



Safeguarding  
Policy  
and  
Procedures

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Safeguarding children is essential for organisations as everyone has a duty of care towards the children with whom they have contact. Having safeguards in place within an organisation not only protects and promotes the welfare of children but it also enhances the confidence of staff, volunteers, parents/carers and the general public. These safeguards include a child protection policy and procedures for dealing with issues of concern or abuse. For the purposes of child protection legislation the term 'child' refers to anyone up to the age of 18 years.

At CPK our primary work is with children and their families. We do accept that families we have contact with may have vulnerable adults too. So, this policy and procedures have been produced to cover our duties in safeguarding adults as well as children.

This policy and procedures provide clear **step-by-step guidance on what to do in different circumstances** and clarify roles and responsibilities. Systems for recording information and dealing with complaints are also included to ensure implementation and compliance.

The procedures and systems include:

- A named person (and deputy) with a clearly defined role and responsibilities in relation to safeguarding children, appropriate to the level at which they operates.
- A description of what child abuse is, and the procedures for how to respond to it where there are concerns about a child's safety or welfare or concerns about the actions of a trustee, staff member or volunteer. Relevant contact details for children's services, police, health and NSPCC help lines should be available.
- A process for recording incidents, concerns and referrals and storing these securely in compliance with relevant legislation and kept for a time specified by our insurance company.
- Guidance on confidentiality and information sharing, legislation compliance, which clearly states that the protection of the child is the most important consideration.
- A code of behaviour for employers, trustees, staff and volunteers. The consequences of breaching the code are clear and linked to disciplinary and grievance procedures.
- Safe recruitment, selection and vetting procedures that includes checks into the eligibility and the suitability of all employers, trustees, staff and volunteers who have direct or indirect (e.g. helpline, email) contact with children. In the case of employers and trustees, because of their position within the organisation, we take the view that a check should be carried out. This goes beyond circumstances where the employer/trustee comes into contact with children.
- A complaints procedure, which is an open, and well publicised way in which adults and children can voice concerns about unacceptable and/or abusive behaviour towards children and vulnerable adults.
- Systems to ensure that all staff and volunteers working with children and vulnerable adults are monitored and supervised and that they have opportunities to learn about child and adult protection in accordance with their roles and responsibilities.

We recognise it is important that our safeguarding policy and procedures are tailored to the type of contact that we have with children. And it also needs to take into account any particular vulnerabilities of the children with whom we have contact; for example disabled children who are at increased risk of abuse; babies and toddlers who are vulnerable due to their age and dependence on adults.

## SAFEGUARDING STATEMENT

CPK believes that children and vulnerable adults must be protected from harm at all times. And that children's needs are paramount.

1. We believe every child and family should be valued, safe and happy. We want to make sure that children and families we have contact with know this and are empowered to tell us if they are suffering harm.
2. We want children and we have contact with to enjoy what we have to offer in safety.
3. We want parents and carers we have contact with to be supported to care for their children in a way that promotes their child's health and wellbeing and keeps them safe.
4. We want organisations who work with or commission work from us, or who provide funding to us, to have confidence and recognise that we are a safe organisation.
5. We will achieve this by having an effective safeguarding procedure and follow National guidance.
6. If we discover or suspect a child or vulnerable adult is suffering harm, or sexual exploitation we will notify Children's Social Care or the Police, in order that they can be protected if necessary.
7. This safeguarding policy statement and our procedures apply to all staff, volunteers and users of CPK services and anyone carrying out any work for us or using our premises.
8. We work with and support local Safeguarding Boards as required.
9. We will review our safeguarding policy and procedures at least every two years to make sure they are still relevant and effective.

Signed:



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Director

Date

May 2014

## SAFEGUARDING POLICY

We:

1. Take all reasonable measures to ensure the risks of harm to children and vulnerable adults is minimised
2. Take all appropriate actions to address concerns about the welfare of children and adults, working to agreed local policies and procedures in full partnership with other local services.
3. Ensure safe recruitment and employment practices are observed as we recognise this is an important part in safeguarding.
4. Have a senior member of the organisation who takes lead responsibility for dealing with safeguarding/child protection issues, providing advice and support to other staff, liaising with other staff, and working with other agencies. All staff are aware of this role:

The Senior Officer for this Organisation is Carmel Knowles, Director. In her absence the designated person will be Phil Knowles.

5. Listen to children, encourage them to respect and care for others and take action to stop any inappropriate verbal or physical abuse taking place.
6. Endeavour to create an open and accountable environment, permitting adults and young people to voice their concerns about inappropriate behaviour and misconduct while providing strong sanctions to deter abuse, victimisation and cover up of serious malpractice.
7. Ensure our policies and procedures apply to all staff (paid or unpaid), children, young people, parents and carers regardless of gender, ethnicity, disability, sexuality or religion.
8. Encourage staff to be alert to safeguarding children issues, including sexual exploitation

CPK is aware of the responsibilities, which its management and staff (paid and unpaid) have with regard to the protection of children and adults from abuse and from inappropriate and inadequate care, and is committed to responding in all cases where there is concern.

The documents below provide the framework for our responsibilities as part of a co-ordinated shared response to the health and wellbeing of children and vulnerable adults. All staff are aware of these documents and how they can access them.

- Working Together To Safeguard Children 2013
- The Safeguarding Vulnerable Groups Act 2006
- No Secrets 2000
- What to do if you're worried a child is being abused (2006)
- Mental Capacity Act 2005

Signed:



Director

Date

May 2014

## Practice Guidance

### 4.1 How to Respond to Abuse or the Suspicion of Abuse

#### 4.1.1 Immediate action to ensure a child or vulnerable adults safety

Immediate action may be necessary at any stage in involvement with children and families.

**IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD/REN OR VULNERABLE ADULT ie:**

- If emergency medical attention is required, this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.

#### 4.1.2 Recognition of Abuse or Neglect

##### Child Abuse and Neglect

'Child abuse and neglect' is a generic term encompassing all ill treatment of children, including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

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

Children may be abused in the family or an institutional or community setting by those known to them or, more rarely, by a stranger. An adult or adults or another child or children may abuse them.

*Working Together to Safeguard Children, 2013* sets out definitions and examples of the four broad categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories overlap and an abused child does frequently suffer more than one type of abuse. e.g. a child may be suffering physical and emotional abuse.

- a) **Physical Abuse**  
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. (*Working Together, 2013*).
- b) **Emotional Abuse**  
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.  
It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's

developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. (Working Together, 2013)

c) Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (Working Together, 2013).

d) Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Working Together, 2013).

*N.B. Children need to be protected even when it appears that they are not aware that the physical abuse, or sexual activity that they are involved in or witness, or the neglect they experience, is harmful to them.*

#### 4.1.3 Abuse of vulnerable adults

It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe. One such group is people with community care needs. This group may include people with:-

- a learning / physical / sensory disability
- mental ill health or dementia
- frailty due to age
- acquired brain injury
- a drug / alcohol problem
- certain types of physical illness

Abuse can be:-

- Physical - such as hitting, slapping, rough handling, misuse of medication, misuse of restraint.
- Sexual - making someone carry out a sexual act they have not or cannot consent to.
- Psychological - such as threats or humiliation.
- Financial - such as theft of money / possessions, misuse of someone's benefits.
- Neglect - such as a carer not meeting a person's care or health needs.
- Discriminatory - Any form of abuse based on discrimination because of a person's race, gender, age, disability, sexual orientation etc.
- Institutional - abuse or poor practice throughout an organisation.

#### 4.1.4 What to do if children talk to you about abuse or neglect

It is recognised that a child may seek an adult out to share information about abuse or neglect with, or talk spontaneously individually or in groups when a member of our staff is present. In these situations they must:

- Listen carefully to the child, and NOT directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- Explain that they cannot promise not to speak to others about the information they have shared. This may mean a Social Worker, Health Professional or the Police.
- Reassure the child that:
  - ❖ They are glad they have told them;
  - ❖ S/he has not done anything wrong;
  - ❖ What they are going to do next.
  - ❖ They will need to get help to keep the child safe.

#### 4.1.5 Consulting about the concern

The purpose of consultation is to discuss concerns in relation to a child and decide what action is necessary. Staff may become concerned about a child who has not spoken to them, because of their observations of, or information about that child.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk. This practice can help clarify vague concerns and result in appropriate action.

If staff are concerned about a child they must share their concerns. Initially they should talk to the senior officer designated as being responsible for child protection in CPK.

The Senior Officer for this Organisation is Carmel Knowles, Director. In her absence the designated person will be Phil Knowles.

Staff at CPK will consult local Children's Social Care Services in the following circumstances:

- When they remain unsure after internal consultation as to whether child protection concerns exist
- When there is disagreement as to whether child protection concerns exist
- When they are unable to consult promptly or at all with the designated internal contact for child protection
- When the concerns relate to any member of the organisation.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Children's Social Care Services or the Police should progress.



#### 4.1.6 Making a referral

A referral involves giving Children's Social Care Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary.

Parents, carers or other family members should be informed if a referral is being made **except** in the circumstances where:

- Where sexual abuse is suspected
- Where organised or multiple abuse is suspected
- Where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected
- Where contacting parents/carers would place a child, vulnerable adult, a staff member or others at immediate risk.

The consent of children or their parents/caregivers, where appropriate, should be obtained for sharing information, unless to do so would place a child at risk of suffering significant harm. Similarly, decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of suffering significant harm.

However, inability to inform parents or family members or gain consent for any reason, should not prevent a referral being made.

**If the concern is about abuse or risk of abuse from someone not known to the child, adult or family, make a telephone referral directly to the police and advise the parents or family members.**

If the concern is about abuse or risk of abuse from a family member or someone known to the children or adult, make a telephone referral to Children's Social Care Services.

#### **Information required**

Staff should be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop anyone making a referral.

- Name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings or vulnerable adult.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals' known to be involved with the child/family e.g: GP, Health Visitor, School.
- The nature of the concern; and foundation for them.
- An opinion on whether the child or adult may need urgent action to make them safe.
- Your view of what appears to be the needs of the child or adult and family.
- Whether the consent of a parent with parental responsibility or other family member has been given to the referral being made.

## Action to be taken following the referral

- Ensure that an accurate record is made and kept detailing your concern(s) made at the time.
- Make sure the concerns are confirmed in writing following the referral (within 48 hours).
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

### 4.2 Confidential Records of Concern

Ensure that any records in respect of the adult, children, young people, their parents and/or carers are kept confidential in a secure place. Information should only be shared on a need to know basis. Where the sharing of information is vital to protect an adult or child, the issue of confidentiality is secondary to the adult or child's need for protection.

*If in doubt, consult.*

We will record all incidents, concerns and referrals and store these securely in compliance with relevant legislation and kept for a time specified by our insurance company.

### 4.3 Safe Recruitment and Selection

#### 4.3.1 Recruitment

CPK take all possible steps to prevent unsuitable people working with vulnerable adults and children.

When interviewing potential staff we ensure:

- There is an open recruitment process
- There is a rigorous interview
- That the applicants identity and any academic or vocational qualifications claimed are verified
- References are taken up by direct contact with referees
- Evidence of the date of birth and address of the potential employee is sought
- Where appropriate an enhanced disclosure from the Disclosure and Barring Service is provided
- Evidence is provided of registration with the Health and Care Professions Council

Where a position requires an enhanced disclosure we make this clear on the application form, job advert and any other information provided about the post.

All applicants should complete an application form enabling each of them to have the same opportunity to provide information about themselves and which can assist in identifying any gaps in employment.

In any interview the interview panel explore:

- The candidate's attitude toward vulnerable adults, children and young people.
- His or her ability to support the organisations agenda for safeguarding and promoting the welfare of children and vulnerable adults.
- That experience and qualifications are relevant to the post.
- Gaps in the candidates employment history and
- Concerns or discrepancies arising from the information provided by the candidate and/or a referee.

A job offer is only made subject to the necessary checks being satisfactory.

All staff have a job description and contract of employment, and are required to work a probationary period.

### 4.3.2 Post Appointment

We provide a mandatory induction programme for all staff (paid or unpaid), regardless of previous experience.

The purpose of which is to:

- Provide training about the organisations policies and procedures
- Support individuals in a way that is appropriate for the role they have been engaged.
- Provide opportunities for a new member of staff to discuss any issues or concerns about their role or responsibilities and
- Enable the person's line manager, supervisor or mentor to recognise any concerns about the person's ability or suitability at the outset and address them immediately.

The content and nature of the induction process varies according to the role and previous experience. But as far as safeguarding and promoting the welfare of children and vulnerable adults is concerned, the induction programme includes information about, and written statements of:

- Policies, procedures and statements in relation to safeguarding and promoting the welfare of children and vulnerable adults, including sexual exploitation.
- How and with who to raise concerns with
- Other relevant procedures, e.g. disciplinary, capability and whistle blowing.

Advice is also provided about the organisations supervision and appraisal system; when it will take place and its purpose.

All staff are provided with the opportunity to engage in appropriate training relating to the nature and level of responsibility they hold. It is good practice however, to ensure that all staff working in an organisation that provides a service to or has access with children, their families' parents or carers, are given access to basic safeguarding children training during induction or as a refresher course for more experienced staff.

## 4.4 Allegations Against Staff or Volunteers/Whistle Blowing

All allegations will be acted upon as set out below.

We provide members of staff with information regarding how to let them know if they have concerns about inappropriate behaviour by another member of staff. The allegations are usually covered in two areas:

1. Allegations that a child or vulnerable adult is being harmed by a member of staff, known as Allegations Management
2. General allegations of wrongdoing known as Whistle-Blowing.

### 4.4.1 Allegations Management

a) Concern about another worker or professional

If anyone has a concern about a professional or volunteer where they have:

- Behaved inappropriately in a way that has harmed or may have harmed a child or vulnerable adult or
- Possibly committed a criminal offence against or related to a child or vulnerable adult or
- Behaved towards a child or children or a vulnerable adult in a way that indicates s/he is unsuitable to work with children or vulnerable adults.

The process for dealing with these types of concerns is known as Allegations Management and we have clear guidelines how to deal with them.

b) Reporting Concerns

We have a named Senior Officer who has responsibility for Allegations Management. They should be advised of any allegations. To make sure the child or vulnerable adult is protected the named Senior Officer will consider, after seeking advice from Children's Social Care Services, if necessary, whether a serious criminal offence has been committed and if so they must inform the Police.

The Senior Officer will also inform the Local Authority Designated Officer at the local council of any concerns about a person working or volunteering with children and young people, who may have behaved inappropriately, or if information has been received that may constitute an allegation.

#### 4.4.2 Whistle-Blowing Policy

Sometimes members of staff may be the first to spot anything that is seriously wrong within the organisation. However, they might not say anything because they think this would be disloyal, or they might be worried that their suspicions are not justified. They may also be worried that they or someone else may be victimised.

Members of the public may also have concerns and will also be encouraged to contact us with their concerns.

This policy makes it clear that if anyone wants to raise any concern, they can do so with confidence and without having to worry about being victimised, discriminated against or disadvantaged in any way as a result.

This policy intends to deal with **serious or sensitive concerns about wrongdoings such as the following –**

- Fraud or corruption
- Member groups, children or students, particularly children and adults in our care, being mistreated
- Unauthorised use of money
- An unlawful act
- Any danger to health and safety
- A person abusing their position for any unauthorised use or for personal gain
- A person deliberately not keeping to a policy, a code of practice or any law or regulation
- A person failing to meet appropriate standards
- A person being discriminated against because of their race, colour, religion, ethnic or national origin, disability, age, sex, sexuality, class or home life

The concern may be about members of staff, people who work directly for or with CPK, as part of a collaborative/ partnership agreement.

#### **What is not covered?**

This Whistle-Blowing policies cannot be used to deal with serious or sensitive matters that are covered by other procedures.

Such Procedures include the following –

- Staff's complaints about their employment. These complaints should be dealt with through our Grievance Procedure.
- Customers' complaints about services. These complaints should be dealt with through our Complaints Policy.

Whistle-blowers should be made to feel confident in using the policy to raise issues as where an allegation is true they have nothing to fear. We let them know that if necessary we will take appropriate action, under the Public Interest Disclosure Act 1998 to protect them from any harassment, victimisation or bullying.

We will keep their concerns confidential if this is what they want, unless we are unable to by law. We will explain this at the time they raise a concern so they can decide whether or not to proceed.

## **Anonymous allegations**

We will let people know that because we will protect them (as explained above); we encourage them to give their name when they make an allegation. Concerns raised anonymously tend to be far less effective and if; for example, we would not have enough information, and may not be able to investigate the matter at all.

If they feel that they still do not want to give their name we will need to have a process as to who will decide whether or not to consider the matter. The decision should depend on:

- The seriousness of the matter;
- Whether the concern is believable; and
- Whether we can carry out an investigation based on the information provided.

## **How to raise a whistle-blowing concern**

We have at least one person who is responsible for providing advice and guidance in respect of whistle blowing.

If the person raising the matter works for us, they should first raise their concern with their manager or the nominated person (obviously this will depend on the seriousness and sensitivity of the matter, and who is suspected of the wrongdoing).

It is best to request concerns are put in writing giving as much information as possible – including any relevant names, dates, places and so on. The earlier the issue is raised, the easier it will probably be to take effective action.

Although the whistle blower will not have to prove beyond all reasonable doubt that the allegation is true, they will have to show that there are good reasons for their concern.

## **4.5 Code of Behaviour**

This code shows how we expect everyone in our organisation to behave. The code of behaviour reflects the child-centred principles of CPK and is reinforced during staff development, supervision and training sessions.

### **4.5.1 Working with Children**

It is essential that care is taken to minimise the possibility for abuse and misunderstanding and misinterpretation. False allegations are rare but general good practice will help prevent them. The following list includes behaviour that the majority of staff/volunteers working with children should never engage in:

- Be alone with children out of public view. Leaders should not ask staff/volunteers to work with children in situations where staff/volunteers will be completely unobserved
- Kiss children
- Engage in rough or sexually provocative games
- Make sexual comments
- Invite or allow children into their home (childminders being an exception)
- Give a child a lift in their car except in emergencies (unless it is part of their job)
- Let allegations, made by anyone, go unacknowledged, unresolved or not acted upon

Staff/volunteers are aware of the potential for misunderstanding when touching children.

If it is an accepted part of an activity, touching should be appropriate to the situation and follow accepted guidelines where they exist. Consoling a child who is upset, administering first aid or supporting a participant in an activity is acceptable and necessary behaviour.

Staff/volunteers should, however, endeavour to minimise any possible misunderstanding of their actions.

*(N.B. For some children, abuse is a normal part of their lives and they may not show any outward signs of ill treatment. Children who are being abused may also be over achievers and eager to please.)*

#### 4.5.2 Listening to Children.

If a child says that he or she is being abused or provides information that suggests that they are being abused, the person receiving that information should:

- Be calm and reassure the child but not make promises that may not be kept, e.g. telling the child that no else will be told.
- Discuss with the child who needs to be told about the situation
- Take what the child says seriously.
- Ask questions only to clarify understanding of what the child has said. (Do not interrogate the child.)
- Let the child know you understand what they have said and that you will act upon it.

#### **4.6 Complaints Procedure**

It is reasonable for children, young people, parents and carers to have the right to complain or make comment if they are unhappy with the care or service they receive. We have a comments and complaints policy and procedure. This demonstrates openness and reassures everyone that we take the care of children, young people and vulnerable adults seriously.

## 5 Useful Information

### **The Disclosure and Barring Service (DBS):**

The DBS helps employers make safer recruitment decisions. It also prevents unsuitable people from working with vulnerable groups, including children, through its criminal record checking and barring functions.

Tel: Disclosure helpline 0870 90 90

811 Website: [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

### **Working Together to Safeguard Children**

**A guide to inter-agency working to safeguard and promote the welfare of children, March 2013**

Statutory guidance on inter-agency working to safeguard and promote the welfare of children.  
[www.gov.uk/government/publications/working-together-to-safeguard-children](http://www.gov.uk/government/publications/working-together-to-safeguard-children)

### **Every Child Matters (ECM):**

The ECM website holds a series of published documents that provide guidance on safeguarding, legislation, resources and the Children Act 2004. [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

### **NSPCC**

Offers online child protection resources and a Child Protection 24 hour Help line that provides counselling, information and advice to anyone concerned about a child at risk.

Tel: 080 8800 500 [www.nspcc.org.uk](http://www.nspcc.org.uk) Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

### **Local Safeguarding Children Board (LSCB):**

LSCB is a statutory partnership that agrees how relevant organisations will co-operate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do.

It is responsible for developing, monitoring and reviewing child protection policies, procedures and practice issues and making sure that training is available to people working with children. The Board works on a strategic level.

### **Action on Elder Abuse**

Aims to prevent the abuse of older people by raising awareness; encouraging education; promoting research; and collecting and disseminating information + Helpline for reporting abuse.  
<http://www.elderabuse.org.uk/>

**In an emergency, contact the Police.**

<sup>1</sup> Date created: May 2011

Last Revised: May 2014

Next Revision: May 2015