm (s.47); and provide support to improve outcomes.**

## THE ASSESSMENT FRAMEWORK TRIANGLE



## PRINCIPLES OF GOOD ASSESSMENT (WORKING TOGETHER 2023)

- Child-centred — the child's best interests must be at the heart of all decisions
- Whole-family approach — supporting families to enable the best outcomes for children
- Rooted in child development and informed by evidence
- Holistic — addressing the child's needs within family and wider community
- Involves children and families; transparent and open to challenge
- A continuing process, not a one-off event
- Leads to action, provision and review of services
- Ensures equality of opportunity



### LOOKED AFTER CHILDREN (LAC)

Children looked after by the local authority — accommodated under a voluntary agreement (s.20, Children Act 1989) or Emergency Protection Order (s.44). If there are new concerns about a looked after child potentially suffering significant harm, a strategy discussion must be held with Children's Services.

Review unmet health needs in LAC and follow up missed appointments or incomplete assessments promptly.

### CHILDREN WITH DISABILITIES

Disabled children face an increased risk of abuse and neglect, especially where multiple disabilities are present. Risk factors include: social isolation; dependency on carers for intimate care; impaired capacity to resist or communicate abuse. Safeguarding applies equally to disabled children as to all others.

### CHILDREN MISSING FROM HOME OR CARE

Children and young people up to age 18 who have run away, been forced to leave, or whose whereabouts are unknown. They are vulnerable to immediate harm and to longer-term exploitation. All episodes of going missing must be taken seriously; return-to-care interviews are important for identifying harm.

### CHILD SEXUAL EXPLOITATION (CSE)

CSE involves the abuse and/or exploitation of children and young people under 18 who are victims of sexual abuse. The perpetrators offer something (gifts, affection, status) in exchange for sexual activities, sometimes through exploitation by criminal gangs. CSE is linked to: running away, gang activity, child trafficking and substance misuse.

**CSE is a form of child sexual abuse and is always abusive regardless of whether the child appears to have consented.**

### CHILD CRIMINAL EXPLOITATION (CCE)

Where children and young people are manipulated, coerced or deceived into criminal activity. This includes county lines drug distribution networks. CCE is a form of child abuse.

### UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)

Children under 18 separated from parents and not cared for by an adult with legal responsibility. Where UASC present alone, the presumption is that they fall under s. 20 of the Children Act. All safeguarding concerns must be investigated per local Safeguarding Children Partnership procedures.

### FEMALE GENITAL MUTILATION (FGM)

FGM comprises all procedures involving partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is a form of child abuse and **a criminal offence** under the Female Genital Mutilation Act 2003 (England, Wales and Northern Ireland) and the Prohibition of Female Genital Mutilation (Scotland) Act 2005. Maximum penalty: 14 years' imprisonment.

**Mandatory Reporting of FGM (England): Under the FGM Act 2003 (as amended 2015), regulated health and social care professionals and teachers must report known cases of FGM in girls under 18 to the police. This is a legal duty.**

**Frontline professionals should consider three groups:**

- A girl at risk of having FGM
- A girl who has undergone FGM
- A baby girl born to a mother who has undergone FGM

Any female child whose older sibling has undergone FGM must be considered at immediate risk. Risk to all female children in the household must also be considered.

### HONOUR-BASED ABUSE (HBA) & FORCED MARRIAGE

HBA encompasses incidents committed in the name of so-called "honour". Both HBA and forced marriage are forms of abuse and must be treated as such. The Forced Marriage Unit (FMU) provides advice: **0207 008 0151**. Never involve the family in attempts to resolve the situation, as this may increase risk.

### ONLINE AND TECHNOLOGY-FACILITATED ABUSE

Digital technology enables exploitation of children including online grooming, sharing of abuse material, cyberbullying, and financial exploitation. Children and young people may engage with unknown individuals and be manipulated without adult awareness. Professionals should be familiar with local e-safety processes and guidance.



# DOMESTIC ABUSE

## STATUTORY DEFINITION — DOMESTIC ABUSE ACT 2021

Behaviour by person A towards person B is "domestic abuse" if A and B are each aged 16 or over and are *personally connected*, and the behaviour is abusive. Abusive behaviour may consist of a single incident or a course of conduct.

**Personally connected** includes: intimate partners or ex-partners, family members, those who share parental responsibility.

**Abusive behaviour** encompasses:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic/financial abuse
- Psychological or emotional abuse
- Technology-facilitated abuse (e.g. online stalking)

This definition includes so-called 'honour'-based violence, FGM and forced marriage. Victims are not confined to one gender, sexuality or ethnic group.

### Children as Victims (Domestic Abuse Act 2021, s.3):

**Children are recognised as victims of domestic abuse in their own right if they see, hear or otherwise experience the effects of domestic abuse and are related to the victim or perpetrator. This is a significant legal change from previous guidance.**

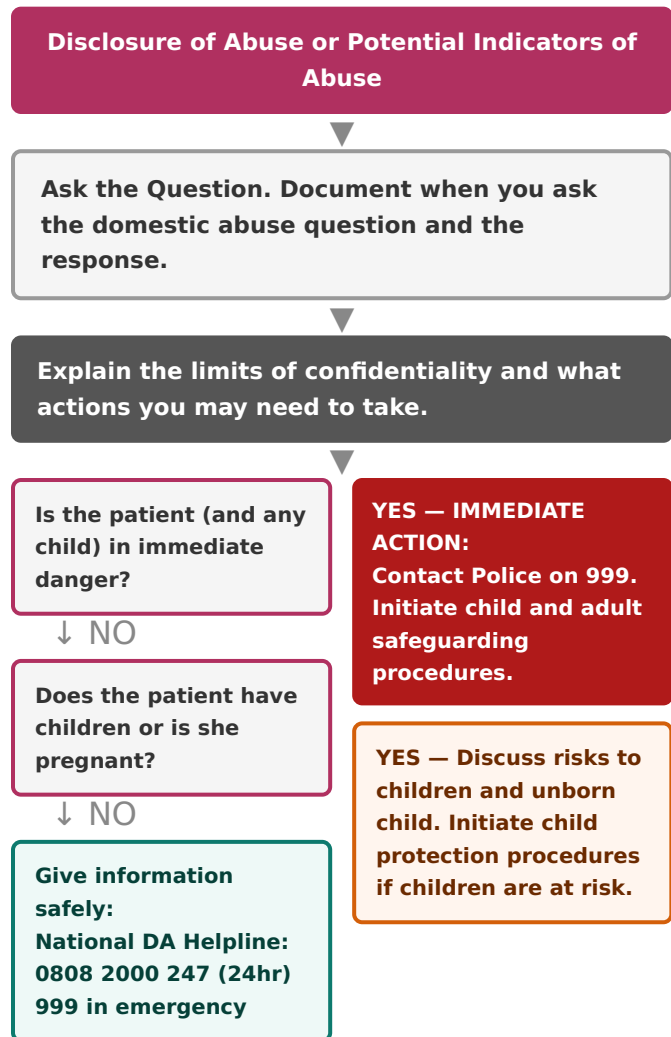
## MARAC

Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about **high-risk domestic abuse victims** is shared between local agencies to co-ordinate a safety plan. Any professional can refer a high-risk case to MARAC. Contact your Safeguarding Lead for local referral information.

## OPERATION ENCOMPASS

A safeguarding partnership between police and schools. Police notify the school's child protection lead before the next school day if a child has been exposed to a domestic abuse incident. Now on a statutory footing under the Victims and Prisoners Act 2024.

## DOMESTIC ABUSE DISCLOSURE FLOWCHART



**Best Practice:**

- Always speak to the individual alone
- Never pressure an individual to leave their partner
- Ensure a safety plan is discussed and in place
- Always use a professional interpreter — never a family member
- Bring complex cases to supervision
- Document all contacts, disclosures, actions and observations



# INFORMATION SHARING & CONSENT

## THE DUTY TO SHARE

Where there are safeguarding concerns, staff have a **duty to share information**. Many serious case reviews have found that lack of information sharing and poor communication contributed significantly to harm to children.

**UK GDPR and the Data Protection Act 2018 are NOT barriers to sharing information where there is a legitimate safeguarding purpose. They provide a framework for sharing appropriately. Fear of getting information sharing wrong should not prevent professionals from sharing information that could protect a child.**

## KEY PRINCIPLES FOR INFORMATION SHARING

Except where doing so would increase risk to the child, it is good practice to seek consent before sharing information. Be open and honest with children and families from the outset about what information will be shared, with whom and why.

When sharing, ensure information is:

**NECESSARY**

**PROPORTIONATE**

**RELEVANT**

**ACCURATE**

**TIMELY**

**SECURE**

## CAPACITY AND CONSENT IN YOUNG PEOPLE

**Fraser Guidelines** (often mistakenly called "Gillick competency" for all decisions): When working with children and young people, practitioners must consider whether the young person is capable of making a reasonable assessment of the advantages and disadvantages of the proposed action, so that any consent given is "true consent".

**Always note:** Underage sexual activity should always be considered as a possible indicator of child sexual exploitation. Sexual activity with a child under 13 is *always* a criminal offence and must always result in a child protection referral.

## MENTAL CAPACITY ACT 2005 — FIVE STATUTORY PRINCIPLES

- Always assume a person has capacity unless proved otherwise
- Take all practicable steps to enable people to make their own decisions
- Do not assume incapacity because a person makes an unwise decision
- Always act in the best interests of a person without capacity
- Choose the least restrictive option

## INFORMATION SHARING DECISION FLOWCHART

You are asked to — or wish to — share information

Is there a clear and legitimate purpose for sharing?

↓ YES

NO → DON'T SHARE

Does the information enable a person to be identified?

↓ YES

NO → YOU CAN SHARE

Is the information confidential?

↓ YES

NOT SURE → SEEK ADVICE

Do you have consent to share?

YES → YOU CAN SHARE

↓ NO

Is there sufficient public interest (e.g. significant risk of harm)?

YES → YOU CAN SHARE

NO → DON'T SHARE

**✓ YOU CAN SHARE — Identify how much, distinguish fact from opinion, share securely, to the right people**

**⊘ DON'T SHARE — Record your decision and the reason for it**

**If there are concerns that a child may be at risk of significant harm, follow the relevant procedures without delay. Seek advice if unsure and record the outcome of all discussions.**



## THINK CHILD WHEN WORKING WITH ADULTS

### YOUR RESPONSIBILITY TO "THINK CHILD"

When seeing adult patients, you may become aware of information that gives you concerns about whether they are safe to have contact with children, or whether they have the parenting capacity to care for dependent children.

You may be the **only professional** who holds this relevant piece of information. Remember: a parent or stepparent may be registered with a different practice than the rest of the family.

**Working Together 2023** places explicit emphasis on a whole-family approach while keeping the child's needs central. Practitioners working with adults must always consider the impact of the adult's circumstances on children in the household.

### EXAMPLES OF INFORMATION TO CONSIDER SHARING

(Not an exhaustive list — if the adult has dependent children or has contact with children):

- History of violence, especially domestic abuse
- Problems with alcohol or substance abuse
- Previous children subject to Care Proceedings
- Request for anger management referral
- Abuse of prescription medicines
- Aggressive or threatening behaviour towards staff
- New, or currently unstable, mental health problems (including serious self-harm)
- Criminal justice involvement (especially violent offences)
- Learning disability that may significantly affect parenting capacity

**Only GP records follow a person who moves between areas. Relevant information from Police or Social Care may not be known in the new area except to the new GP. Some individuals deliberately move to avoid relevant information following them.**

### HISTORIC SEXUAL ABUSE

People often disclose childhood sexual abuse as adults — for example, when finding a clinical examination difficult. **Always check whether the alleged perpetrator still has access to children.**

### WHAT TO DO WHEN CONCERNED

- Try to obtain the child's name, date of birth and address
- Check whether the child has a Child Protection Plan
- If so, inform the keyworker
- Discuss with the child's health visitor, school nurse and/or GP
- If domestic abuse is involved, contact your local MARAC coordinator if appropriate
- If unsure, take advice from your Practice Lead and/or Named GP/Nurse for Safeguarding

### PARENTAL VULNERABILITY FACTORS THAT MAY IMPACT ON CHILDREN

Parenting capacity may be compromised by:

MENTAL ILLNESS

LEARNING DISABILITY

SUBSTANCE MISUSE

DOMESTIC ABUSE

TRAUMA & ADVERSE EXPERIENCE

SOCIAL ISOLATION

CRIMINAL JUSTICE INVOLVEMENT

Practitioners must maintain a child-focused approach and keep a strong focus on outcomes for children and young people, even when they have limited contact with the children themselves.

**Working Together 2023 emphasises working in partnership with parents and carers, being transparent about concerns, and providing accessible support — while never losing sight of the child's welfare as paramount.**

**01 Everyone has a responsibility.** Safeguarding children is everyone's responsibility — whether you work directly with children or mainly with adults who have parenting roles.

**03 Act on concerns.** If you have concerns, act — never assume someone else has taken them forward. Doing nothing is not an option.

**05 Know your procedures.** Ensure you know how to access all safeguarding and child protection policies, including your local Safeguarding Children Partnership multi-agency procedures and related policies.

**07 Stay trained.** Ensure you and your team have completed safeguarding training to the level appropriate for your role, in line with the *Intercollegiate Document 5th Edition (2025)*.

**09 Share information.** UK GDPR and the Data Protection Act 2018 are not barriers to sharing information for legitimate safeguarding purposes. Understand and apply good practice in information sharing. Know the limits to confidentiality.

**02 Know the signs.** Be aware of, recognise and understand abuse, neglect and exploitation in all their forms — including online harm, CSE, CCE and honour-based abuse.

**04 Bruising in NIM children.** Any bruising in a non-independently mobile child must always be followed by a referral to Children's Services per your local Safeguarding Children Partnership bruising protocol.

**06 Know your key contacts.** Know the contact details of your Practice Safeguarding Lead, Named and Designated Professionals, and local Children's Services — before you need them.

**08 Know the allegation procedure.** Be aware of the procedure to follow if there is an allegation against a member of your practice, organisation or service. All allegations must be referred to the LADO.

**10 Record clearly.** Record all decisions, discussions and actions clearly, accurately and contemporaneously — including reasons for no action. You are accountable for what you do and what you choose not to do.



## KEY LEGISLATION & STATUTORY GUIDANCE

### Working Together to Safeguard Children 2023

[gov.uk/government/publications/working-together-to-safeguard-children](http://gov.uk/government/publications/working-together-to-safeguard-children)

### Children Act 1989 & 2004

[legislation.gov.uk](http://legislation.gov.uk)

### Domestic Abuse Act 2021

[legislation.gov.uk/ukpga/2021/17](http://legislation.gov.uk/ukpga/2021/17)

### Female Genital Mutilation Act 2003

[legislation.gov.uk](http://legislation.gov.uk)

### UK GDPR / Data Protection Act 2018

[ico.org.uk](http://ico.org.uk)

### Victims and Prisoners Act 2024

[legislation.gov.uk](http://legislation.gov.uk)

## PROFESSIONAL GUIDANCE

### Intercollegiate Document 5th Edition (2025) — Safeguarding Children & Young People: Competencies for Health Care Staff

[child-health-safeguarding.rcpch.ac.uk](http://child-health-safeguarding.rcpch.ac.uk)

### GMC — Protecting Children and Young People: Responsibilities of All Doctors (2018)

[gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people](http://gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people)

### RCPCH Child Protection Portal

[childprotection.rcpch.ac.uk](http://childprotection.rcpch.ac.uk)

### RCN Safeguarding Resources

[rcn.org.uk/clinical-topics/safeguarding](http://rcn.org.uk/clinical-topics/safeguarding)

## KEY CONTACTS — FILL IN LOCALLY

Safeguarding Children Lead / Named Professional:

\_\_\_\_\_

PREVENT Co-ordinator / Lead:

\_\_\_\_\_

Local Children's Services (Referral):

\_\_\_\_\_

LADO:

\_\_\_\_\_

## NICE GUIDANCE

### NICE NG76 — Child Abuse and Neglect (2017)

[nice.org.uk/guidance/ng76](http://nice.org.uk/guidance/ng76)

### NICE CG89 — When to Suspect Child Maltreatment (2009, updated 2017)

[nice.org.uk/guidance/cg89](http://nice.org.uk/guidance/cg89)

### NICE NG116 — Looked After Children and Young People (2021)

[nice.org.uk/guidance/ng116](http://nice.org.uk/guidance/ng116)

### NICE NG55 — Domestic Violence and Abuse (2014, updated)

[nice.org.uk/guidance/ng55](http://nice.org.uk/guidance/ng55)

### NICE NG93 — Harmful Sexual Behaviour Among Children and Young People

[nice.org.uk/guidance/ng93](http://nice.org.uk/guidance/ng93)

## SUPPORT ORGANISATIONS & OTHER RESOURCES

### NSPCC

[nspcc.org.uk](http://nspcc.org.uk) | Helpline: 0808 800 5000

### NSPCC Learning — Safeguarding Resources

[learning.nspcc.org.uk](http://learning.nspcc.org.uk)

### National DA Helpline (Women's Aid / Refuge)

0808 2000 247 (24hr, free)

### Forced Marriage Unit

0207 008 0151 | [gov.uk/forced-marriage](http://gov.uk/forced-marriage)

### Childline

0800 1111 | [childline.org.uk](http://childline.org.uk)

### Modern Slavery Helpline

08000 121 700 | [modernslaveryhelpline.org](http://modernslaveryhelpline.org)

## LOCAL SAFEGUARDING CHILDREN PARTNERSHIP

Find your local Safeguarding Children Partnership (formerly Local Safeguarding Children Boards, replaced under the Children and Social Work Act 2017):

[gov.uk/government/publications/local-safeguarding-children-boards-roles-and-responsibilities](http://gov.uk/government/publications/local-safeguarding-children-boards-roles-and-responsibilities)

Local partnership website/URL:

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Mutilation Act 2003 (as amended 2015); Mental Capacity Act 2005; UK GDPR / Data Protection Act 2018; Victims and Prisoners Act 2024; Intercollegiate Document 5th Edition (2025); and GMC guidance.

**Important:** These cards must always be used alongside your organisational and local multi-agency safeguarding procedures. Guidance changes regularly — always verify the most current local procedures with your Safeguarding Children Partnership. There may have been changes to legislation and procedures since production.

Adapted for Bradford VTS educational use. For local safeguarding procedures and training requirements, refer to your organisation's Safeguarding Lead and Named Professional.