

Procedures for the Safeguarding and Protection of Children

1. Introduction

These procedures have been developed to assist practitioners to work together to safeguard and promote the welfare of children and young people. They are designed for anyone whose work brings them into direct or indirect contact with children and families and are compatible with the West Yorkshire Consortium Procedures.

The procedures recognise that concerns about a child's welfare can vary greatly in terms of the nature and seriousness of those concerns, how those concerns have been identified and over what duration they have arisen.

The document focuses on:

- **how to recognise symptoms of abuse and neglect** in children and young people
- **what you should do** if you have concerns about a child or young person
- **what will happen** once you have informed someone about those concerns
- **what further contribution** you may be asked or expected to make to the processes of assessment, planning, working with children, and reviewing that work, including how you should share information
- **key contact details for raising concerns about a child or young person**

All those whose work brings them into contact with children and families should:

- Be familiar with, and follow, your own service or agency's procedures and protocols for promoting and safeguarding the welfare of children, and know who to contact in your service to express concerns about a child's welfare
- Be aware of, and comply with, the guidance contained within the Leeds Safeguarding Children Board procedures – www.leedslscb.org.uk
- Request training in safeguarding and child protection (details available from www.leedslscb.org.uk)
- [Comply with Safer Recruitment requirements.](#)

2. Definitions

What is the definition of a child or young person?

Under the 1989 and the 2004 Children Acts this refers to anyone under the age of 18 years

What does safeguarding and promoting the welfare of children mean?

Safeguarding and promoting the welfare of children is defined in the Children Acts 1989 and 2004 respectively as:

- 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; and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

3. The Common Assessment Framework

The Common Assessment Framework (CAF) is a standardised approach with common forms and procedures to identify, assess and plan for the **additional** needs of any child or young person that can not be met within a single agency or organisation.

A common assessment is intended to promote effective, early identification of need, particularly in universal services. It provides a simple process for holistic assessment to ensure an early response is provided through a coordinated package of support. The safeguarding of children is enhanced when practitioners in universal services are prepared for their role in promoting wellbeing and supporting children and young people in an holistic way. Any nominated and trained practitioner can undertake a common assessment. For further information on Common Assessment framework training visit

www.childrenleeds.org.uk

Not all children with additional needs will require a common assessment. A common assessment will be initiated where it can **add** value. This is commonly the case where the needs identified are beyond the scope of the single services identifying them or where there is confusion, uncertainty and escalating need but no clear pathway for additional support .

Parents, carers, children and young people are at the centre of the common assessment. The consent of parents or young people is required before a common assessment can take place and the process should be experienced by them as helpful and empowering. It is critically important that children, young people and parents are helped to understand the process using the information leaflets for parents and carers and children and young people can be accessed from www.childrenleeds.org.uk, so that they can contribute as partners in an effective multi agency approach to resolving the difficulties they face.

The approach to Common Assessment being adopted in Leeds focuses on solutions rather than on problems. That means taking a particular interest in what is working in people's lives, as opposed to what is not and helping people to work out how to change the parts of their lives that are not running so well.

For more information about the Common Assessment framework visit

www.childrenleeds.org.uk

4. What is a [Child In Need](#)?

In the Children Act 1989, children in need are defined as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (s17(10) of the Children Act 1989). This definition also includes children who are disabled.

The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what would happen to a child's health or development **without additional services**, and the likely impact the services will have on the child's standard of health and development.

5. What is child protection?

Child Protection refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering 'significant harm'. All agencies and individuals should be proactive in safeguarding and promoting the welfare of children.

6. What is [significant harm](#)?

The Local Authority has a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (s47 of the Children Act 1989). This includes a child who is suffering from abuse and/or neglect e.g. unexplained injuries; physical, sexual or emotional abuse.

The Children Act 1989 recognises significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Decisions about significant harm are complex and will be informed by a careful assessment of the child's circumstances, and discussion between the statutory agencies and with the child and family.

Harm means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

Development means physical, intellectual, emotional, social or behavioural development;

Health means physical or mental health; and

Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical.

Significant harm in terms of a child's health and development will be determined by comparison against what could reasonably be expected for a child of similar age and circumstance.

To understand and identify significant harm, it is necessary to consider:

- the nature of harm, in terms of maltreatment or failure to provide adequate care
- the impact on the child's health and development
- the child's development within the context of their family and wider environment
- any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family
- the capacity of parents to meet adequately the child's needs
- the wider and environmental family context.

7. What are [Abuse and Neglect](#)?

The following definitions from '*Working Together to Safeguard Children*' 2006, have been included to assist staff in assessing whether a child they have concerns for may be suffering actual or potential harm.

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

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There are some behaviours that are commonly seen in children who are abused. These are intended to give an indication and can not be used as a confirmation of abuse:

- Unexplained or suspicious injuries such as bruising, bites or burns, particularly if situated on a part of the body not normally prone to such injuries
- The child says that she or he is being abused, or another person says they believe (or know) that abuse is occurring
- The child has an injury for which the explanation seems inconsistent or which has not been adequately treated
- The child's behaviour changes, either over time or quite suddenly, and he or she becomes quiet and withdrawn, or alternately becomes aggressive
- Refusal to remove clothing for normal activities or keeping covered up in warm weather
- The child appears not to trust particular adults, a parent or coach with whom she or he would be expected to have, or once had, a close relationship
- An inability to make close friends
- Inappropriate sexual awareness or behaviour for the child's age

If what you see or hear makes you feel unsure, or worried, you should always do something about it. You should seek advice from your manager, service safeguarding lead officer, Children's Services Safeguarding Standards Manager or from a qualified colleague in children and young people's social care.

8. Definitions of Abuse

Physical abuse-

- 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 to Safeguard Children 2006'*

The following provides a guide to some of the common injuries found in the physical abuse of a child. Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse.

It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice.

Examples which **may** indicate physical abuse include: (this is not designed to be used as a checklist)

- patterns of bruising, including inconsistencies of stories as to how bruising or injuries occurred

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- finger, hand or nail marks, black eyes
- bite marks
- round burn marks, burns and scalds
- lacerations, wealds
- fractures
- bald patches
- symptoms of drug or alcohol intoxication or poisoning
- unaccountable covering of limbs, even in hot weather
- fear of going home or parents being contacted.
- fear of medical help
- fear of changing for PE
- inexplicable fear of adults or over compliance
- violence or aggression towards others including bullying
- isolates him/herself from peers

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. This may include:

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- feature age or developmentally inappropriate expectations being imposed on children
- 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
- seeing or hearing the ill treatment of another – this is particularly relevant in respect of domestic violence.
- serious bullying, 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 to Safeguard Children 2006'*

Emotional abuse may be difficult to recognise, as the symptoms are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse.

Examples of behaviour which **may** indicate emotional abuse include: (this is not designed to be used as a checklist)

- over-reaction to mistakes, continual self deprecation
- delayed physical/mental/emotional development
- sudden speech disorders, elective mute/deaf
- inappropriate emotional responses, fantasies
- neurotic behaviour, rocking, banging head, regression, tics and twitches
- self harming, drug or solvent abuse
- fear of parents being contacted
- running away, compulsive stealing
- appetite disorders – anorexia nervosa, bulimia
- soiling, smearing faeces, enuresis

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- a child scapegoated within the family
- frozen watchfulness, particularly in pre-school children
- low self esteem and lack of confidence
- withdrawn or seen as a 'loner' – difficulty relating to others

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. This may include:

- activities of a sexual nature which may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.
- activities of a sexual nature which may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
'Working Together to Safeguard Children 2006'

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional or behavioural.

Examples of behaviour which **may** indicate sexual abuse (this is not designed to be used as a checklist)

- sexually explicit play or behaviour or age inappropriate knowledge
- anal or vaginal discharge, soreness or scratching
- the presence of sexually transmissible infections
- truancy, lateness, reluctance to go home
- inability to concentrate, tiredness
- refusal to communicate, selective mutism
- thrush or other throat infections
- persistent complaints of stomach disorders or pain
- eating disorders such as anorexia nervosa and bulimia
- attention seeking behaviour, self mutilation, substance abuse
- aggressive behaviour including sexual harassment or molestation
- unusually compliant
- regressive behaviour
- enuresis, soiling
- frequent or open masturbation, touching others inappropriately
- depression, withdrawal, isolation from peer group
- reluctance to undress for PE or swimming
- bruises, scratches etc in genital area
- does not trust familiar or particular adult

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

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- if a parent or carer fails to provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- if a parent or carer fails to protect a child from physical and emotional harm or danger
- if a parent or carer fails to ensure adequate supervision (including the use of inadequate care-givers)
- if a parent or carer fails to ensure access to appropriate medical care or treatment
- as a result of unresponsiveness to a child's basic emotional needs. *'Working Together to Safeguard Children 2006'*

Neglect can be difficult to identify as it often relates to long standing shortcomings on the part of parents or carers rather than a single abusive incident. It is not uncommon for the level of care provided to change from inadequate to adequate and back again. Neglect is not always intentional; sometimes a parent's own condition or circumstances, such as physical and learning disabilities, can lead to the neglect of their child.

Examples which **may** indicate neglect include: (this is not designed to be used as a checklist)

- hunger
- tiredness and listlessness
- child dirty and unkempt
- poorly or inappropriately clad for the weather
- poor school attendance and often late for school
- poor concentration
- poor home conditions
- affection or attention seeking behaviour
- untreated illnesses/injuries
- pallid complexion
- stealing or scavenging compulsively
- failure to achieve development milestones e.g. growth, weight
- failure to develop intellectually or socially
- neurotic behaviour

9. Additional Factors to take into consideration

Sources of stress

Many families under great stress succeed in bringing up their children in a warm, loving and supportive environment in which each child's needs are met.

However, sources of stress within families do have a negative impact on a child's welfare because they affect the capacity of parents to respond to their child's needs. This is particularly important when there is no other significant adult who is able to respond to the child's needs .

Common additional factors include:

- social exclusion,
- [domestic violence](#)
- the mental illness of a parent or carer,
- drug and alcohol misuse,
- parental learning disability, and or
- teenage pregnancy

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Response from parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories of abuse:

- an unexpected delay in seeking treatment that is obviously needed
- an unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to his/her age and development
- reluctance to give information or failure to mention other known relevant injuries
- frequent presentation of minor injuries
- unrealistic expectations or constant complaints about the child
- alcohol misuse or other drug/substance misuse
- parents request removal of the child from home
- violence between adults in the household

Siblings

It is important to consider the appearance, behaviour and living arrangements of other children in the household and appreciate whether they are displaying other types of behaviour which could also indicate abuse or neglect.

Children in Specific Circumstances

Children may be at additional risk because of particular circumstances in which they find themselves. These may include:

- disabilities and limiting health conditions
- bullying
- abuse arising from Information Technology
- sexual exploitation
- children who go missing
- where a parent/s have a learning disability
- where a parent/s have mental health problems

A more detailed explanation of these circumstances is contained in section '[Children in Specific Circumstances](#)' Leeds Safeguarding Children Board's 'West Yorkshire Consortium Procedures Manual'

10. Child welfare concerns

Child welfare concerns may arise in many different contexts, and there may be a number of explanations for the perceived impairment to a child's health or development and each requires careful consideration and review.

All those who come into contact with children and families in their every day work, including practitioners who do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children.

Therefore all practitioners working with children and families should:

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- Be familiar with and follow the Council's / Service procedures and protocols for promoting and safeguarding the welfare of children, and know who to contact to express concerns about a child's welfare.
- Be aware of and comply with the guidance contained within the Leeds Safeguarding Children Board '[West Yorkshire Consortium Procedures Manual](#)'.
- Remember that an allegation of child abuse or neglect may lead to a criminal investigation, so don't do anything that may jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.
- Know who to contact and how to raise these concerns to Children and Young People Social Care or the police.

11. What to do if you have a concern about a child or young person?

A straightforward referral pathways flowchart identifies the process you should use if you have a concern about a child or young person.

This chart should be available to all staff and displayed in communal spaces such as staff rooms and offices. A copy of the referral pathway flowchart can be found on the safeguarding page of www.childrenleeds.org.uk

If you have a concern about a child you should first approach your manager or the Child Protection Lead Officer for your service or setting. Their contact details should be added to the flowchart referred to above. They will work with you to decide how to proceed. Together you will need to identify whether what you have seen or heard represents a risk of **significant impairment to health and development** of the child- **a section 17 referral** or a **risk of significant harm** to the child – **a section 47 referral**.

The Children's Services Safeguarding Standards Manager can be contacted on 0113 39 50214 for additional support if that is required.

If you want to ask advice from a social care professional please contact your local social care team.

If the judgement of your line manager or Child Protection Lead Officer is that there is a risk of significant impairment, as opposed to a risk of significant harm, then practitioners will need to discover if a Common Assessment has been undertaken and if a Multi-Agency Plan with a named Lead Professional is already in place.

If a common assessment is in place you should contact the Lead Professional and explain your concerns. Your concerns will become a part of the Common Assessment Framework (CAF) process. You may be asked to support the multi agency team around the child in delivering the plan that will support the needs of, and improve outcomes for, the child and family.

If a common assessment is not in place you should contact the Common Assessment team and identify your concerns. They will name an Integrated Processes Co-ordinator (IPC) who will advise you on the next steps. You may be asked to support the initiation of a CAF or initiate a CAF yourself if you have undertaken CAF training.

You can contact the Common Assessment team on 0113 247 6830

You can find out more about CAF training on our website: www.childrenleeds.org.uk

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If a common assessment cannot be undertaken and your concerns suggest that the child may be at risk of significant harm then you should make a referral to Children and Young People's Social Care through the Contact Centre. Details of how to do this are included in the section below.

If a common assessment cannot be undertaken but your concerns do not suggest that the child may be at risk of significant harm then you should continue to provide services and family support and liaise with other agencies. The lack of parental consent does not prevent professionals working together in the interests of the child. It is a limiting factor.

From 2010 the ContactPoint database will be enable a registered person in your service or organisation to check whether there are other agencies or professionals already working with the child. CAFs will be registered on ContactPoint. More information about ContactPoint will be available in the near future and these procedures will be updated at that point.

12. What to do if there a risk of 'Significant Harm'?

The Local Authority has a duty to make enquiries, where it has reasonable cause to suspect that a child is [suffering or is at risk of suffering significant harm](#). This includes a child who is suffering abuse and/or neglect e.g. unexplained injuries; physical, sexual or emotional abuse as noted earlier in this document.

Significant Harm is the threshold that justifies compulsory intervention in family life in the best interests of the child. Decisions about significant harm are complex and will be informed by a careful assessment of the child's circumstances, and discussion between the statutory agencies and with the child and family.

If you consider that there may be a risk of significant harm you must immediately:

1. **Talk to your manager and/or Child Protection Lead Officer for your service or setting.** You may also want to check with other professionals about the information they have. Always share your concerns, and discuss any differences of opinion.
2. **Complete a Common Referral Form** (available from www.childrenleeds.org.uk)

The common referral form may be completed by yourself, the Child Protection Lead Officer or a manager who has a responsibility for making a referral to Children and Young People's Social Care depending on the policy in the agency in which you work.

In order to complete the form you will need to:

- collate the evidence that you have seen or heard
- be clear about the immediate cause for concern including what indications there are to support suspected abuse or the nature of a disclosure and the extent to which the child or young person would appear to be at risk of significant harm
- get the details necessary to raise your concern, this includes:
 - full information about the child at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up to date.

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- any information you have on the child's developmental needs
- any information on the parents'/carers' ability to respond to these needs within the context of their wider family and environment
- Follow up your concerns. Always follow up oral communications to other professionals in writing and ensure your message is clear.

3. **Call the Contact Centre**

To make a Referral in normal business hours call the Contact Centre on 0113 2224403
You should call 0113 2409536 if outside normal business hours.

4. **Keep a copy of the Common Referral Form for your records**

5. **Post a copy of the Common Referral Form to the duty officer at the local area social care office within 48 hours**

If you raised your concerns by telephone, post or fax a copy of the Common Referral Form within 48 hours to the local area social care office.

Children and Young People's Social Care will acknowledge your written information within one working day of receiving it, so if you have not heard back within 3 working days, contact Children and Young People's Social Care again.

In addition you should, if appropriate:

- Record in writing all concerns, discussions about the child, any decisions made, and the reasons for those decisions. If you work directly with the child then the child's records should include an up-to-date chronology, and details of the lead worker in the relevant agency

13. What might happen once you have raised your concerns with Children and Young People's Social Care

- When a contact or referral is made to the Contact Centre it will be assessed and then passed to the appropriate officer/manager for further social care action if required. This will include further, complex assessment of the issues you have raised.
- If a referral is accepted the appropriate social care manager will assess the urgency of the response. Sometimes it is immediately apparent that urgent action is called for, but often there is a need for further assessment and information gathering. You should be contacted by a social worker to confirm what action is to be taken and to request additional information if appropriate.
- The thresholds for a section 47 enquiry may not be met by the concerns that you raise and then there will be no further social care action taken. However, you will be advised of appropriate further action that should be taken to support the child or family. This might include referral on to locality based integrated working team for allocation of further support or for a common assessment to be initiated.
- After discussion and advice you may feel your concerns are resolved.
- If parents or carers have not been informed that contact with Children and Young People's Social Care has been made, Social Care officers will advise you how this will be handled and by whom. It is important to avoid the risk of an abuser being alerted prematurely before the child can be protected or when police evidence can be destroyed.

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- You may be approached by Children and Young People's Social Care and asked to provide additional information about a child or family or to be involved in an assessment. This may happen regardless of who made the referral to Children and Young People's Social Care.
- You may also be asked to 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.

14. Confidentiality, Information sharing and Recording of Information

If you would like more information about confidentiality, information sharing and recording information, please see www.childrenleeds.org.uk where there are leaflets produced on information sharing and record keeping.

Confidentiality

Confidential information is *sensitive, not already in the public domain, and is shared in confidence*

Can be shared if *authorised by the person who provided it or to whom it relates*

Can be shared **even** if not authorised by the person - if justified in the public interest or in the best interest of the child or young person

- *evidence that the child is suffering or at risk of suffering significant harm.*
- *reasonable cause to believe the child may be suffering significant harm.*
- *to prevent significant harm to children or serious harm to vulnerable adults*

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and shared on a need to know basis. The general principle should be that information will only be shared with the consent of the subject of the information.

However, practitioners have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigating agencies. Practitioners must always consider the safety and welfare of a child when making decisions on whether to share information about the child. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding, paramount consideration.

It is important that each agency involved in providing services to children and families has a systematic approach to explain what and how information will, or could be shared and why, and seek the families agreement. This should be open and honest and undertaken when the family first access the service.

In some circumstances it is not necessary to seek consent before sharing information with others.

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In other circumstances information can be shared even when consent has been refused. These circumstances are when:

- a child or others are at increased risk of **significant harm**
- an adult is at risk of serious harm, or
- Seeking consent would undermine the prevention, detection or prosecution of a serious crime (i.e. any crime which causes or is likely to cause significant harm to a child or serious harm to an adult) including where seeking consent might lead to interference with any potential investigation or evidence.

If a child confides in a member of staff and requests that this is kept secret, it is important that the worker tells the child sensitively that s/he has a responsibility to refer cases to the appropriate agencies.

All correspondence and information relating to a child protection incident must be treated in strict confidence and stored in a secure cabinet.

If staff are in any doubt, especially when this relates to a concern about possible significant harm to a child or serious harm to others they should seek advice from the service Child Protection Lead Officer and or appropriate senior officers.

The information that is shared should be accurate and up-to-date, appropriate for the purpose for which they are sharing it, shared only with those people who need to see it, and shared securely. The reasons for any decision to share information should always recorded.

Recording of information

Why?

- Clarifies the nature and extent of concerns
- Provides a clear record of development of concerns
- Identifies patterns of behaviour
- Assists in any subsequent referrals
- Ensures consistency

What?

- Signs and indicators
- Disclosures
- Relevant contact with parents

How?

- Factually – day, date, time and place
- Give background information
- Records child's words accurately
- Keep any initial notes
- Record actions taken and the reasons
- In a timely fashion – do not delay in writing up notes as they may be required in legal proceedings and will have to meet standards of accuracy.

15. Contact Details

Useful Numbers			
Children and Young People's Social Care			
Call Centre (Mon-Thurs 08:30-17:00; Friday 08:30-16:30)		0113 2224403	
Emergency Out of Hours Team		0113 2409536 0113 2477087 (Fax)	
Adult Social Care			
Call Centre (Mon-Thurs 08:30-17:00; Friday 08:30-16:30)		0113 2224401	
Emergency Out of Hours Team		0113 2409536 0113 2477087 (Fax)	
Contact details for Leeds City Council service based child protection lead officers			
Service	Name	Contact Phone Number	Mobile
Early Years	Margaret Hainsworth	0113 24 74744	07891 270554
Integrated Youth Support Service	Matthew Orton	0113 39 50214	07891 270623
Parks & Countryside	Richard Welbourn	0113 39 57404	07891 270750
Libraries & Information Service	Britta Heyworth Julie Gray	0113 39 52339 0113 2146042	07891 270671 07891 276538
Education Leeds	Til Wright Raminder Aujla	0113 39 51100 0113 39 51209	07891 270462
Sport & Active Recreation	Mike Shucksmith	0113 39 52376	07891 274517
Museums & Galleries	Kate Fellows		07891 276891
Jobs & Skills	Angie Higgins	0113 39 51540	07891 278066
Safeguarding Adults Partnership Team		0113 224 3963	
For NHS staff please talk to your manager, lead professional or named and designated health professional			

16. Reference documents

- 'What to do if you are worried a child is being abused' DfES 2006
- 'Working together to safeguard children' HM Government 2006
- 'West Yorkshire Consortium Procedure' Leeds Safeguarding Children Board 2009