



# Good Practice Briefing

## Child Protection Awareness



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# Introduction

## Sharing Our Strengths

WRC and Women and Girls' Network (WGN) have been funded by London Councils to deliver a four-year project, Sharing Our Strengths, aimed at providing second tier support to London's violence against women and children sector through the sharing of knowledge, skills and good practice and the facilitation of networking and partnerships. The project will run from February 2009 to March 2013.

This support is primarily available free of charge to organisations funded under the London Councils specifications which cover violence against women and children (38, 42, 43, 59, 60, the combined 61 and 63, 62, 65, 69, 70 and 72).

## What support does the project provide?

The support comes in a number of forms:

1. Accredited training for frontline workers
2. Professional exchange seminars
3. Good practice briefings and template policies
4. Training and 1-1 support on monitoring and evaluation and infrastructure issues
5. Monthly email newsletter - email [IsabelM@wrc.org.uk](mailto:IsabelM@wrc.org.uk) to subscribe
6. 6-monthly discussion and networking meetings for funded organisations
7. Membership of WRC's online women's sector network

For more information, please see [www.wrc.org.uk/sharingourstrengths](http://www.wrc.org.uk/sharingourstrengths)

## Good practice briefings

The purpose of the good practice briefings is to provide VAWG organisations with information to help them become more sustainable and contribute with making their work more effective.

## This GPB: Developing Child Protection Awareness

The purpose of this Good Practice Briefing is to introduce some pointers to develop awareness and understanding of safeguarding and child protection issues as they relate to the role and responsibilities of people working with vulnerable populations.

The GBP will introduce the meaning of child protection and safeguarding and identify the different types of abuse, as well as the signs and indicators of abuse and neglect.

The relevant legislation will be identified as well as the different guidance and frameworks related to safeguarding of children and young people. This will provide us with pointers (change) to respond appropriately to concerns about the safety and welfare of a child and young person using policy and procedures.

## Setting the Context

- **7 % of children suffer serious physical abuse at the hands of their parents and carers.** *Cawson, P. et al. (2000) London: NSPCC. p.35.*
- **52 % of one-year-olds are hit weekly, or more frequently, by their parents.** *Nobes, G. and Smith, M. (1997) Clinical Child Psychology and Psychiatry 2(2): 271-281 p.276.*
- **More than one third (36%) of all rapes recorded by the police are committed against children under 16 years of age.** *Walker, A., Kershaw, C. and Nicholas, S. (2006) London: Home Office. Table 8.03.*
- **Each week at least one child dies from cruelty.** *Coleman, K. et al (2007) London: Home Office.*

# Understanding child protection and safeguarding

## What is Child Protection?

“Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm”

*Source: HM Govt (2010) Working Together to Safeguard Children*

## What is Safeguarding and Promoting the Welfare of Children?

- Protecting children from maltreatment;
- Preventing impairment of children’s health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

*HM Govt (2010) Working Together to Safeguard Children*

## Definitions of Child Abuse and Neglect

A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan.

- abuse and neglect are forms of maltreatment;
- both can involve inflicting harm or failing to act to prevent harm;
- children may be abused in a family, institutional or community setting;
- they may be abused by someone they know or, more rarely, by a stranger for example via the internet;
- they may be abused by one or more adults or children.

*HM Govt (2010) Working Together to Safeguard Children*

# Identifying the different type of abuse

The four categories of child abuse are

- physical abuse
- emotional abuse
- sexual abuse
- neglect.

*HM Govt (2010) Working Together to Safeguard Children*

## **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 caregiver fabricates or induces illness in a child whom they are looking after.

## **Emotional abuse**

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or, the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

## **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

## **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. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

- Neglect is not benign, 40% of child deaths involve neglect.
- Neglected children are often referred to as withdrawn, but they are better described as *undrawn* (their personality has not had a chance to develop). These are children that professionals find difficult to warm to, as they are often not very engaging or responsive. Professionals get bored with them.
- It is the harm that matters not the intention!

## Children with disabilities

“The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect”

*HM Government (2010): Working together to Safeguard Children.*

### Maltreatment of Children with Disabilities

- Neglect 3.8 times as likely
- Sexual Abuse 3.1 times likely
- Physical Abuse 3.8 times as likely
- Emotional Abuse 3.9 times as likely

*Sullivan & Knutson: Maltreatment and Disabilities – A population based epidemiological study (2000)*

### Measures to safeguard disabled children include:

- making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment
- ensuring that disabled children receive appropriate personal, health and social education (including sex education)
- An explicit commitment to, and understanding of disabled children's safety and welfare among providers of services used by disabled children;
- Close contact with families, and a culture of openness on the part of services; and
- guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour, consent to treatment, anti-bullying strategies and sexuality and sexual behaviour among young people, especially living away from home.

*HM Government (2010): Working together to Safeguard Children.*

# Signs and indicators of abuse and neglect

## Possible signs of abuse

- If you become concerned that a child may be being abused, your first reaction may be shock, anger or disbelief. You may also feel unhappy about reporting your concerns if you fear there may be an innocent explanation after all.
- It is **not** for you to **investigate**, but it is your responsibility to **act** on your concerns by passing them on to the appropriate person so action can be taken if necessary.
- In considering whether a child may be suffering some form of abuse, you should be aware of both physical and behavioral signs. Your knowledge of a child over time will help you assess whether a change in behaviour or physical appearance is significant, and you should not ignore what your judgment is telling you

## Managing disclosure

- Just listen and be supportive, do not directly question the child
- Allow child to freely recall significant events, do not push the child to tell you more than they wish.
- Record the conversation immediately
- Record time, day, date, location of conversation, and anyone else who was present.
- Sign your record and hand to your identified person in your organisations procedures
- All subsequent events affecting the child need to be recorded.

**If a child discloses abuse, it may be the beginning of a legal process and the process of recovery for the child. Proceedings against a perpetrator can be seriously affected by a suggestion that the child has been lead.**

## DO

- ✓ Be accessible and receptive
- ✓ Listen carefully
- ✓ Take it seriously
- ✓ Reassure the child that they are right to tell
- ✓ Say what will happen next
- ✓ Consult immediately with named person within your organisation
- ✓ Make a careful record of what was said

## DON'T

- X React strongly e.g saying how disgusting
- X Jump to conclusions especially about the abuser
- X Speculate or accuse anybody
- X Tell the child you will keep their secret
- X Ask leading questions
- X Make promises you cannot keep
- X Stop a child who is speaking freely

## Responding to Children who tell you about being Harmed

- What you are saying is very important and I will treat it as such'
- 'It's not your fault, you are not blame for what happened'
- 'I'm glad you were able to tell me/someone'
- 'I will help you as best I can'
- ' This is so important I need to speak to someone who can do something about what is happening to you'

## Listening In Child Protection

- Just listen and be supportive, do not directly question the child
- Allow child to freely recall significant events, do not push the child to tell you more than they wish.
- Record the conversation immediately: time, day, date, location of conversation, and anyone else who was present.
- Sign your record and hand to your identified person in your organisations procedures
- All subsequent events affecting the child need to be recorded.

**Key Point: if a child discloses abuse, it may be the beginning of a legal process and the process of recovery for the child. Proceedings against a perpetrator can be seriously affected by a suggestion that the child has been led.**

## Barriers to adults reporting

- All of us, even those who work with abused children, have a natural revulsion upon hearing that someone has deliberately harmed a child.

Sometimes we:

- find it hard to believe what we are hearing
- cannot believe the suspicion that it may be about someone we know
- fear getting it wrong – for the child, family and ourselves and that it will make things worse
- believe the child protection services are stigmatising

- simply do not want to be involved
- do not have the information on what to do and who to contact.

## Multi-agency working

All those who come into contact with children and families in their everyday work, including people who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

*Department of Health et al, 2003, page 2, paragraph 1*

**There are three key ways of being involved:**

- **Making referrals**  
You may have concerns about a child, and refer those concerns to Children's Social Care Assessment Teams or the Police (normally via your Designated Senior Person)
- **Providing information for Children's Social Care Assessment Teams**  
You may be approached by Children's Social Care Assessment Teams and asked to provide information about a child or family or to be involved in assessment or attend a child protection conference. This may happen regardless of who made the referral; it will purely be that you are involved with the family and may be able to provide useful information. The referral may have even been received from another agency/professional.
- **Providing help/services as part of an agreed plan**  
You may be asked to carry out a specific type of assessment, or provide help or a specific service to the child or a member of their family as part of an agreed plan and contribute to the reviewing of the child's progress (including attending child protection conferences if applicable).

The Children Act 1989, s27 (1–3) and s47 (9–11), enables local authorities to request help from specified authorities (see below) and places an obligation on those agencies to co-operate with CHILDREN'S SOCIAL CARE in safeguarding and promoting the welfare of children. The agencies the Act refers to are:

- Any local authority
- Any local education authority
- Any local housing authority

- Any health authority, special health authority, Primary Care Trust or National Health Services Trust or NHS Foundation Trust
- Any person authorised by the Secretary of State for the purpose of this section.

Each agency has roles and responsibilities in safeguarding and promoting the welfare of children. These are set out in full in *Working Together to Safeguard Children* (HM Government March 2010 Chapter 2) and in *Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 2000, chapter 5).

Everyone shares the responsibility for safeguarding and promoting the welfare of children/young people. Whilst there are specific children's services in order that organisations and practitioners collaborate effectively it is vital that all partners are aware of, and appreciate the role that each play in this area.

*HM Government Working Together to Safeguarding Children, March 2010 – Chapter 2; 2.1*

### **Children's Social Care Assessment Teams**

The key roles and responsibilities are to:

- receive and respond to referrals
- lead on initial and core assessments
- determine if a child is in need or at risk of significant harm
- initiate a strategy discussion if 'there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm' (Children Act 1989, s47)
- carry out s47 enquiries by means of a core assessment
- refer to the police if a crime is suspected
- involve the child, appropriate to their age and understanding
- involve relevant agencies and the family members
- assume the key worker role if a child's name is on the child protection register; convene the core group and draw up the child protection plan
- provide services in accordance with the plan to achieve improved developmental outcomes for the child and ensure the child is safe. CHILDREN'S SOCIAL CARE Assessment Teams can apply to the courts for an emergency protection order or an interim care order (Children Act 1989, s38a and s44a).

## Police

The key roles and responsibilities are to:

- uphold the law, prevent crime and disorder and protect citizens. Children, like all citizens, have the right to the full protection offered by the criminal law.
- make referrals to Children's Social Care Assessment Teams if they are involved with a child where there are child welfare concerns
- investigate criminal offences committed against children, this may be a joint investigation with Children's Social Care. Police have specialist training in investigating child abuse cases.
- gather evidence, which may include interviewing the child and their carers
- Share information and intelligence with other agencies where this is necessary to safeguard children's welfare
- manage risks posed by dangerous offenders.

The police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering from, or at risk of, significant harm.

## Health – e.g. GP, Midwife, Paediatrician, Health Visitor, School Nurse, Hospital Staff, NHS Direct Staff, etc

The key roles and responsibilities are to:

- refer concerns to Children's Social Care Assessment Teams where the child may be a child in need, including concerns about significant harm
- refer to Assessment Teams or the Police where emergency action is required to secure the immediate safety of a child
- undertake medical tests, examinations or observations about a child's health or development as part of an assessment
- make sure that any concerns about a child's health are followed up
- provide written reports to help make decisions about the sorts of services children and families need
- Where a child is in hospital consider how best to ensure safe transfer of the child, when she or he is fit for discharge in discussion and agreement with other core agencies.
- Health agencies should have a lead/designated member to whom staff can go to with their concerns.

- All GPs have a duty to maintain their skills in the recognition of abuse and neglect, and to be familiar with the procedures to be followed if suspected.
- Health Visitors contribute to all stages of the child protection process, including serious case reviews. Health Visitors should liaise with other professionals and agencies so that a full picture of risk factors and progress is obtained.
- School Nurses are educated in child health and development and have a prominent role in delivering the Healthy Child Programme.
- Child and Adolescent Mental Health Services (CAMHS) will want to identify as part of their assessment and care planning whether child abuse or neglect, or domestic violence, are factors in the child's mental health problems and ensure that it is addressed appropriately. CAMHS also have a role in provision of a range of psychiatric and psychological assessment and treatment services.
- Adult Mental Health Services – in order to safeguard children of patients mental health practitioners should routinely record details of patients' responsibilities to children and consider the support needs of patients who are parents and of their children.
- From April 2010, under section 131A of the Mental Health Act 1983, there is a duty on hospital managers to ensure that if a child or young person under the age of 18 is admitted to hospital for mental health treatment, the environment in the hospital is suitable have regard to their age.

## Education

All schools (and further education institutions in respect of students under 18) must have a designated senior person for child protection. They have additional training and are responsible for making sure that children in their school who may be children in need, including where there are concerns about significant harm, are referred to Children's Social Care Assessment Teams .

The designated person's key roles and responsibilities are to:

- talk to Children's Social Care Assessment Teams about any worries they or other school staff have about a child's welfare
- refer concerns to Assessment Teams where the child may be a child in need, including concerns about significant harm
- refer to Assessment Teams or the police where emergency action is required to secure the immediate safety of a child

- provide written reports to help make decisions about the services a child and family may require
- provide support, advice and expertise to other staff members who may go to them for advice about a child when they have concerns about their welfare
- attend meetings with other agencies to contribute towards plans to safeguard and promote the welfare of children.

Department for Education and Skills (2004) *Safeguarding Children in Education*. Website: <http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0027-2004.pdf>

### **Early Years Services e.g. Children's Centres, Nurseries, Childminders, Preschools, Playgroups, Holiday and Out-of-School schemes**

Regardless of type, size or funding of the setting, providers must:

- take necessary steps to safeguard and promote the welfare of children
- promote the good health of children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill;
- manage children's behaviour effectively and in a manner appropriately for their stage of development and particular individual needs; and
- ensure that adults looking after children, or having unsupervised access to them, are suitable to do so.
- General welfare requirements are set out in detail in the Statutory Framework for the Early Years Foundation Stage (EYFS)

### **National Society for the Prevention of Cruelty to Children (NSPCC)**

The NSPCC is the only voluntary agency named in law as authorised to take legal action to safeguard and promote the welfare of children. It can therefore act independently of Children's Social Care Assessment Teams in safeguarding the welfare of a child. However, in general, the NSPCC will:

- talk about and refer concerns to Assessment Teams and the Police if they have concerns about the welfare of a child
- provide information and reports for meetings to help make decisions about the services a child and family may need
- provide services and support to a child and family as part of an agreed plan.

If you have any concerns, you may contact the NSPCC Helpline for advice and consultation and they will be able to support you in next steps, including referral.

Phone: 0808-800 500  
Text: 88858  
Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**Other Agencies – E.g. Probation, Mental Health Services, Prison Services, Young Offender Institutions, Housing and Voluntary Organisations.**

Their key roles and responsibilities are to:

- talk about any worries with their manager, named or designated health professional or designated senior person for child protection in an education establishment
- refer concerns to Children’s Social Care Assessment Teams where the child may be a child in need, including concerns about significant harm and referrals where emergency action is required to secure the immediate safety of a child
- provide information and reports to Children’s Social Care Assessment Teams to help make decisions about how best to safeguard and promote the welfare of a child
- provide services to children and families
- ask for meetings with Children’s Social Care Assessment Teams and others if they are worried that a child’s health or development is being impaired or the child is being abused or neglected (i.e. suffering significant harm).

*HM Government (2010): Working together to Safeguard Children.*

# Child protection legislation, guidance and framework to safeguard children and young people

Two acts provide the legal framework for the care and protection of children in England and Wales. These are:

## **The Children Act 1989**

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

Within the Children Act 1989, two sections refer to children in need of services and in need of protection. These are:

### Section 17

A child is in need if :

- They are unlikely to achieve or maintain, or have the opportunity to do so, a reasonable standard of health or development without the provision of services by a local authority, or
- If their health or development is likely to be significantly impaired or further impaired , without the provision of such services, or
- They have a disability

## **Roles and Responsibilities**

“Although all organisations that work with children and young people share a commitment to safeguard and promote their welfare, and for many organisations that is underpinned by a statutory duty or duties.”

*HM Government (2010) Working Together to Safeguard Children, section 2.2*

<http://www.legislation.gov.uk/ukpga/1989/41/section/17>

### Section 47

‘Where a local authority...have reasonable cause to suspect that a child...is suffering, or is likely to suffer, significant harm, the authority shall make...such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare.’

*Source: Children Act 1989*

<http://www.legislation.gov.uk/ukpga/1989/41/section/47>

## **The Children Act 2004**

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

## **Inter-Agency Working**

Detailed guidance on inter-agency working to safeguard and promote the welfare of children is provided by the Working Together to Safeguard Children document issued on 2010 by the Department for Children, Schools and Families.

<https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.PDF>

**Three agencies have legal power to carry out a child protection enquiry. These are:**

- **NSPCC**

[http://www.nspcc.org.uk/what-we-do/the-work-we-do/authorised-status/authorised-status\\_wda72297.html](http://www.nspcc.org.uk/what-we-do/the-work-we-do/authorised-status/authorised-status_wda72297.html)

The child protection system in the UK - NSPCC

[http://www.nspcc.org.uk/Inform/research/questions/child\\_protection\\_system\\_wdf76008.pdf](http://www.nspcc.org.uk/Inform/research/questions/child_protection_system_wdf76008.pdf)

Child abuse reporting requirements for professionals - NSPCC

[http://www.nspcc.org.uk/Inform/research/questions/reporting\\_child\\_abuse\\_wda74908.html](http://www.nspcc.org.uk/Inform/research/questions/reporting_child_abuse_wda74908.html)

- **Police**

[http://www.met.police.uk/scd/specialist\\_units/child\\_abuse.htm](http://www.met.police.uk/scd/specialist_units/child_abuse.htm)

- **Social Care**

The local authority in whose are a child lives or is found is required –under section 47 of the Children Act 1989– to make enquiries when a child is suspected to be suffering or likely to suffer significant harm.

## References

HM Government (2010) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. Nottingham: Department for children, schools and families. Available online: <https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf>

Department of Health (2003) What To Do If You're Worried A Child Is Being Abused. Children's Services Guidance. Available online: [http://www.kingston.gov.uk/what\\_to\\_do\\_if\\_2003.pdf](http://www.kingston.gov.uk/what_to_do_if_2003.pdf)

Cawson, P. et al. (2000) Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect. London: NSPCC. p.83.

Nobes, G. and Smith, M. (1997) Physical punishment of children in two-parent families. *Clinical Child Psychology and Psychiatry* 2(2): 271-281 p.276.

Walker, A., Kershaw, C. and Nicholas, S. (2006) Crime in England and Wales 2005/06. Home Office Statistical Bulletin (12/06). London: Home Office. Table 8.03.

Coleman, K. et al (2007) Homicides, firearm offences and intimate violence 2005/2006: supplementary volume 1 to Crime in England and Wales 2005/2006. Home Office Statistical Bulletin (02/07). London: Home Office.

## Resources

### Sources of help for children and young people

NSPCC National Society for the Prevention of Cruelty to Children [www.nspcc.org.uk](http://www.nspcc.org.uk)  
Child Protection Helpline 0808 800 5000

Childline [www.childline.org.uk](http://www.childline.org.uk) Helpline 0800 1111  
Free help for children about any problem

Ask Brook [www.brook.org.uk](http://www.brook.org.uk)  
Free confidential sexual health advice and contraception to young people under 25

Get Connected [www.getconnected.org.uk](http://www.getconnected.org.uk)  
Free email helpline that finds young people the best help whatever the problem

Connexions Direct [www.connexions-direct.com](http://www.connexions-direct.com)  
Offers 13 to 19 year olds information and advice on decisions and choices in their lives

Frank [www.talktofrank.com](http://www.talktofrank.com)  
Free confidential drugs information and advice for young people

Forced Marriage Unit [www.fco.gov.uk](http://www.fco.gov.uk) information about forced marriage and services

FORWARD [www.forwarduk.org.uk](http://www.forwarduk.org.uk) information about FGM

Havens [www.thehavens.co.uk](http://www.thehavens.co.uk)  
24 hour medical help, advice, counseling, practical and emotional support for victims of sexual assault or rape

The Hideout [www.thehideout.org.uk](http://www.thehideout.org.uk)  
A Women's Aid website for children and young people

Kidscape [www.kidscape.org.uk](http://www.kidscape.org.uk) Bullying helpline 08451 205204  
Information for parents on keeping children safe including from bullying

Love Doesn't Have to Hurt [www.apa.org/pi/cyf/teen.pdf](http://www.apa.org/pi/cyf/teen.pdf)  
American psychological Society's website on teen dating violence

Respect4us [www.respect4us.org.uk](http://www.respect4us.org.uk)  
Interactive game and information for young people about issues including sexual bullying, sexual discrimination and domestic violence

Self harm [www.selfharm.org.uk](http://www.selfharm.org.uk)  
Website for young people that provides information about self harm

**Guidelines for specific groups of professionals (from NSPCC Factsheet: Child abuse reporting requirements for professionals. NSPCC. April 2010)**

Available online:

[http://www.nspcc.org.uk/Inform/research/questions/reporting\\_child\\_abuse\\_w\\_da74908.html](http://www.nspcc.org.uk/Inform/research/questions/reporting_child_abuse_w_da74908.html)

### ***Churches and religious organisations***

Churches Child Protection Advisory Service (CCPAS)

### ***Doctors***

General Medical Council (2007) 0-18 years: guidance for all doctors. London: General Medical Council.

National Institute for Clinical Excellence (NICE) (2009) When to suspect child maltreatment. London: NICE.

Royal College of General Practitioners (2005) Keep me safe: the Royal College of General Practitioners strategy for child protection. London: Royal College of General Practitioners.

Royal College of General Practitioners and NSPCC (2007) Safeguarding children and young people in general practice: a toolkit. London: Royal College of General Practitioners.

### ***Dentists***

Harris, J. et al. (2009) Child protection and the dental team: an introduction to safeguarding children in dental practice. Sheffield: Committee of Postgraduate Dental Deans and Directors (COPDEND).

### ***Nursing and Midwifery***

Royal College of Nursing (2007) Safeguarding children and young people: every nurse's responsibility. Guidance for nursing staff (PDF). London: Royal College of Nursing.

Nursing and Midwifery Council (2008) The code: standards of conduct, performance and ethics for nurses and midwives (PDF). London: Nursing and Midwifery Council.

### ***Physiotherapists***

Chartered Society of Physiotherapists: Rules of professional conduct for chartered physiotherapists. London: Chartered Society of Physiotherapists

### ***Pharmacists***

Royal Pharmaceutical Society of Great Britain (2007) Guidance on child protection (PDF). London: Royal Pharmaceutical Society of Great Britain.

### ***Teachers***

Department for Education and Skills (DfES) (2006) Safeguarding children and safer recruitment in education (PDF). London: Department for Education and Skills.

### ***Psychologists***

British Psychological Society (2007) Child protection portfolio (PDF). Leicester: British Psychological Society