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Safeguarding Policy: Protecting children and young people, and responding to safeguarding concerns

Aim/purpose

This policy provides guidance and procedures for everyone working or volunteering for Nacoa who come into contact with children and young people. The aim is to safeguard children and young people from ill treatment, harm, neglect and abuse. The policy applies to all children and young people up to the age of 18 (and children in care (Looked After Children - LAC) up to age 21). The policy details how to recognise safeguarding concerns and how to respond appropriately to any concerns. As a UK based charity, Nacoa's safeguarding policy is written to adhere to UK law and statutory services, and further specialist advice must be sought for concerns with regards to callers from outside the UK which relates directly to the services and context of the child's resident country.

Safeguarding definition

Safeguarding, is defined by the government (Working Together to Safeguard Children, 2026) as:

- protecting children from maltreatment, whether the risk of harm comes from within the child's family and/or outside the family, including online;
- preventing impairment of children's mental and physical health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcome

Acting to safeguard a child means to enable them to live free from harm, abuse and neglect, and therefore encompasses child protection. Abuse, harm, neglect, poverty and discrimination perpetuate harm to children in multiple ways, preventing them from thriving, as well as sometimes causing direct harm. Safeguarding is everyone's responsibility, and anyone can act to safeguard a child or young person. This policy details the procedures for doing so.

It involves people and organisations working together to prevent and respond to risks and experiences of abuse or neglect, while promoting wellbeing and taking into account the child or young person's views, wishes and feelings when determining any action. This includes responding appropriately to concerns raised through remote and anonymous contact.

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Some examples of harm to a child or young people are clear and obvious and will be easily recognised by staff. These might include physical, sexual and emotional abuse, as well as neglect, criminal exploitation and discrimination based on ethnicity, gender, disability, sexuality, religion or other identified characteristics.

As a helpline charity, safeguarding includes:

- listening to and responding appropriately to concerns raised by children, young people, parents, carers, family members and professionals;
- recognising signs of abuse, neglect, exploitation, self-harm, suicidal ideation and other safeguarding risks;
- taking appropriate action where a child may be at risk of harm;
- sharing information with statutory agencies where necessary to protect a child;
- working in partnership with relevant agencies to promote the safety and wellbeing of children and young people

Children and Young People

Anyone under the age of 18.

Children at risk could be:

- Babies (non-mobile and not verbal)
- Disability (hidden or visible)
- Children with mental illness
- Children Looked After
- Children that have suffered Adverse Childhood Experiences
- Young Carers
- Parents or carers with Mental Illness or Substance misuse (drugs or alcohol)
- Children living in difficult social conditions, such as poverty

A Looked After Child is a child under 18 who is in the care of a local authority. Young people aged 18 and over who have previously been looked after are referred to as care leavers and may be entitled to ongoing support up to age 21. While care leavers are legally adults, their additional vulnerabilities should be recognised in safeguarding responses.

Defining child abuse

Child abuse happens when an individual harms or hurts a child.

The main four types of child abuse are:

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- Physical
- Sexual
- Emotional
- Neglect

Children and Young People can also be exposed or harmed by:

- Discrimination
- Domestic Abuse
- Bullying/Cyberbullying
- Child Trafficking
- Female Genital Mutilation

Children may be abused by:

- Parents/Family members
- Friends
- People in position of power (staff/volunteers in organisational or community settings)
- People they know
- Strangers

Physical abuse

Physical abuse can include but is not restricted to a form of harm inflicted on the child such as:

- hitting
- scalding
- shaking
- poisoning
- burning
- Shaking
- suffocating a child.

This can also include parents or carers fabricating or inducing illness in a child. The types of physical abuse can vary in severity, ranging from behaviours that do not result in significant physical injuries, to acts that result in the death of a child. Female genital mutilation (FGM) is illegal, and a type of physical abuse and any concern that a child is at risk of this must be acted on.

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Emotional abuse

Emotional abuse of a child or young person can be difficult to identify but is defined as persistent verbal and emotional abuse of a child to the extent of causing the child to suffer poor emotional development. This may include overt and covert attempts, such as saying they are:

- Worthless
- unlovable
- inadequate.

It also includes behaviour of mocking, humiliating or shaming a child or young person. Shouting, threatening and with-holding of affection are all forms of emotional abuse of a child, which stunt the child's ability to develop positive self-worth.

Emotional abuse can also include:

- overprotection
- failing to provide a child with appropriate developmental learning experiences (such as peer group interactions)
- making demands on a child that are inappropriate for their developmental stage.

Emotional abuse may be intentional and a deliberate attempt to shame, humiliate and dominate a child, but it can also be unintentional when a parent or carer is unaware or unable to appropriately meet the emotional needs of a child.

Emotional abuse is usually present alongside other types of abuse but can also occur on its own. **Witnessing domestic violence** is also emotional abuse.

Emotional abuse can occur within peer group relationships and can include **cyber-bullying and social exclusion**.

Sexual abuse

Involves forcing or manipulating a child or young person to take part in or observe sexual activities, whether or not the child is aware of this. Sexual abuse may involve physical contact, including penetrative (for example rape and oral sex) and non-penetrative sexual contact (such as masturbation, kissing, touching over clothes), but also non-contact activities such as watching or making sexual images or via internet and online activities. Sexual abuse can be perpetrated by adults or other children.

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Child exploitation

Children and young people can be exploited in a number of ways. Child sexual exploitation occurs when an individual or group of individuals take advantage of a power imbalance to coerce, deceive or manipulate a child or young person into sexual activity. The power imbalance and exchange of incentives such as reward or affection may mean that the child or young person does not view this as abuse, and it may appear consensual. Children and young people can also be victims of criminal exploitation, whereby a power imbalance results in children and young people engaging in criminal behaviour (such as drug dealing activities, theft, violence). Another form of exploitation of children and young people arise within extremism, where individuals encourage beliefs and activities that support active discrimination via vocal or active opposition to the tolerance of others and extreme beliefs that contradict the values of human rights for all.

Neglect

Children and young people suffer harm if their carers and living situation persistently fails to meet their physical and/or psychological needs. Neglect of the needs of the child can begin prior to birth (including maternal substance abuse resulting in harm to the foetus).

Neglect of a child's needs can include:

- failing to provide warmth,
- shelter
- food
- clothing to a child
- failing to protect a child from harm from others, or from the environment (for instance allowing young infants access to substances, or dangerous objects).
- failing to provide appropriate medical or dental care.

For very young children, being left with no appropriate visual, verbal or emotional stimulation can stunt development and harm children.

Discrimination

Discrimination based on ethnicity, gender, sexuality, disability, religion or any other identified characteristic causes harm to a child and young person. This harm can be psychological, provoking shame and distress, but can also restrict access to appropriate health care, or educational opportunities. Discrimination can also be a factor in organisations failing to act to prevent harm or safeguard children, for instance by deeming physical abuse as more common cultures and therefore failing to act.

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Discrimination can be overt and obvious, or can be indirect, such as when language barriers or disabilities prevent children and young people from accessing services and support.

Historical abuse

Children and young people sometimes disclose experiences of assault and/or abuse that occurred in the past. This should still be responded to as a safeguarding concern, in that the perpetrator may have current access to children and young people, and there is a need to safeguard all children and young people, currently and in the future. Therefore, historical reports of abuse and harm should be addressed within this current policy on responding and reporting safeguarding concerns.

Recognising Abuse in a Helpline Context

Identifying abuse in a helpline setting can be challenging due to the limitations staff and volunteers may face when receiving the information that can be seen as a disclosure to harm or abuse during a helpline contact. The staff or volunteer needs to rely on the information the caller chooses to share. Indicators may include:

- Expressions of fear, distress, or isolation
- Patterns of repeated harm or coercion
- Reluctance to disclose or minimise experiences
- Emotional or behavioural changes

Individuals may not recognise their experiences as abuse or may be reluctant to share details due to shame, fear, or confidentiality concerns. Limited information, anonymity, and the absence of visual cues make recognising abuse more difficult. Nacoa recognises that helpline staff and volunteers may face challenges in identifying abuse due to limited information, anonymity, and the sensitive nature of disclosures, and the organisation provides guidance, supervision, and support to help them respond appropriately and maintain their own wellbeing. Staff and volunteers are expected to remain alert to potential indicators, respond sensitively, and seek guidance whenever safeguarding concerns arise.

Recognising Safeguarding Concerns

Safeguarding is about **protecting children and young people from abuse, neglect, exploitation and harm, while promoting their welfare and enabling them to achieve the best possible outcomes**. The welfare of the child is paramount, and all children and young people have the right to grow up safe from harm.

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This policy is informed by the **Children Act 1989, the Children Act 2004, Working Together to Safeguard Children (2026)**, and the equivalent legislation and guidance in Wales, Scotland and Northern Ireland. Safeguarding is underpinned by children's rights, recognising that every child and young person has the right to be protected, listened to, treated with dignity and respect, and supported to thrive.

Staff responsibilities

All staff and volunteers working for Nacoe may come into contact with information that indicates a safeguarding concern relating to a child or young person. All staff and volunteers who have contact with service users, or who may receive safeguarding disclosures, must complete safeguarding training appropriate to their role and responsibilities.

All volunteers who complete Nacoe's Volunteer Training Programme must undertake safeguarding training appropriate to their role. Refresher training will be provided regularly, and volunteers will receive ongoing safeguarding supervision, support and guidance from the Designated Safeguarding Lead.

All staff and volunteers working on the helpline will receive safeguarding refresher training **at least every two years**, or sooner where there are significant changes in legislation, guidance, or organisational practice.

The NSPCC site detailing types of abuse can also be consulted:
<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>.

If staff become concerned that they have information indicating a child is at risk of harm, then there is a duty to act on that information.

The organisation is committed to safer recruitment practices. All staff and volunteers working on the helpline must obtain a satisfactory Enhanced Disclosure and Barring Service (DBS) check before undertaking their duties. DBS checks will be renewed every three years and may be reviewed more frequently where circumstances warrant. Staff and volunteers should be familiar with the signs and indicators of abuse, neglect, exploitation and self-neglect, and understand how to respond to concerns in accordance with this policy and local safeguarding procedures.

Confidentiality

The helpline offers a confidential service for children and young people to talk openly, and the vast majority of these conversations will be kept confidential within Nacoe.

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However, it is a legal responsibility in England for individuals concerned about the wellbeing and health of a child to report that concern, even if this breaches confidentiality. Whenever possible, this should be done with the understanding and in discussion with the child or young person, to mitigate against the harm done by breaking confidentiality. However, there may be some situations where this is not possible, and the responsibility in light of concerns will be to share concerns if at all possible. Often a child or young person does not wish for safeguarding concerns to be raised or shared. Anyone with a safeguarding concern can discuss this issue with the Designated Safeguarding Lead and/or Chief Executive (in DSL's absence) for support in this, as the confidentiality is maintained within the organisation and confidentiality is only breached when information is shared outside Nacoea.

What to do

Once a safeguarding concern has been identified, the staff member or volunteer must in the first instance share that information with Designated Safeguarding Lead (DSL) or another member of the Nacoea team.

If the child needs medical help, for instance if they have an injury or have taken an overdose, then the priority is to support them to access medical treatment, as a matter of urgency.

If the concern is dealt with immediately (e.g. the child or young person is at risk but then is supported to get immediate help from another statutory agency, and this is confirmed by that agency to Nacoea) then this should be documented accordingly (refer to confidentiality policy on record keeping), and a safeguarding monitoring form will be filled in by DSL. No further action is required if the concern has been addressed.

If the initial concern is not addressed in this way, and the staff member or volunteer remains concerned there is a safeguarding risk, then they should consult with a helpline supervisor and DSL to agree on a course of action. Together the decision will be taken about how to appropriately respond to this concern. Possible actions will include:

- to continue to watch and support the caller
- to talk with the caller about a possible referral to the NSPCC or social care
- to immediately call NSPCC or other appropriate involved agency (where details are known)

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When making a referral call to the NSPCC Child Protection Helpline on 0808 800 5000 or Social Services in the caller's local area, the DSL/Helpline Supervisor or volunteer (who may have been working closely with caller) with support from staff, must be prepared to provide the following details:

- Your name, Nacoa's name, address, telephone number and your role
- As many details of the child as you can, including name, address and the name of the school which she/he attends
- What you have been told by the child or young person, providing details where possible and details of the child's emotional state at the time
- What the child or young person has said in response to any concerns you have
- The action you have taken so far

If a child is in England and their address or locality is known, it may be possible to make a local referral to the appropriate [children's social care service at their local council](#). Each area will have different referral forms for professionals, for example referrals in Bristol are made via [First Response for professionals working with children](#).

There are different legal frameworks and procedures for Scotland (<https://learning.nspcc.org.uk/child-protection-system/scotland>) and for Wales (<https://learning.nspcc.org.uk/child-protection-system/wales>) and for Northern Ireland (<https://learning.nspcc.org.uk/child-protection-system/northern-ireland>).

The actions taken should all be recorded in line with Nacoa's record keeping procedure and confidentiality policy, and any communication with other agencies should be recorded.

If after action has been taken the safeguarding concerns remain, the staff or volunteer should return to discussion with helpline supervisor and/or DSL to decide on whether further actions should be taken.

Where concerns exist that a child may be experiencing, or be at risk of, significant harm, the charity may seek advice from statutory safeguarding agencies, the NSPCC, police or relevant local authority safeguarding teams, even where only partial identifying information is available. Information shared will be limited to what is necessary and support safeguarding decision-making. All consultations will be recorded.

The actions taken should all be recorded in line with Nacoa's record keeping procedure, and any communication with other agencies should be recorded by DSL in the safeguarding monitoring form. Safeguarding monitoring forms and related records will be stored securely, with access restricted to the Designated Safeguarding Lead (DSL) and the Chief Executive Officer (CEO). Records will be retained for an appropriate period based on safeguarding, legal and operational requirements and will then be securely destroyed.

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Actions:

When a concern is identified:

1. Decide if there is an immediate risk to physical health, and if there is, act immediately
 - a. If the CYP is in contact with Nacoa, ask them to contact 999 or if possible, attend A&E, and to confirm that they have done this. Alternatively, if they can identify a trusted adult, they can contact immediately then they should do this to access services.
 - b. If the CYP refuses to act on these concerns, then there is a responsibility for the Nacoa staff member or volunteer to act.
 - c. If the **CYP's location and/or identity is known**, a referral to NSPCC can be made, or any appropriate service can be contacted. If the CYP has provided names and contact details of other involved staff from statutory services, then it might be possible to contact those staff as well to share the concern.
 - d. If confidentiality is to be breached, it may be possible to discuss this with the CYP (e.g. if they are on the call or call back). The seriousness of the concern should be highlighted, and that it is NACO's responsibility to ensure their health is not threatened, so that Nacoa can continue to support the CYP to access more help. The CYP's feelings of anger, betrayal, fear or distress should be acknowledged and accepted, and an apology can be given for the effect of this. If possible, the staff member should accept those difficult feelings and validate them and state that Nacoa will continue to offer them support throughout the referral, and beyond.
 - e. In some instances, it may not be possible to discuss the confidentiality breach with the CYP, or example where we do not have contact details or where doing so could increase the risk of harm to them or others.
 - f. Given that the concern is relating to immediate serious risk of harm to the CYP, the severity and urgency of the risk means that referral and reporting the risk needs to be acted on without delay, and without consent.
 - g. If the CYP has provided **no information that allows their location or identity to be known**, then it is not possible to report the concern. If it is possible, the seriousness of the concern should be emphasised to the CYP and the need for them to act should be emphasised. They should be provided with numbers and resources in order to act.

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2. If there is no immediate risk to physical health:
 - a. The staff member or volunteer identifying the concern should contact the DSL/ or another helpline supervisor and arrange to discuss the concern in detail.
 - b. A decision should be made together with regard to the severity and urgency of the safeguarding concern, along with an assessment of the risks of raising/referring the concern. For example, a CYP may have disclosed that they are experiencing cyber bullying, which is concerning distress. They are finding it useful to talk on the helpline about this but are worried that if a parent finds out about their social media usage that parental alcohol abuse will increase, or that they will be at risk of physical or emotional abuse from their parent. There is also a risk that a child talking to Nacoea will feel scared of any safeguarding referral to the extent that they stop accessing support from Nacoea before any referral is possible, thus reducing the support available to a vulnerable child.
 - c. If a decision is made that a referral is necessary and useful then the staff member/volunteer should contact either the NSPCC or the local authority (local to the child) safeguarding contacts for social care.
 - d. Referrals are only possible where there is identifiable information about the CYP.
 - e. If there is an ongoing relationship with the CYP and Nacoea, this decision to refer should be discussed with the CYP prior to referral as described above. If a referral is needed, but there is no identifiable information, the CYP should be asked to provide enough information to enable the referral and encouraged that Nacoea will continue to support them through this.
 - f. If there is no ongoing relationship between the CYP and Nacoea, but there is identifiable information provided, then this should be used to make the referral to NSPCC and/or local authority social care.
3. All actions (including decisions not to make referrals) should be documented appropriately.

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4. Safeguarding concerns and the process of referring these can be a distressing, stressful and difficult experience for staff and volunteers. Anyone involved in a safeguarding concern should access support within Nacoa from helpline supervisors/ DSL/ colleagues/ CEO immediately following a concern.

Safeguarding in Education and Outreach Settings

When Nacoa staff or volunteers are delivering education, training, or outreach activities in colleges, universities, or other external settings, safeguarding responsibilities are shared with the host organisation. If a safeguarding concern or disclosure arises during an outreach activity, Nacoa staff or volunteers will report the concern to the **designated safeguarding lead (DSL) or appropriate safeguarding contact within the host institution**, in line with that organisation's safeguarding policy and procedures. Nacoa will cooperate fully with the institution in responding to the concern and will ensure that the safety and wellbeing of the individual remain the priority. Appropriate records will be kept in line with Nacoa's safeguarding procedures.

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