

## 13 AGENCY ROLES & RESPONSIBILITIES

### 13.1 INTRODUCTION

- 13.1.1 An awareness and appreciation of the role of others is essential for effective collaboration between organisations and module 13 represents a summary (with some additional material) of:
- *Safeguarding Children in Education 2004*
  - *Statutory guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under s.11 Children 2004, 2005*
  - *Working Together to Safeguard Children 2006*
- 13.1.2 The aims of this module are to:
- Emphasise the common obligations of **all** agencies and relevant professionals
  - Describe the specific contributions of each to safeguarding and promoting the welfare of children
  - Inform partner agencies of mutual expectations
  - Enhance the effectiveness of multi-agency work

### 13.2 STATUTORY RESPONSIBILITIES

- 13.2.1 A number of agencies cited below have statutory duties to 'co-operate to improve the well-being of children' and/or 'safeguard and promote the welfare of children'. These provide a context of requirements and expectations for all their work.

#### CO-OPERATION TO IMPROVE WELL BEING OF CHILDREN

##### Well being

- 13.2.2 The meaning of 'well being' is encapsulated in s.10 Children Act 2004 as children's:
- Physical and mental health
  - Protection from harm and neglect
  - Education, training and recreation
  - Contribution to society
  - Emotional, social and economic well being
- 13.2.3 Hertfordshire's Children's Services Authority (CSA) i.e. Children's Social Care and Children's Services (Education) is obliged to make arrangements to 'promote co-operation between the authority and relevant partners'. In turn, each relevant partner agency is obliged to co operate with the authority in the making of those arrangements.

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- 13.2.4 Arrangements **must** cover all those aged less than eighteen while s.10 (9) Children Act 2004 allows the possibility (with the exception of probation, Police and YOTs for which arrangements apply only to the age of seventeen) of extending the arrangements to include all eighteen and nineteen year olds, those aged twenty and over and leaving care, as well as young people with learning disabilities up the age of twenty five.

### Relevant partners

- 13.2.5 For the purposes of co operation under s.10 (5) Children Act 2004 the following organisations in the County are 'relevant partners' of the CSA i.e. Children's Social Care and Children's Services (Education):

- Hertfordshire Constabulary
- Hertfordshire Probation Service
- Youth Offending Teams (YOT)s
- The Strategic Health Authority (SHA)
- Primary Care Trusts (PCTs)
- Connexions Service
- The Learning and Skills Councils

## MAKING ARRANGEMENTS TO SAFEGUARD & PROMOTE WELFARE OF CHILDREN

### Definition

- 13.2.6 'Safeguarding and promoting the welfare of children' is defined in *Working Together to Safeguard Children* 2006 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

### Scope of duty

- 13.2.7 Statutory guidance makes it clear that safeguarding children is a shared responsibility and s.11 Children Act 2004 places a duty on the following key persons and bodies in Hertfordshire:

- The Children's Services Authority (CSF comprising Children's Social Care and Children's Services (Education))
- District Councils
- Strategic Health Authority

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- Any Special Health Authority, so far as exercising functions in relation to England, designated by order made by the Secretary of State for the purposes of this section
- Primary Care Trusts
- NHS Trusts all or most of whose hospitals, establishments and facilities are in England (this could include Ambulance Trusts)
- NHS Foundation Trust
- Police Authority and its chief officer
- British Transport Police Authority
- Local Probation Board
- YOTs
- Governor of any prison or secure training centre (STC)
- Person to the extent s/he is providing services under s.114 Learning and Skills Act 2000 i.e. Connexions services

13.2.8 The above key agencies or individuals must ensure that:

- Their functions are discharged having regard to the need to safeguard and promote the welfare of children and
- The services they contract out to others are provided having regard to that need

13.2.9 The remainder of this module summarises, the roles and responsibilities of specified organisations.

## 13.3 ARMED FORCES

13.3.1 The frequency of Armed Services moves makes it essential Service authorities are aware of any concerns regarding safeguarding or promoting the welfare of a child from a military family.

13.3.2 Armed Services have in place procedures to help in safeguarding and promoting the welfare of children and will work alongside local Children's Social Care at child protection conferences (and where there is sufficient presence to justify it) on LSCBs.

### WITHIN UK

13.3.3 Within the UK, Children's Social Care has the statutory responsibility for safeguarding and promoting the welfare of Service children.

13.3.4 All 3 Services provide the following professional welfare support including 'special to type' Children's Social Care to augment those provided by local authorities:

- **Royal Navy** - provided by the Naval Personal and Family Service and Royal Marines Welfare (NPFS/RMW)

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- **Army** - provided by the Army Welfare Service (AWS)
- **Royal Air Force** - by the Soldiers', Sailors' and Airmen's Families Association-Forcers Help (SSAFA-FH) [contact details for all are provided in appendix 2]

### OVERSEAS

- 13.3.5 When Service families or civilians working with the Armed Forces are based overseas, the responsibility for safeguarding and promoting the welfare of their children is vested with the MoD, which funds the British Forces Social Work Service (Overseas).
- 13.3.6 This service is contracted to SSAFA-FH which provides a fully qualified social work and community health service in major overseas locations e.g. Germany and Cyprus.
- 13.3.7 Instructions for the protection of children overseas, which reflect the principles of the Children Act 2004 and the philosophy of inter-agency co-operation, are issued by the MoD as a 'Defence Council Instruction (Joint Service)' (DCI(JS)).
- 13.3.8 Larger overseas Commands issue local child protection procedures, hold a Command child protection register and have a 'Command Safeguarding Children Board' which operates in a similar way to the UK in upholding standards and ensuring best practice is reflected in procedures and observed in practice.

### Movement of children between the UK and overseas

- 13.3.9 Local authorities should ensure that SSAFA-FH, the British Forces Social Work Service (Overseas), or the NPFS for RN families, is made aware of any Service child who is the subject of a child protection plan and whose family is about to move overseas.
- 13.3.10 The above organisations can confirm that appropriate resources exist in the proposed location to meet identified needs.
- 13.3.11 Full documentation should be provided which will be forwarded to the relevant overseas Command. All referrals should be made to the Director of Social Work, HQ SSAFA-FH or Area Officer, NPFS (East) as appropriate at the addresses given in appendix 1.
- 13.3.12 Comprehensive reciprocal arrangements exist for the referral of registered child protection cases to appropriate UK authorities on the temporary or permanent relocation of such children to the UK from overseas.

### Enquiries about children of ex-Service families

- 13.3.13 Where a local authority believes a child who is the subject of child protection processes is from an ex-Service family, NPFS, AWS or SSAFA-FH can be contacted to establish if there is existing information to assist enquiries. Enquiries should be addressed to NPFS, AWS or the Director of Social Work, SSAFA-FH at the address given at appendix 1.

## 13.4 BRITISH TRANSPORT POLICE

- 13.4.1 Responsibilities of the British Transport Police (BTP) under s.11 Children Act 2004 (to safeguard and promote the welfare of children) apply specifically to those children who are:

Arrested	Stop checked
Reported	Runaways (even when returned to home address)
Charged	Truants and
Cautioned	For any other reason not mentioned above comes to the notice of the BTP
Warned	
Detained	
Taken into Police protection	
Stop searched	

- 13.4.2 In all such cases, the BTP should liaise with the local authority in which the child is located as well as the authority in which s/he lives.

## 13.5 CHILDREN & FAMILY COURTS ADVISORY & SUPPORT SERVICE (CAFCASS)

- 13.5.1 CAFCASS's functions, with respect to children subject of family proceedings are to:
- Safeguard and promote their welfare
  - Give advice to any court about any application made to it
  - Make provision for children to be represented
  - Provide information, advice and other support for children and their families
- 13.5.2 CAFCASS' officers may be employees or self employed and have distinct roles in private and public law proceedings:
- Children's Guardians - appointed to safeguard the interests of a child who is the subject of specified proceedings under the Children Act 1989 or who is the subject of adoption proceedings

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- Parental Order Reporters - appointed to investigate and report to the court on circumstances relevant under the Human Fertilisation and Embryology Act 1990
  - Children & Family Reporters who prepare welfare reports for court in relation to applications under s.8 Children Act 1989 (private law proceedings including applications for residence and contact), and increasingly also work with families at the stage of their initial application to the court
  - CAFCASS officers can also be appointed to provide support under a Family Assistance Order under the Children Act 1989. (as can local authority officers)
- 13.5.3 CAFCASS officers have a statutory right in public law cases to access and copy local authority records about the child concerned and any application under the Children Act 1989. The power extends to other records relating to the child and wider functions of the local authority or records held by an authorised person i.e. NSPCC.
- 13.5.4 Where an officer has been appointed as a children's guardian and the matter relates to 'specified proceedings' (public law proceedings and identified applications for contact, residence, specific issue and prohibited steps orders which have become particularly difficult), s/he should always be invited to all formal planning meetings convened by the local authority in respect of the child.
- 13.5.5 This includes reviews of looked after children, child protection conferences and relevant adoption panels. The chair should ensure that all those attending such meetings, including the child and any family members understand the role of the CAFCASS officer.

## 13.6 CHILDREN'S SERVICES AUTHORITY (CSA)

- 13.6.1 Hertfordshire County Council is a 'Children's Services Authority' (CSAs) as defined in s.65 Children Act 2004 and provides a Children's, Schools & Families Service (CSF) which is divided into a:
- Children's Social Care and
  - Children's Services (Education)
- 13.6.2 The main responsibilities of each of the above organisational functions is summarised immediately below.

## 13.7 CHILDREN'S SOCIAL CARE

- 13.7.1 Staff who discharge the 'social care function' are the principal point of contact for children about whom there are welfare concerns and contact details for the service need to be clearly signposted, including on local authority websites.

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- 13.7.2 Children's Social Care should offer the same level of support and advice to independent schools and Further Education (FE) colleges in relation to safeguarding and promoting the welfare of pupils and child protection as to maintained (state) schools.
- 13.7.3 It is particularly important staff try to establish channels of communication with local independent schools (including independent special schools), so that children requiring support receive prompt attention and any allegations of abuse can be properly investigated.
- 13.7.4 Children's Social Care staff, with the help of other organisations as appropriate, also have a duty to make enquiries if they have reason to suspect a child in their area is suffering, or likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard or promote the child's welfare.
- 13.7.5 Where a child is at risk of significant harm, Children's Social Care staff are responsible for co-ordinating an assessment of the child's needs, the parents' capacity to keep the child safe and promote her/his welfare, and of the wider family circumstances.

## LINKS WITH ADULT CARE SERVICES

- 13.7.6 Those who work with service users in Adult Care Services must consider the implications of service users' behaviour for the safety and well being of any dependent children and/or children with whom those adults are in contact.
- 13.7.7 In particular, child protection issues may arise amongst parents, carers or pregnant women in receipt of the following:
- Community mental health support
  - Substance misuse services
  - Learning disability services
  - Support services for victims of domestic violence
- 13.7.8 Adult Care Services must establish and maintain systems so that:
- Managers working with adults can monitor those cases which involve dependent children
  - There is regular, formal and recorded consideration of such cases with Children's Social Care staff
  - Where both Adults' and Children's Social Care are providing services to a family, staff communicate with each other and agree interventions

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- 13.7.9 Adult Social Care staff who receive referrals about individuals who are also parents, should consider if they need to alert Children's Social Care to a child potentially 'in need' or 'at risk of significant harm'.
- 13.7.10 Once action is taken under child protection procedures (and regardless of whether the work is undertaken jointly or separately) Children's Social Care becomes responsible for its co-ordination.

### EMERGENCY DUTY TEAM (EDT)

- 13.7.11 Staff working in 'out of office hours' services must distinguish carefully, often on the basis of inadequate and/or unreliable information, what:
- Immediate action may be required to ensure the immediate and longer term safety of a child and
  - Further responses may be best left to day time staff
- 13.7.12 Calls made to the Hertfordshire Customer Services Centre or Client Services are, if closed, automatically diverted to Broxbourne Community Care call centre, which in turn faxes or e-mails referrer's details to EDT (see local contacts in appendix 1).

## 13.8 COMMISSION FOR SOCIAL CARE INSPECTION (CSCI)

- 13.8.1 The 'Commission for Social Care Inspection' (CSCI) has responsibility for the periodic inspection (and for non local authority services – registration) of:
- All fostering services and agencies
  - All children's homes and care homes that provide personal or nursing care or both
  - Adoption and adoption support services and agencies
  - 'Qualifying' boarding / residential special schools and further education colleges with boarding facilities for under 18s (inspection powers only)
  - Residential family centres
- 13.8.2 CSCI requires such providers to meet national standards with respect to child protection, relevant to the service they offer. Providers should have knowledge of child protection, including signs and symptoms and what to do if abuse or neglect is suspected.
- 13.8.3 CSCI must contact Children's Social Care about any child protection issues and, in consultation with it, consider if any action needs to be taken to protect children in registered provision.

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- 13.8.4 CSCI must be informed when a child protection referral is made to Children's Social Care regarding a person who works in any of the services regulated by the Commission.
- 13.8.5 CSCI should be invited to any strategy meetings convened due to concerns or allegations about staff or carers in regulated settings (see [module 10](#)).

## 13.9 CONNEXIONS

- 13.9.1 Connexions Hertfordshire offers information, advice, guidance and intensive support to young people aged thirteen to nineteen and up to twenty five years for young people with learning difficulties or disabilities (LDD) where appropriate.
- 13.9.2 In Hertfordshire the service is sub-contracted to, and therefore delivered through, a range of agencies across the statutory, private and voluntary sectors.
- 13.9.3 The service operates through a network of 'personal advisers', some of whom are based in schools and colleges, others who work in the community with targeted groups of young people such as teenage parents, looked after young people and those leaving care, young offenders and BME young people.
- 13.9.4 A specialist team (Accessibility) work with young people with LDD and an Employer Unit provides an employment placing service for sixteen to nineteen year olds.
- 13.9.5 Personal Advisers provide one to one or group-based activities tailored to young people's needs and broker access to specialist provision such as substance misuse support or emotional therapeutic interventions, as required.
- 13.9.6 Connexions Hertfordshire (including sub-contractors) are responsible for:
- Tracking all young people aged sixteen to nineteen
  - Providing all young people with LDD with transition support, and have a statutory duty, under s.140 of the Learning and Skills Act, to provide s.140 assessments on transferring from school to other learning provision.
  - Identifying young people with support needs and providing them with or brokering access to appropriate provision and services
  - Alerting the appropriate authority when young people are identified as being at risk (Connexions staff should be aware of the agencies and contacts to use to refer those at risk and be aware of the services it is reasonable to expect from these organisations)

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- Minimising risk to the safety of young people on premises for which they or their subcontractors are responsible
- Minimising the risk that organisations to which they signpost young people e.g. those providing employment and training opportunities, pose a threat to the moral development, and physical and psychological well being of young people
- Ensuring that the recruitment of all staff (including volunteers to the partnership and subcontractors) complies with current vetting regulations
- Ensuring staff (including sub contractors), are aware of risks to young people's welfare and can exercise their legal, ethical, operational and professional obligations to safeguard them from these risks (information sharing protocols with other agencies should award high priority to safeguarding the welfare of young people and staff should comply fully with these agreements)

13.9.7 The Connexions partnership should be working closely with other agencies concerned with child safety and welfare to rigorously analyse the nature and distribution of risk within the cohort of young people and to use this information to design services.

## 13.10 DISTRICT COUNCILS

### HOUSING SERVICES

#### Housing authorities & registered social landlords (RSLs)

13.10.1 Housing and homelessness staff in local authorities can play an important role in safeguarding and promoting the welfare of children as part of their day to day work by:

- Recognising child welfare issues
- Sharing information
- Making referrals and
- Subsequently managing or reducing risks

13.10.2 Housing managers, working in a local authority or for a registered social landlord (RSL), and others with a front line role such as environmental health officers, also have an important role, e.g.:

- Housing staff, in day to day contact with families and tenants, may become aware of needs or welfare issues which they can either tackle directly e.g. by making repairs or adaptations to homes, or by assisting the family to accessing help
- Housing authorities are key to the assessment of the needs of families with disabled children who may require housing adaptations in order to participate fully in family life and reach their maximum potential.

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- Housing authorities have a front line emergency role e.g. managing re-housing or repossession when adults and children become homeless or at risk of homelessness as a result of domestic violence
- Housing staff through their day to day contact with members of the public and with families may become aware of concerns about the welfare of particular children -also, housing authorities and Registered Social Landlords (RSLs) may hold important information that could assist Children's Social Care carry out assessments under s.17 or s.47 Children Act 1989; conversely social care staff and other organisations working with children can have information which will make assessments of the need for certain types of housing more effective; authorities and RSLs should develop joint protocols to share information with other organisations, for example children's social care or health professionals in appropriate cases
- Environmental health officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children particularly; under Part 1 of the Housing Act 2004, authorities will take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions

### Registered Social Landlord (RSL)

- 13.10.3 Many local authorities do not directly own and manage housing, having transferred these responsibilities to one or more RSLs (independent organisations, regulated by the Housing Corporation under its Regulatory Code, and which are not public bodies).
- 13.10.4 Housing authorities remain responsible for assessing the needs of families under homelessness legislation and managing nominations to registered social landlords who provide housing in their area. They continue to have an important role in safeguarding children because of their contact with families as part of assessment of need, and because of the influence they have designing and managing prioritisation, assessment and allocation of housing.
- 13.10.5 Registered Social Landlords (RSLs) are not under the same duties to safeguard and promote the welfare of children as local authorities. However, the Housing Corporation supports the principle of RSLs working in partnership with a range of organisations to promote social inclusion, and its regulatory code states that housing associations must work with local authorities to enable the latter to fulfil their duties to the vulnerable and those covered by the government's 'Supporting People' policy.

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- 13.10.6 There are a number of RSLs across the county who provide specialist supported housing schemes specifically for: young people at risk and/or young people leaving care; and pregnant teenagers. These schemes will include sixteen and seventeen year olds.

## LEISURE, CULTURAL, HERITAGE & COMMUNITY SERVICES

- 13.10.7 Sport and cultural services designed for children and families e.g. play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres are directly provided, purchased or grant aided by local authorities, the commercial sector, and by community and voluntary organisations. Many such activities take place in premises managed by authorities or their agents.
- 13.10.8 Staff, volunteers and contractors who provide these services will have various degrees of contact with children who use them, and appropriate arrangements need to be in place including:
- Procedures for staff and others to report concerns they may have about children they meet that are in line with '*What To Do If You Are Worried A Child Is Being Abused*' and LSCB procedures, as well as arrangements such as those described above; and,
  - Appropriate codes of practice for staff, particularly sports coaches, such as those issued by national governing bodies of sport, the Health and Safety Executive, or the local authority
- 13.10.9 Library staff have a great deal of informal contact with children and parents using their services, which provides opportunities for recognising those who are experiencing difficulties.
- 13.10.10 If young children are left unattended within the library for lengthy periods of time, staff should intervene with parents and inform the Children's Social Care if concerns are not allayed.
- 13.10.11 Through the facility for homework helpers and holiday groups, some library staff have direct unsupervised contact with children and all must be familiar and comply with child protection procedures.
- 13.10.12 Because libraries provide opportunities for anonymous access to the internet, staff must be aware and take reasonable precautions to prevent access to pornography and chat rooms in which children may be drawn into risky relationships.

## 13.11 EARLY YEARS SERVICES

- 13.11.1 Child minders and everyone working in day care services (day nurseries, pre-schools, playgroups, holiday & out of school schemes) should know how to recognise and respond to the possible abuse or neglect of a child. Private, voluntary and local authority day care providers caring for children under the age of 8 must be registered by OfSTED under the Children Act 1989, and should have a written statement, based on the procedures laid out in the booklet '*What To Do If You're Worried A Child Is Being Abused – Summary*'.
- 13.11.2 This statement should clearly set out staff responsibilities for reporting suspected child abuse or neglect in accordance with LSCB procedures and should include contact and telephone numbers for the local Police and Children's Social Care. It should also include procedures to be followed in the event of an allegation being made against a member of staff or volunteer (see [module 10](#)).
- 13.11.3 Under Part X Children Act 1989, as amended by the Care Standards Act 2000, local authorities are required to ensure information and advice about day care / child minding is made available, and training is provided for day care providers and child minders.
- 13.11.4 Local authorities' training programmes for early years staff, in the private and voluntary sectors as well as in the maintained sector, should include training in child protection procedures.
- 13.11.5 The Child Care Act 2006 received Royal Assent on 11.07.06 and when fully implemented, will replace the above regulatory framework. The replacement for these procedures scheduled for 2008 will reflect this new law and associated regulations and national standards.

## 13.12 EDUCATION SERVICES

### CHILDREN'S SERVICE (EDUCATION)

- 13.12.1 S.175 Education Act 2002 obliges Children's Services (Education) to 'carry out their functions with a view to safeguarding and promoting the welfare of children'.
- 13.12.2 *Safeguarding Children in Education* (DfES/0027/2004) provided further guidance and indicated two aspects to safeguarding and promoting the welfare of children:
- Arrangements to take all reasonable measures to ensure that risks of harm to children's welfare are minimised and

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- Arrangements to take all appropriate actions to address concerns about the welfare of child/ren working to agreed local policies and procedures in full partnership with other local agencies
- 13.12.3 Arrangements need to provide for both and the above guidance identifies the following responsibilities:
- **Strategic** – planning and coordinating delivery of services, and allocating resources; working in partnership with other agencies e.g. Children’s Social Care, health care professionals, YOTs and LSCBs
  - **Support** – ensuring maintained schools are aware of their responsibilities for child protection; monitoring their performance; making available appropriate training, model policies and procedures; providing advice and support and facilitating links and cooperation with other agencies - normally extending these functions to any non-maintained special schools in the area
  - **Operational** – taking responsibility for safeguarding children excluded from school, or who have not obtained a school place, e.g. those in Education Support Centres or being educated by the home tutor service; involvement in dealing with allegations against staff and volunteers and ensuring arrangements are in place to prevent unsuitable staff and volunteers from working with children
- 13.12.4 Each Children’s Services (Education) should have an identified **Senior Officer/s for Child Protection** to undertake and manage the provision of the above functions and services. In Hertfordshire CSF, as an integral department, these functions are overseen by the Head of Child Protection.

## UNIVERSAL RESPONSIBILITIES

### Schools & FE Institutions

- 13.12.5 Schools (including independent and non-maintained special schools) and FE institutions (with respect to those aged less than eighteen) should safeguard and promote the welfare of their pupils by:
- Creating and maintaining a safe learning environment for children and young people and
  - Identifying where there are child welfare concerns and taking action to address them, in partnership with other organisations where appropriate
- 13.12.6 Schools also contribute through the curriculum by developing children’s understanding, awareness, and resilience. Creating a safe learning environment means having effective arrangements in place to address a range of issues. Some are subject to statutory requirements, including child protection arrangements, pupil health and safety, and bullying.

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- 13.12.7 Others include arrangements for meeting the health needs of children with medical conditions, providing first aid, school security, tackling drugs and substance misuse, and having arrangements in place to safeguard and promote the welfare of children on extended vocational placements.
- 13.12.8 Education staff have a crucial role in helping identify at an early stage, welfare concerns and indicators of possible abuse or neglect, referring those concerns to the appropriate organisation, normally Children's Social Care, contributing to the assessment of a child's needs and where appropriate to ongoing action to meet those needs.
- 13.12.9 When a child has special educational needs, or is disabled, the school will have important information about the child's level of understanding and the most effective means of communicating with the child. It will also be well placed to give a view on the impact of treatment or intervention on the child's care or behaviour.
- 13.12.10 Staff in schools and FE institutions should not themselves investigate but have a key role by referring concerns to Children's Social Care, providing information for Police investigations, for enquiries under s.47 Children Act 1989, and contributing to assessments.
- 13.12.11 Where a child of school age is the subject of an inter-agency child protection plan, the school should be involved in the preparation of the plan. The school's role and responsibilities in contributing to actions to safeguard the child, and promote her/his welfare should be clearly identified.
- 13.12.12 Special schools, including non maintained special schools and Independent schools, which provide medical and/or nursing care should ensure that their medical and nursing staff have appropriate training and access to advice on child protection and safeguarding and promoting the welfare of children.
- 13.12.13 Schools play an important role in making children and young people aware of behaviour towards them that is not acceptable and how they can help keep themselves safe. The non-statutory framework for Personal, Social and Health Education (PSHE) provides opportunities for children and young people to learn about keeping safe. Pupils should be taught to recognise and manage risks in different situations and then decide how to behave responsibly; to judge what kind of physical contact is acceptable and unacceptable; to recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure.
- 13.12.14 PSHE curriculum materials provide resources that enable schools to tackle issues regarding healthy relationships including domestic violence, bullying and abuse. Discussions about personal safety and

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keeping safe can reinforce the message that any kind of violence is unacceptable; let children and young people know that it is okay to talk about their own problems; and signpost sources of help.

### Physical force

- 13.12.15 Corporal punishment is outlawed for all pupils in all schools, including independent schools, and FE institutions. Teachers at a school are though, allowed to use reasonable force to control or restrain pupils under certain circumstances.
- 13.12.16 Other people may also do so, in the same way as teachers, provided they have been authorised by the Head Teacher to have control or charge of pupils. All schools should have a policy about the use of force to control or restrain pupils. See also CSF 3969 '*Framework for the Use of Physical Intervention*'.
- 13.12.17 Further national guidance is available at [www.dfes.gov.uk/publications/guidanceonthelaw/10\\_summary.htm](http://www.dfes.gov.uk/publications/guidanceonthelaw/10_summary.htm)
- 13.12.18 See also [module 10](#) 'Allegations Against Those Working with Children'.
- 13.12.19 In addition to the duties described above that s.175 Education Act imposes upon Children's Services (Education), it also places comparable obligations on the educational institutions and individuals listed below.

## GOVERNING BODIES

- 13.12.20 S.175 (2) and (3) Education Act 2002 respectively, impose an obligation on school governors and on governing bodies of FE institutions (corporations) to ensure they make arrangements for ensuring their functions relating to the conduct of the school / institution are exercised with a view to safeguarding and promoting the welfare of children / young people receiving education / training.
- 13.12.21 Governing bodies should ensure that:
- The school or institution has a child protection policy reviewed annually, is referred to in the school / institution's prospectus, and that conforms to Children's Services (Education) and LSCB policy and guidance
  - The policy includes provision for procedures for recruiting and selecting staff and volunteers and for dealing with allegations of abuse against staff and volunteers
  - The school / institution has a senior teacher / member of senior management team designated to take lead responsibility for dealing with child protection issues

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- Members of the governing body / corporation, Head Teacher , designated senior person / person and all other staff and volunteers who work with children have attended appropriate training to equip them to carry out their responsibilities for child protection effectively and that this is kept up to date
- Any deficiencies or weaknesses in regard to child protection arrangements are brought to the attention of the governing body / corporation and are remedied without delay
- A member of the governing body / corporation is nominated to be responsible for liaising with Children's Services (Education) and/or partner agencies, as appropriate in the event of allegations of abuse being made against the Head Teacher or principal

13.12.22 Governing bodies of Non-Maintained Special Schools have very comparable duties by virtue of s.157 of the Education Act 2002.

## MAINTAINED SCHOOLS / FE COLLEGES

### 'Designated Senior Person' (DSP)

13.12.23 The Head Teacher or equivalent should ensure that:

- A senior person (member of the senior management team in an FE institution) is designated as taking lead responsibility for child protection including liaising with pupils' social workers, making referrals where appropriate, representing the school / institution in inter-agency working and liaising with parents / carers
- Child protection procedures in line with the school / FE institution policy and Children's Services (Education) or LSCB guidelines are in place and followed by all staff and volunteers
- The designated senior person and other staff and volunteers have undertaken up to date and appropriate training to equip them to carry out their responsibilities effectively, including in the case of the designated senior person, training in inter-agency work
- Procedures for dealing with allegations of abuse against staff are in accordance with Children's Services (Education) guidelines and all staff and volunteers are aware of them and aware of the boundaries of professional conduct
- All staff and volunteers feel able to raise concerns about poor or unsafe practice and such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle blowing policies
- Safe recruitment practices that provide for appropriate checks are in place and are followed in respect to all new staff and volunteers who will work with children

## AGENCY ROLES & RESPONSIBILITIES

- Child protection training for all staff is included as a key area in all induction procedures
  - Arrangements are made, including where necessary the provision of supply cover, to enable the designated senior person and other staff to discharge their responsibilities by taking part in strategy discussions and child protection conferences and contributing to the assessment of children
- 13.12.24 Responsibilities of the DSP may be broken down into 'whole school' and 'individual casework' tasks and there should always be one or more deputy DSPs whose training needs are the same as the DSP.
- 13.12.25 The main role of the '**Designated Senior Person**' (DSP) is to refer cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by the local LSCB.
- 13.12.26 To be effective, DSPs must:
- Have received adequate training about the identification of abuse, a working knowledge of LSCBs and conduct of child protection conferences
  - Act as a source of advice and support to colleagues
  - Make themselves (and any deputies) known to staff and ensure they have sufficient training (at induction and ongoing) to enable immediate reporting of concerns
  - Ensure all staff have access to and understands the school's / college's child protection policy
  - Liaise with the Head Teacher / equivalent
  - Ensure the institution's child protection policy is reviewed annually and updated
  - Be able to keep detailed accurate secure written records of referrals or concerns
  - Ensure parents see copies of the child protection policy which alerts them to the fact that referrals may be made and the role of the school in this to avoid conflict later
  - Obtain access to resources and attend any relevant or refresher training and be allowed the necessary time to fulfil this role
  - Ensure that where a child leaves the school roll, her/his child protection file is transferred to the new school as soon as possible and is kept separate from the main school file.

## PROPRIETORS OF INDEPENDENT SCHOOLS

- 13.12.27 Proprietors of independent schools (including Academies and City Technology Colleges) also have a duty to safeguard and promote the welfare of their pupils under s.157 Education Act 2002 and the Education (Independent Schools Standards) Regulations 2003.

## AGENCY ROLES & RESPONSIBILITIES

13.12.28 Proprietors of independent schools should ensure that:

- Their school has a child protection policy that conforms with local guidance, is reviewed annually and is made available on request
- A senior teacher / member of staff of the senior management team is designated to take responsibility for dealing with child protection issues
- The proprietor, Head Teacher and designated senior person have attended the necessary training to equip them to carry out their responsibilities for child protection which is kept up to date and high quality training is available for all other staff appropriate to their needs
- Any deficiencies or weaknesses are remedied without delay
- They have arrangements in place to liaise and work with other agencies over child protection issues in line with policies and procedures
- They have safe recruitment procedures in place together with procedures for dealing with allegations of abuse against staff

## 13.13 FAITH COMMUNITIES

13.13.1 Faith communities have an important role to play in child protection which reflects children's:

- Attendance at religious services and ceremonies
- Participation in study groups / lessons
- Involvement in crèches
- Attendance at youth clubs
- Use, either alone or with parent/s of available counselling, mentoring and confessional services
- Involvement in groups using faith community premises e.g. halls

13.13.2 Faith communities should ensure that all clergy, staff and volunteers who have regular unsupervised contact with children:

- Have been checked for suitability (inc. CRB checks) in working with children and understand the extent and limits of the volunteers' role
- Are sensitive to the possibility of child abuse and neglect
- Have access to training opportunities to promote their knowledge
- Know how to report concerns about possible abuse or neglect
- Are vigilant about their own actions so they cannot be misinterpreted

## AGENCY ROLES & RESPONSIBILITIES

- 13.13.3 Faith communities should have the following arrangements in place:
- Procedures for staff and others to report concerns they may have about children they meet, that are consistent with *What to Do if You Are Worried A Child Is Being Abused* and LSCB procedures
  - Appropriate staff codes of practice, particularly for those working directly with children, e.g. those issued by the Churches' Child Protection Advisory Service (CCPAS) or their denomination or faith group
  - Recruitment procedures in accordance with *Safe from Harm* (Home Office 1993) principles and LSCB procedures alongside training and supervision of staff, paid or voluntary
- 13.13.4 All faith communities should, with support from nominated individuals in the local LSCB, develop and maintain their own child protection procedures, consistent with those in this manual.
- 13.13.5 Churches and faith organisations can seek advice on child protection issues from CCPAS, which can help with policies and procedures. Its 'Guidance to Churches' manual can help with policies and procedures and its 'Safeguarding Children and Young People' can assist other places of worship and faith-based groups.
- 13.13.6 CCPAS provides a national 24 hour telephone help-line for churches, other places of worship and faith-based groups and individuals, providing advice and support on safeguarding issues.
- 13.13.7 Whenever there is concern a child has been abused or neglected, the concern should be referred, without delay, to the Customer Service Centre (details in appendix 1).

## 13.14 HEALTH SERVICES

### GENERAL RESPONSIBILITIES

- 13.14.1 Health professionals have a key role to play in actively promoting the health and well-being of children and working directly with them to ensure that safeguarding and promoting their welfare forms an integral part of the care they offer. Other health professionals who come into contact with children in the course of their work - including when they are not directly responsible for the care of a child - also need to be aware of their responsibility to safeguard and promote the welfare of children.
- 13.14.2 **In cases of suspected abuse, the duty of care a health professional owes to a child as her/his patient will take precedence over any obligation to the parent who may be suspected of abuse.**

## AGENCY ROLES & RESPONSIBILITIES

- 13.14.3 Safeguarding children is a theme throughout the National Service Framework (NSF) and standard 5 deals with safeguarding and promoting the welfare of children.
- 13.14.4 All health professionals working with children and families should be able to:
- Understand the risk factors and recognise children in need of support and/or safeguarding
  - Recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help
  - Recognise the risks of abuse to an unborn child
  - Contribute to enquiries about a child and family
  - Liaise closely with other agencies including other health professionals
  - Assess the needs of children and the capacity of parents / carers to meet their children's needs (including the needs of children who display sexually harmful behaviours)
  - Plan and respond to the needs of children and their families, particularly those who are vulnerable
  - Contribute to child protection conferences, family group conferences and strategy discussions
  - Contribute to planning support for children at risk of significant harm e.g. those in households with domestic violence or parental substance misuse
  - Help ensure that children who have been abused and parents under stress e.g. those who have mental health problems have access to supportive services
  - Play an active part, through the child protection plan, in safeguarding children from significant harm
  - As part of generally safeguarding children and young people, provide ongoing and preventative support through proactive work with children, families and expectant parents
  - Contribute to serious case reviews and their implementation
- 13.14.5 The Health and Social Care (Community Health and Standards) Act 2003 obliges each NHS body 'to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body' (s.45) and gave the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty (s.46).
- 13.14.6 '*National Standards, Local Action*' DH 2004 incorporates Standards for Better Health describing the level of quality health care organisations, including NHS Foundation Trusts, and private and voluntary providers of NHS care are expected to meet. It sets out core standards which must be complied with and developmental

## AGENCY ROLES & RESPONSIBILITIES

standards, such as national service frameworks, which the Healthcare Commission will use to assess continuous improvement.

- 13.14.7 Core standard C2, within the 'safety' domain states, 'health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations'.
- 13.14.8 The foreword of the NSF for Children, Young People and Maternity Services indicates government expects health, social and educational services to have met standards set in it by 2014.
- 13.14.9 Standard 5 of the NSF is about safeguarding and promoting the welfare of children; but safeguarding and promoting welfare is also an integral part of other standards in the NSF. In discharging their roles and responsibilities, NHS organisations will therefore need to meet core standard C2 and take account of the NSF.
- 13.14.10 All NHS agencies must ensure they have in place safe recruitment policies and practices, including CRB checks, for all staff, including agency staff, students and volunteers, working with children.

## STRATEGIC HEALTH AUTHORITIES

- 13.14.11 The Strategic Health Authority (SHA) is responsible for performance managing and supporting development of NHS and Primary Care Trusts' (PCTs') arrangements to safeguard and promote the welfare of children and young people.
- 13.14.12 SHAs need to manage performance against the core and developmental standards and Trusts' implementation of child protection serious case review action plans. They will be able to draw on the findings of a number of inspection processes- the Joint Area Review (JAR) undertaken by a number of inspectorates working in partnership, and health improvement reviews and investigations undertaken by the Healthcare Commission.

## PRIMARY CARE TRUSTS

- 13.14.13 PCTs are under a duty to take account of the need to safeguard and promote the welfare of children in discharging their functions. They are local health organisations responsible for commissioning and providing some health services in their geographical area.

## AGENCY ROLES & RESPONSIBILITIES

- 13.14.14 PCT Chief Executives have responsibility for ensuring that the health contribution to safeguarding and promoting children's welfare of is discharged effectively across the whole local health economy through the PCT's commissioning arrangements. PCTs should work with Children's Services Authorities to commission and provide services coordinated across agencies and integrated when possible.
- 13.14.15 The PCT's statutory duties include involvement in, and commitment to, the work of the LSCBs including representation on the Boards at an appropriate level of seniority.
- 13.14.16 PCTs are additionally responsible for providing and / or ensuring the availability of advice and support to the LSCBs in respect of a range of specialist health functions e.g. primary care, mental health (adult and child and adolescent) and sexual health, and for co-ordinating the health component of case reviews ([see 14.4](#)).
- 13.14.17 The PCT must also ensure that all health agencies with which it has commissioning arrangements have links with a specific LSCB and that agencies work in partnership in accordance with their agreed LSCB plan. This is particularly important where Trusts' boundaries / catchment areas are different to those of LSCBs. This includes ambulance Trusts and NHS Direct services.
- 13.14.18 PCTs should ensure all health providers from whom they commission services- both public and independent sector- have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children which are in line with and informed by LSCB procedures, and are easily accessible for staff at all levels within each organisation.

### Duty to identify named and designated professionals

- 13.14.19 Each PCT is responsible for identifying a senior paediatrician, and senior nurse to undertake the role of 'designated' professional for child protection across the health economy and for identifying one or more 'named' doctors and nurse (or midwife) to take a professional lead within the PCT on child protection matters ([see 13.14.81 - 13.14.90](#) for respective roles).
- 13.14.20 PCTs are expected to ensure safeguarding and promoting children's welfare is integral part of clinical governance and audit arrangements.
- 13.14.21 PCTs should ensure that **all** their staff:
- Are alert to the need to safeguard and promote children's welfare
  - Have knowledge of local procedures and
  - Know how to contact the named and designated professionals

## AGENCY ROLES & RESPONSIBILITIES

- 13.14.22 PCTs should ensure that all health staff have easy access to health professionals trained in examining, identifying and assessing children and young people who may be experiencing abuse or neglect, and that local arrangements include having all the necessary equipment and staff expertise for undertaking forensic medical examinations; arrangements should be geared towards avoiding repeated examinations.
- 13.14.23 PCTs are also be able to commission services in Sexual Assault Referral Centres (SARCs) including services for children / young people and victims of rape and sexual assault. SARCS provide forensic, medical and counselling services involving specialist health input (none currently exist in Hertfordshire).
- 13.14.24 PCT commissioners are responsible with their local authority partners for commissioning integrated services to respond to the assessed needs of children and young people and their families where a child has been or is at risk of being abused or neglected.
- 13.14.25 Service specifications drawn up by PCT commissioners should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures.

### Independent sector

- 13.14.26 PCTs should ensure, through contracting arrangements, that independent sector providers deliver services in line with PCTs' obligations with respect to safeguarding and promoting the welfare of children.
- 13.14.27 PCTs will need to work with those independent providers to ensure suitable links are made to LSCBs and that the provider is aware of LSCB policies and procedures.

### NHS & FOUNDATION TRUSTS

- 13.14.28 NHS Trusts, including Mental Health and Foundation Trusts, along with other health partners, are responsible for providing health services in hospital and community settings. They have a duty to participate in LSCBs and a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- 13.14.29 All staff should be trained in how to safeguard and promote the welfare of children and to be alert to potential indicators of abuse or neglect in children, and know how to act upon their concerns in line with LSCB procedures.

### Duty to identify named professionals

- 13.14.30 All NHS and Foundation Trusts should identify a named doctor and a named nurse / midwife for child protection (see [13.14.81- 13.14.90](#)).
- 13.14.31 All staff should be alert to the possibility of child abuse or neglect, have knowledge of local procedures and know the names and contact details of the relevant named and designated professionals.
- 13.14.32 In particular, staff working in Accident & Emergency (A&E) departments, ambulatory care units, walk in centres and minor injury units should be familiar with local procedures for making enquiries to find out whether a child is subject to a child protection plan.
- 13.14.33 They should be alert to carers who seek medical care from a number of sources to conceal the repeated nature of a child's injuries.
- 13.14.34 Specialist paediatric advice should be available at all times to A&E departments, and all units where children receive care.
- 13.14.35 If a child – or children from the same household – present repeatedly, even with slight injuries, in a way which doctors / nurses / other staff find worrying, they should act in accordance with module 4 and *What To Do If You're Worried A Child Is Being Abused*. Children and families should be actively and appropriately involved in these processes unless this would result in harm to the child.
- 13.14.36 All visits by children to a hospital Emergency Department, ambulatory care unit, walk in centre or minor injury unit should be notified quickly to the child's GP and should be recorded in the child's NHS records.
- 13.14.37 Where the child is not registered, the appropriate contact in the PCT should be notified to arrange registration.
- 13.14.38 Consent should be sought from a competent child/young person for the health visitor (for under fives) and school nurse (for over fives) to be notified, where such professionals have a role in relation to the child.
- 13.14.39 Overriding refusal to consent should only take place where there is a public interest of sufficient force e.g. a clear risk of significant harm to a child or serious harm to an adult. In such circumstances the reasons for taking such actions should be carefully documented and an explanation given to the child/young person.

### AMBULANCE TRUSTS, NHS DIRECT SITES & NHS WALK-IN CENTRES

- 13.14.40 Staff working in these health facilities will have access to family homes or be involved in a time of crisis and may therefore be in a position to identify initial concerns regarding a child's welfare.
- 13.14.41 Each of these bodies should have a named professional for child protection (see below for details of that role) and all staff should be aware of these procedures.

### GP & PRIMARY HEALTH CARE TEAM (PHCT)

- 13.14.42 The GP and other members of the PHCT are well placed to recognise a child potentially in need of extra help or services to promote health and development, or at risk of harm.
- 13.14.43 Surgery consultations, home visits, treatment room sessions, child health clinic attendance, and information from PHCT staff such as health visitors, midwives and practice nurses may all help to build up a picture of the child's situation and alert the team if something is amiss.
- 13.14.44 All PHCT members should know when it is appropriate to refer a child to Children's Social Care for help as a 'child in need', and how to act on concerns that a child may be at risk of significant harm through abuse or neglect.
- 13.14.45 When other members of the PHCT become concerned about the welfare of a child, action should be taken in accordance with these procedures. In addition, the GP should be informed straightaway. All PHCT members should know how to contact colleagues who have experience in child protection matters, such as named professionals within the PCT or local authority, in cases where there is any uncertainty.
- 13.14.46 The GP and PHCT are also well placed to recognise when a parent / other adult has problems which may affect her/his capacity as parent / carer, or which may mean s/he poses a risk of harm to a child.
- 13.14.47 While GPs have responsibilities to all their patients, the child is particularly vulnerable and **the welfare of the child is paramount**.
- 13.14.48 If the PHCT has concerns that an adult's illness or behaviour may be causing, or putting a child at risk of significant harm, staff should follow the procedures set out in module 4 of these procedures and '*What to Do If You're Worried a Child is Being Abused*'.

## AGENCY ROLES & RESPONSIBILITIES

- 13.14.49 GPs, together with other PHCT members, have an important role in all stages of child protection processes, from sharing information with Children's Social Care when enquiries are being made about a child and contributing to assessments, to involvement in a child protection plan to protect a child from harm.
- 13.14.50 GPs and other PHCT practitioners should make available to child protection conferences relevant information about a child and family, whether or not they – or a member of the PHCT – are able to attend.
- 13.14.51 GPs should take part in training about safeguarding and promoting the welfare of children and have regular updates as part of their postgraduate educational programme, and as employers should ensure that practice nurses, practice managers, receptionists and any other staff whom they employ, are given the opportunities to attend local courses in safeguarding and promoting the welfare of children, or ensure such training is provided within team.
- 13.14.52 PHCTs should have a clear means of identifying in records those children (together with their parents and siblings) who are the subject of a child protection plan. This will enable them to be recognised by practice partners and any other doctor, practice or school nurse or health visitor who may be involved in the care of those children. There should be good communication between GPs, health visitors, nurses and midwives in respect of all children about whom there are concerns.
- 13.14.53 GPs and other members of the ante-natal service need to be alert to and competent in recognising the risk of harm to the unborn child, and existing children, including domestic violence. It is estimated that 1/3<sup>rd</sup> of domestic violence starts or escalates during pregnancy and this is associated with rises in the rates of miscarriage, foetal death and injury, low birth weight, and prematurity.
- 13.14.54 Staff should note that vulnerable women are more likely to delay seeking care and to fail to attend clinics regularly. Those who require help should be referred to appropriate support and counselling services, or to the Police as appropriate.
- 13.14.55 Each GP and member of the PHCT should have access to a copy of these procedures.
- 13.14.56 PCTs are responsible for planning an integrated GP out-of-hours service in their local area and staff working within it should know how to access advice from designated and named professionals within the PCT, and these procedures.

### MIDWIFE, HEALTH VISITOR & SCHOOL NURSE

- 13.14.57 Midwives are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy. Other health professionals including maternity support workers, health visitors and, where applicable, specialist key workers may also be directly engaged in providing support.
- 13.14.58 The close relationship midwives foster with clients provides an opportunity to observe attitudes towards a developing baby and identify potential problems during pregnancy, birth and the child's early care.
- 13.14.59 Nurses work with children and families in a variety of environments and are well placed to recognise when a child is in need of help, services or at potential risk of significant harm.
- 13.14.60 The primary focus of health visitors' work with families is health promotion. Like few other professional groups, health visitors provide a universal service which, coupled with knowledge of children and families and expertise in assessing and monitoring child health and development, means they have an important role to play in all stages of family support and child protection.
- 13.14.61 Health visitors are often the starting point for child protection referrals and their continuing work in supporting families places them in a unique position to continue to play an important part as enquiries progress. A health visitor's relationship with a family must never prevent a referral if child protection concerns exist.
- 13.14.62 School nurses have regular contact with children who spend a significant proportion of their time in school. Their skills and knowledge of child health and development mean that, in their work promoting, assessing and monitoring health and development, they have important role in all stages of child protection processes.
- 13.14.63 Nurses, midwives and school nurses must be provided with child protection training and have regular updates as part of their post registration educational programme.

### MENTAL HEALTH SERVICES

- 13.14.64 Adult mental health services, including forensic services, together with child and adolescent mental health services, have a role to play in assessing the risk posed by perpetrators, whether they be an adult, child or young person, and in the provision of mental health treatment services for perpetrators where appropriate. In particular cases, the expertise of substance misuse and learning disability services will also be required.

### Child & Adolescent Mental Health Services

- 13.14.65 Standard 9 of the NSF is devoted to the Mental Health and Psychological Well-being of Children and Young People. The importance of effective partnership working is emphasised and this is especially applicable to children/young people who have mental health problems as a result of abuse and/or neglect.
- 13.14.66 In the course of their work, child and adolescent mental health professionals will inevitably identify or suspect instances where a child may have been abused and/or neglected. They should follow the child protection procedures laid down for their services within their area. Consultation, supervision and training resources should be available and accessible in each service.
- 13.14.67 Child and adolescent mental health professionals may have a role in the Initial Assessment process in circumstances where their specific skills and knowledge are helpful, e.g.:
- Children with severe behavioural and emotional disturbance, such as eating disorders or self-harming behaviour
  - Families when there is a perceived high risk of danger
  - Very young children
  - If child or abuser have severe communication problems
  - Situations where parent or carer feigns the symptoms of or deliberately causes ill-health to a child
  - Where multiple victims are involved
- 13.14.68 In addition, assessment and treatment services may need to be provided to young mentally disordered offenders. The assessment of children and adults with significant learning difficulties, a disability, or sensory and communication difficulties, may require the expertise of a specialist psychiatrist or clinical psychologist from a learning disability or child mental health service.
- 13.14.69 Child and adolescent mental health services also have a role in the provision of a range of psychiatric / psychological assessment and treatment services for children and families. Services that may be provided, in liaison with Children's Services, include provision of court reports and direct work with children, parents and families. Services may be provided either within general or specialist multidisciplinary teams, depending upon the severity and complexity of the problem.
- 13.14.70 In addition, consultation and training may be offered to services in the community including, for example Children's Services, schools, primary health care teams, and nurseries.

### Adult Mental Health Services

- 13.14.71 Adult mental health services, including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services, have a responsibility in safeguarding children when they become aware of or identify a child at risk of harm. This may be as a result of service's direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child.
- 13.14.72 Close collaboration and liaison between the adult mental health services and children's welfare services are essential and this may require sharing of information to safeguard and promote the welfare of children or protect a child from significant harm.
- 13.14.73 Child and adolescent mental health services can help facilitate communication between adult mental health services and Children's Social Care.

### DENTAL PRACTITIONERS

- 13.14.74 Dental practitioners and the dental care professionals (dental therapists, hygienists, nurse etc) work in a variety of settings as salaried staff of PCTs, providers of PCT commissioned services and as independent practitioners. They may see vulnerable children within health care settings and when undertaking domiciliary visits. They are likely to identify injuries to the head, neck, face, mouth and teeth as well as potentially identifying other child welfare concerns.
- 13.14.75 Dentists may also be able to discern examples of neglect of a child/ren through failed appointments, chronic tooth decay and parental failures to follow treatment plans.
- 13.14.76 The dental team, irrespective of setting, should be included within child protection systems and training within the local Trust. See *Child Protection and the Dental Team – an Introduction to Safeguarding Children in Dental Practice* May 2006 (at [www.cpdn.org.uk](http://www.cpdn.org.uk))
- 13.14.77 Dentists should also be provided with access to a copy of these LSCB procedures.
- 13.14.78 To practice effectively, dentists should:
- Possess sufficient knowledge and skills to identify concerns regarding a child's welfare
  - Be aware of how to refer to Children's Social Care
  - Know the identity of the PCT's named professionals from whom they may wish to seek advice

## AGENCY ROLES & RESPONSIBILITIES

### Other health professionals

13.14.79 In addition to the agencies and individuals described above, the following (and any others who offer services within Hertfordshire) are potential contributors to effective protection of vulnerable children:

- Clinical psychologists
- Staff in genito-urinary medical services
- Obstetric and gynaecological staff
- Occupational therapists and physiotherapists
- Staff in sexual health services
- Speech and language therapists
- NHS Direct
- Pharmacists, optometrists
- Members of all professions allied to medicine

13.14.80 The above individuals should:

- Have knowledge of these procedures and how to contact named professionals for advice and support
- Receive the training and supervision needed to recognise child welfare concerns
- Respond to the identified needs of children

## DESIGNATED & NAMED PROFESSIONALS

### Introduction

13.14.81 All NHS and Foundation Trusts, including PCTs should identify 'named' doctors and named nurses / midwives for child protection. In the case of NHS Direct and Ambulance Trusts, this should be a named professional. The focus for the named professional role is child protection within her/his own organisation.

13.14.82 Designated and named professional roles should always be explicitly defined in job descriptions and sufficient time and funding should be allowed to fulfil their child protection responsibilities effectively.

13.14.83 For large PCTs and Trusts which may have a number of sites, a team approach can enhance the ability to provide 24 hour advice and provide mutual support for those carrying out the designated and named professional role. If this approach is taken it is important to ensure leadership and accountability arrangements are clear.

### Designated professionals

- 13.14.84 Designated professionals should provide advice and support to named professionals in each provider Trust (named professionals are professionally accountable for child protection matters to the appropriate designated professional).
- 13.14.85 Designated professionals are a vital source of child protection advice to other professionals, PCT and to Children's Services and should comprise part of the local health service LSCB representation.
- 13.14.86 Designated professionals play an important role in promoting, influencing and developing relevant training, on a single and inter-agency basis to ensure the training needs of health staff are taken into account. They also provide skilled professional involvement in child protection processes in line with these LSCB procedures, and in serious case reviews.
- 13.14.87 Responsibilities of designated professionals can be summarised as:
- Providing the strategic health-lead on all aspects of health service contribution to safeguarding children within the PCT area (including all providers)
  - Supporting named professionals in meeting child protection specifications
  - Providing professional advice on child protection matters to the multi-agency network
  - Representing all health service providers on the LSCB and ensuring that each Trust has a specified link to the LSCB
  - Monitoring, evaluating and reviewing the health service contribution to the protection of children
  - Collaborating with LSCBs in each area and named professionals in each Trust in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews
- 13.14.88 Appointment as a designated professional does not, in itself, signify responsibility personally for providing a full clinical service for child protection. This should be the subject of separate agreements with relevant Trusts.

### Named professionals

- 13.14.89 Named professionals have a key role in promoting good professional practice within the Trust and provide advice and expertise for fellow professionals. They should have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.

13.14.90 The responsibilities of named professionals can be summarised as:

- Being a source of advice and expertise on child protection matters to all staff at the point of need
- Promoting good practice and effective communication within and between Trusts and all agencies on all matters relating to the protection of children
- Ensuring that arrangements are in place for child protection supervision and training of all staff involved in providing services to children and families and vulnerable adults who are parents or carers and/or who may pose a risk to children
- Ensuring child protection is an integral part of the Trust's risk management strategy and that key staff are aware of thresholds for triggering child protection enquiries and an assessment of risk
- Conducting the Trust's internal case reviews (except when they have had personal involvement when it will be more appropriate for the designated professional to conduct the review)
- Developing, monitoring and reviewing health service specifications and standards for child protection practice
- Ensuring there are effective systems of child protection audit to monitor the application of agreed child protection standards

### DRUG ACTION TEAMS

13.14.91 Drug Action Teams (DATs) (sometimes referred to as Drug and Alcohol Action Teams (DAATs) are local partnerships responsible for delivering the National Drug Strategy at a local level, with representatives from local authorities (including education, social care, housing), health, Police, probation, the prison service and the voluntary sector.

## 13.15 LICENSING AUTHORITY

13.15.1 The Licensing Act 2003 modernised the legislation governing the sale and supply of alcohol and public entertainment licensing so that:

- Various existing pieces of legislation were consolidated
- Licensing decisions could be made according to **local** considerations
- Licensing hours could be de-regulated

13.15.2 The Act removed liquor licensing powers from the magistrates' courts and created a 'licensing authority' in each local authority in England and Wales responsible for processing applications covering the sale and supply of alcohol, as well as public entertainment.

## AGENCY ROLES & RESPONSIBILITIES

- 13.15.3 Historical restrictions on the hours when alcohol could be sold were also removed so that licence applicants can request their own, independently determined hours of operation.
- 13.15.4 There are four 'licensing objectives' contained with the Act:
- Prevention of crime and disorder
  - Public safety
  - **Protection of children from harm**
  - Prevention of public nuisance
- 13.15.5 The Act allows a licensing authority to attach conditions relating to children's access to reflect the individual nature of each establishment, **if** relevant representations are made and this is necessary to do so in order to protect children from harm. Where there is no risk of harm, there need be no conditions applied.

### Responsible Authorities

- 13.15.6 A number of specified 'responsible authorities' must be notified of all licence variations and new applications and include:
- Police
  - Fire & Rescue and
  - 'A body which represents those who, in relation to any such area, are responsible for, or interested in, matters relating to the protection of children from harm, and is recognised by the licensing authority for that area for the purposes of this section as being competent to advise it on such matters'
- 13.15.7 Currently in Hertfordshire, the Safeguarding Board Manager on behalf of the LSCB is deemed to be the 'responsible authority' and can make representations to the licensing authority about a variation or new licence application, if applicants fail to consider the protection of children.
- 13.15.8 The Safeguarding Board Manager will log applications which should be forwarded to the relevant District Council by the applicant.
- 13.15.9 The Safeguarding Board Manager will be able to request that the protection of children be incorporated by way of condition/s on the relevant premises' licence or club premises certificate.
- 13.15.10 'Responsible authorities' also have the power to call for a review of an existing licence, based upon one or more of the above four licensing objectives.
- 13.15.11 The Hertfordshire Safeguarding Board Manager will also act as the 'responsible authority' and follow similar procedures in respect of the Gambling Act 2005.

## AGENCY ROLES & RESPONSIBILITIES

13.15.12 For Hertfordshire, the 'responsible authority' and contact details for applications and correspondence are:

- Hertfordshire Safeguarding Children Board Room 173 County Hall Peg Lane Hertford SG13 8DF

## 13.16 NATIONAL OFFENDER MANAGEMENT SERVICE

13.16.1 Historically distinct prisons and probation services have been unified to become the 'National Offender Management Service'.

### PROBATION

13.16.2 The Probation Service supervises offenders, with the aim of reducing re-offending and protecting the public

13.16.3 As part of their main responsibility to supervise them in the community, offender managers will be in contact with, or supervising, a number of offenders identified as presenting a risk, or potential risk, to children. They will also supervise parent / carer offenders. By working with them to improve their lifestyles and enable a change of behaviour, offender managers safeguard and promote the welfare of those children for whom offenders have a responsibility.

13.16.4 In addition, probation can provide direct services to children:

- To child survivors of serious sexual or violent offences
- Supervising 16 and 17 year olds subject to a Community Punishment Order
- Seconding staff to join YOTs
- Supporting women victims, and indirectly children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes
- Working with prisons, police, CSF, YOTs, mental health services and their partners to identify, assess and manage offenders who present a risk of serious harm to the public

### PRISONS

13.16.5 Governors of prisons (or, in the case of contracted prisons, their directors) also have a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children, not least those who have been committed to their custody by the courts.

13.16.6 In particular Governors / Directors of women's establishments which have mother and baby units have to ensure that staff working on the units are prioritised for child protection training, and that there is always a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid / child resuscitation.

## AGENCY ROLES & RESPONSIBILITIES

- 13.16.7 Each baby must have a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence on the unit.
- 13.16.8 Governors / Directors of all prison establishments must have in place arrangements that protect the public from prisoners in their care, including effective processes to ensure prisoners are unable to cause harm to the public and particularly children.
- 13.16.9 Restrictions should be placed on prisoners communications (visits, phone calls and correspondence) that are proportionate to the risk they present
- 13.16.10 All prisoners who have been identified as presenting a risk to children must not be allowed contact with children unless a favourable risk assessment has been undertaken that has taken into account information held by Police, probation, prison and Children's Social Care.
- 13.16.11 When seeking the views of parent / person with parental responsibility / carer about contact, it is important the child's views are sought and (subject to age / understanding) considered.

### 13.17 NSPCC

- 13.17.1 The NSPCC (National Society for the Prevention of Cruelty to Children) is the only voluntary organisation authorised (under the provisions of the Children Act 1989) to initiate proceedings to protect children. It is a specialist child protection agency that operates national twenty four hour help lines (contact details in appendix 1), accepts referrals and passes the information to the relevant Children's Social Care team.
- 13.17.2 Children's Social Care may also commission the NSPCC to undertake specific child protection related work, including s.47 enquiries and 'specialist investigations and assessments'
- 13.17.3 The NSPCC also provides other services that have comparable responsibilities to other voluntary agencies (see below).

### 13.18 OFFICE FOR STANDARDS IN EDUCATION (OFSTED)

- 13.18.1 Registered childminders and group day care providers must satisfy explicit criteria in order to meet the national standard with respect to child protection (standard 13). Ensuring that they do so is the responsibility of the early years directorate of OfSTED.

## AGENCY ROLES & RESPONSIBILITIES

- 13.18.2 OfSTED requires that:
- All childminders and group day care staff have knowledge of child protection, including the signs and symptoms of abuse and what to do if abuse or neglect is suspected
  - Those who are entrusted with the day care of children or who child mind have the personal capacity and skills to ensure children are looked after in a nurturing and safe manner
- 13.18.3 OfSTED seeks to ensure that day care providers:
- Ensure the environment in which children are cared for is safe
  - Have child protection training policies and procedures in place, which are consistent with these procedures
  - Are able to demonstrate that their procedures have been followed when an allegation is made
- 13.18.4 OfSTED must contact the relevant Children's Social Care about any child protection issues and, in consultation with that agency, consider whether any action needs to be taken to protect children attending the provision.
- 13.18.5 OfSTED must be informed when a child protection referral is made to Children's Social Care about:
- A person who works as a child minder or
  - A person who works in day care for children or
  - Any service regulated by OfSTED's early years directorate
- 13.18.6 OfSTED must be invited to any strategy meeting where an allegation might have implications for other users of the day care service and/or the registration of the provider (see [module 10](#)).
- 13.18.7 OfSTED must seek to cancel registration if children are at risk of significant harm by being looked after in childminding or group day care settings.
- 13.18.8 Where warranted, OfSTED will bring civil proceedings or criminal proceedings against registered or unregistered day care providers.

## 13.19 POLICE

- 13.19.1 The main roles of the Police are to uphold the law, prevent crime and disorder and protect the citizen.
- 13.19.2 All Forces have Child Abuse Investigation Units (CAIUs) that, notwithstanding variations in structures, staffing and nomenclature, normally take primary responsibility for investigating child abuse cases.

## AGENCY ROLES & RESPONSIBILITIES

- 13.19.3 Safeguarding children is not solely the role of the CAIU officers. It is a fundamental part of the duties of all Police employees, reflecting the Children Act 2004 duty, to 'safeguard and promote the welfare of children'. Officers engaged in, e.g. crime and disorder reduction partnerships, drug action teams etc. must keep in mind the needs of children in their area and patrol officers attending domestic violence incidents, should be aware of the effect of such violence on any children normally resident within the household
- 13.19.4 All CAIUs have IT capacity under the national IMPACT Nominal Index (INI) to quality check which Forces (broadly UK wide) hold information on a particular individual. The INI's capacity draws data from a number of Police databases including child protection, domestic violence, crime, custody and intelligence.
- 13.19.5 '*Investigating Child Abuse and Safeguarding Children*' -Association of Chief Police Officers (ACPO) in 2005 sets out suggested investigative doctrine and terms of reference for such units.

### HERTFORDSHIRE CAIU

- 13.19.6 Hertfordshire's CAIU is known within the Constabulary as the Major Crimes Specialist Investigation Unit (MCSI) and deals with serious allegations of child abuse and paedophile activity. It is part of 'Major Crime' within the 'Crime Management Department'.
- 13.19.7 MCSI (referred to within these procedures by the more familiar 'CAIU') investigates child abuse **only** in circumstances when criteria below are satisfied with respect to **both** offender and then offence:

#### Required criteria in relation to the offender

- Offender is within the family or extended family (family is defined as mother, father, siblings, aunt, uncle, grandmother, grandfather, first cousins, half brother, half sister and step and 'great relations' of the above)
- Offender is a professional working with children e.g. registered child minder, social worker, teacher, residential social worker or carer, dentist, doctor or health professionals and police officer
- Offender is known to the child and is in a position of trust e.g. a sports coach, scout leader, music tutor
- The offender is known to the child and is placed in a position of trust by the family, e.g. a babysitter

#### If offender criteria satisfied, criteria in relation to the offence

- Sudden unexpected deaths in infants (CAIU will lead on investigating these offences with support from the Major Crime Task Force (MCTF)).

## AGENCY ROLES & RESPONSIBILITIES

- Sexual assaults that satisfy the offender criteria, all 'consensual' sexual assaults when the victim is between thirteen and sixteen and the offender is over the age of twenty four
  - Historical sexual abuse allegations (the offence must have occurred when the victim was a child and offender / offence criteria in these terms of reference apply)
  - Sexual assaults by a child on another child under thirteen
  - Sexual assaults when the victim is of any age up to eighteen and the offender is within the family or extended family
  - All physical assaults where the victim is under sixteen
  - Allegations of neglect where the victim is under sixteen
  - Allegations of FGM if the victim is under the age of eighteen
- +

### Investigation of Paedophilia (to be conducted by the Paedophilia Investigation Unit)

- Child abuse on the internet: develop intelligence and investigate allegations of sexual crime relating to child abuse on the internet, namely downloading child abuse images, trading in child abuse images, distribution and production of child abuse images, engagement and internet seduction of children or sexual grooming, meeting a child following sexual grooming
- Sexual Activity: when the offender is not a family member, professional or in a position of trust and commits the following offences: arranging or facilitating commission of child sex offences, causing a child to watch a sexual act, engaging in sexual activity in the presence of the child
- Sex Offenders: develop intelligence and investigate allegations of serious sexual crime involving unrelated children by known or suspected sex offenders ensuring liaison is maintained with area registered sex offender's officers and the public protection unit
- Advice and Guidance: provide advice and guidance in relation to internet child sexual crime, predatory sexual behaviour against children and other investigations concerning child sexual crime

### Excluded matters

- 13.19.8 MCSCI will **not** investigate images distributed via mobile phones if initial recording of the image was consensual and later withdrawn **unless**.
- The victim is under thirteen or
  - There is other intelligence to suggest the offender is a paedophile
- 13.19.9 Investigations outside of the above remit will be referred directly to the Area Crime Unit covering the area where the alleged offences occurred. Final decisions over questions of remit lie with the DCI of MCSCI.

### INFORMATION GATHERING

- 13.19.10 The Police hold important information about children who may be at risk of harm as well as those who cause such harm and should share this information and intelligence with other organisations where this is necessary to protect children.
- 13.19.11 The above requirement includes a responsibility to ensure officers representing the Force at a child protection conference are fully informed about the case as well as being experienced in risk assessment and the decision-making process. Similarly, they can expect other organisations to share with them information and intelligence they hold to enable the Police to carry out their duties.
- 13.19.12 Police are responsible for evidence gathering in criminal investigations. This can be carried out in conjunction with other agencies but Police are ultimately accountable for the product of criminal enquiries.
- 13.19.13 Any evidence gathered may be of use to local authority solicitors who are preparing for civil proceedings to protect the victim. The Crown Prosecution Service (CPS) should be consulted, but evidence will normally be shared if it is in the best interests of the child.

### NOTIFICATIONS TO POLICE

- 13.19.14 Police should be notified as soon as possible when a criminal offence has been committed, or is suspected of having been committed, against a child.
- 13.19.15 Receipt of such notification does not always mean a full investigation will be required, or there will be further Police involvement. It is important though, that Police retain the opportunity to be informed and consulted, so as to ensure all relevant information can be taken into account before a final decision is made.
- 13.19.16 LSCBs are expected to have in place a protocol agreed between Children's Social Care and Police, to guide both organisations in deciding how enquiries should be conducted and, in particular, the circumstances in which joint enquiries are appropriate ([see 6.5](#)).
- 13.19.17 In addition to their duty to investigate criminal offences 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. Such powers should be used only when necessary, the principle being that wherever possible the decision to remove a child from a parent or carer should be made by a court. Home Office Circular 44/2003 gives detailed guidance on this.

## 13.20 PRISON SERVICE & HIGH SECURE HOSPITALS

- 13.20.1 When there are plans to release a prisoner convicted of an offence against children, prisons are required to notify Children's Social Care and Probation in the area in which the offender intends to be resettled on release. This notification enables enquiries to be made regarding potential risk posed to children.
- 13.20.2 High secure hospitals have a duty to implement child protection policies, liaise with the relevant LSCB, provide safe venues for children's visits and provide nominated officers to oversee the assessment of whether visits by specific children would be in their best interests (directions and associated guidance to Ashworth, Broadmoor and Rampton hospitals).
- 13.20.3 Children's Social Care may assist by assessing if it is in the best interests for a particular child in need / at risk to visit a named patient ([see 11.3](#)).
- 13.20.4 Many prisons operate a similar system in relation to sex offenders and other dangerous offenders

## 13.21 RSPCA

- 13.21.1 In the light of increased awareness of the possible links between child abuse and neglect and animal cruelty, the RSPCA introduced written reporting procedures in November 2001.
- 13.21.2 If an RSPCA inspector notices anything s/he considers to be child abuse or a concern about the welfare of a child, as described in module 3, s/he will report it to Police or Children's Social Care as outlined below.

### Emergency

- 13.21.3 In an emergency, the RSPCA inspector should report the concerns directly to the Police using the '999' system.
- 13.21.4 The inspector should record the information in her/his pocket book and pass it to the chief inspector. Form A (RSPCA referral form to Children's Social Care – available via [www.hertsdirect.org/safeguarding](http://www.hertsdirect.org/safeguarding)) should be completed and faxed to the local Children's Social Care for appropriate action.

### Non-emergency

- 13.21.5 The RSPCA inspector should note the concerns in her/his pocket book and pass the information orally to the chief inspector, or in her/his absence, the deputy chief inspector.

## AGENCY ROLES & RESPONSIBILITIES

13.21.6 The information is to be recorded on form A and submitted to the chief inspector as soon as possible within the next three working days.

13.21.7 The referral should then be sent to Children's Social Care, for appropriate action.

### Reciprocal reporting on animal welfare concerns

13.21.8 Where Children's Social Care staff have concerns about the welfare of an animal, they should report this to the RSPCA by completing form B, (Children's Social Care referral form to RSPCA – available via website [www.hertsdirect.gov.uk/safeguarding](http://www.hertsdirect.gov.uk/safeguarding)). Once completed the form should be sent to the relevant RSPCA chief inspector for appropriate action.

## 13.22 CHILDREN & YOUNG PEOPLE IN SECURITY

### RESPONSIBILITY FOR CHILDREN IN CUSTODY

13.22.1 Children's Social Care has the same responsibilities towards children in custody as it does towards other children in the authority area.

13.22.2 Local Authority Circular (LAC) 2004(26) sets out local authorities' responsibilities to children in custody and can be found at: [www.dh.gov.uk/publicationsandstatistics/lettersandcirculars/localauthoritycirculars/alllocalauthoritycirculars/localauthoritycircularsarticle](http://www.dh.gov.uk/publicationsandstatistics/lettersandcirculars/localauthoritycirculars/alllocalauthoritycirculars/localauthoritycircularsarticle)

13.22.3 The Youth Justice Board (YJB) has statutory responsibility for commissioning, and setting standards for service delivery in, all accommodation for children / young people in the 'secure estate' i.e.:

- Juvenile Young Offender Institutions (YOIs)
- Secure Training Centres (STCs)
- Secure Children's Homes provided by local authorities (LASCHs)

### YOUNG OFFENDER INSTITUTIONS

13.22.4 Governors / Directors are required to have regard to policies agreed by the Prison Service and the YJB, for safeguarding and promoting the welfare of children held in custody that are published in Prison Order 4950 (Juvenile Regimes'). Arrangements prescribed for juvenile establishments include the following:

- A senior member of staff, known as the 'child protection co-ordinator' or the 'Safeguards Manager', responsible to the Governor / Director for child protection and safeguarding matters; and a child protection committee whose membership includes a senior manager as the chair, multi-disciplinary staff and a representative of the LSCB who could be a member of the LSCB i.e. someone from another organisation, or an LSCB employee

## AGENCY ROLES & RESPONSIBILITIES

- A local, establishment-specific child protection and safeguarding policy, agreed with the LSCB, which has regard to the Prison Service's / YJB's overarching policy and which includes procedures for dealing with incidents or disclosures of child abuse or neglect before or during custody
- Suicide and self-harm prevention and anti-bullying strategies
- Procedures for dealing proactively, rigorously, fairly and promptly with complaints and formal requests, complemented by an advocacy service
- Specialised training for all staff working with children, together with selection, recruitment and vetting procedures to ensure that new staff may work safely and competently with children
- Action to manage and develop effective working partnerships with other organisations, including voluntary and community organisations, that can strengthen the support provided to the young person and their family during custody and on release
- An Initial Assessment on reception into custody to identify needs, abilities and aptitudes of the young person and the formulation of a sentence plan (including an individual learning plan) designed to address them, followed by regular sentence plan reviews
- Provision of education, training and personal development in line with the YJB's National Specification for Learning & Skills and the young person's identified needs
- Action to encourage the young person and her/his family to take an active role in preparation and subsequent reviews of their sentence plan, so that they are able to contribute to, and influence, what happens following release

## SECURE TRAINING CENTRES

- 13.22.5 STCs are purpose built secure accommodation units for vulnerable, sentenced and remanded juveniles (male and female) aged twelve to seventeen years old. The regime is focused on child-care and considerable time and effort is spent on individual needs so that on release young people are able to make better life choices.
- 13.22.6 Each STC has a duty to protect and promote the welfare of those children in its custody. Directors must ensure effective safeguarding policies and procedures are in place that explain staff responsibilities in relation to safeguarding and welfare promotion. These arrangements must be established in consultation with the LSCB.

## 13.23 SPORT

- 13.23.1 Many children regularly attend sports clubs and all such organisations should have their own child protection procedures and training for relevant staff and volunteers.

## AGENCY ROLES & RESPONSIBILITIES

- 13.23.2 Sports organisations can also seek advice on protection issues from the Child Protection in Sport Unit (CPSU) established as a partnership between the NSPCC and Sport England.
- 13.23.3 In partnership with Ladbrokes, the NSPCC has issued a free leaflet and checklist of questions (Have Fun Be Safe) that parents and carers should be asking for, from organisations offering sports activities for children (available from NSPCC and Ladbrokes shops).
- 13.23.4 As an example of best practice, the Football Association (FA) has its own child protection policy and procedures and provides mandatory training for coaches, referees and volunteers involved in local football clubs.
- 13.23.5 The child protection procedures instruct individuals to seek advice or make referrals to the NSPCC national twenty four hour help-lines, Children's Social Care or the Police.

## 13.24 VOLUNTARY AGENCIES / GROUPS

- 13.24.1 Voluntary agencies and groups play an important role in delivering services for children and young people including in early years and day care provision, family support services, youth work and children's social care and health care.
- 13.24.2 Voluntary organisations also deliver advocacy for looked-after children and young people and for parents and children who are the subject of s.47 enquiries and child protection conferences and often play a key role in delivering child protection plans.
- 13.24.3 All voluntary agencies / groups should be encouraged and supported (and those undertaking formally contracted work, required) to develop protection procedures consistent with this manual.
- 13.24.4 All agencies / groups should ensure that all staff and volunteers:
- Have been checked for suitability (including CRB checks) for working with children and understand the extent and limits of the volunteers' role
  - Are sensitive to the possibility of child abuse and neglect in all environments in which they have responsibility for children
  - Have access to training opportunities to promote their knowledge
  - Know how to report any concerns they have about possible abuse or neglect
  - Are vigilant about their own actions so they cannot be misinterpreted

## AGENCY ROLES & RESPONSIBILITIES

- 13.24.5 The agency / group should:
- Have guidelines about the care of children in the absence of parents, which respect the rights of the child and the responsibilities of the adults towards them
  - Have guidelines about safe caring practices e.g. not being alone with children without alerting others to why, ensuring all allegations, however minor, are reported to the agency/ group manager / leader
  - Nominate a senior member of staff to take responsibility for drawing up and maintaining policy for child protection
  - Promote and maintain links with local statutory agencies in relation to both general and specific child protection matters
- 13.24.6 Paid and volunteer staff can gain a general awareness of their responsibilities for safeguarding and promoting children's welfare and how to respond to child protection concerns by familiarising themselves with '*What To Do If You're Worried A Child Is Being Abused*'.
- 13.24.7 Whenever there is concern that a child has been abused or neglected a referral must be made without delay to the duty social worker for the area in which the child lives ([see 3.5](#)).
- 13.24.8 The duty social worker may also be contacted for informal advice.

## 13.25 YOUTH OFFENDING TEAM

- 13.25.1 The principal aim of the youth justice system is to prevent offending by children / young people. Youth Offending Teams (YOTs) - the main vehicle by which the above aim is delivered - are multi-agency teams which must include a probation officer, a Police officer, a health authority representative, someone with experience in education, and someone with experience of social work relating to children.
- 13.25.2 YOTs are responsible for the supervision of children / young people subject to pre court interventions and statutory court disposals.
- 13.25.3 Given their inter-agency membership, YOTs are well placed to identify those children / young people known to relevant organisations as being most at risk of offending and to undertake work to prevent them offending.
- 13.25.4 A number of those who are supervised by YOTs will also be 'children in need'; some of whose needs will require safeguarding. It is necessary therefore for there to be clear links between youth justice and child protection services both at strategic level and at a child-specific operational level.

## AGENCY ROLES & RESPONSIBILITIES

- 13.25.5 YOTs have a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- 13.25.6 A YOT officer should be identified to take a lead role for child protection.

## 13.26 YOUTH SERVICES

- 13.26.1 Youth and Community Workers (YCWs) have close contact with children / young people and should be alert to signs of abuse and neglect and how to act upon concerns about an individual's welfare.
- 13.26.2 Local authority youth services should give written instructions, consistent with '*What To Do If You're Worried A Child Is Being Abused*' and LSCB procedures, on when staff should consult colleagues, line managers, and other statutory authorities about concerns they may have about a child / young person.
- 13.26.3 The above instructions should emphasise the importance of safeguarding the welfare of children / young people and should assist staff in balancing the desire to maintain confidentiality with the individual, and the duty to safeguard and promote her/his welfare and that of others. Volunteers within the Youth Service are subject to the same requirement.
- 13.26.4 Where the local authority funds local voluntary youth organisations or other providers through grant or contract arrangements, it should ensure that proper arrangements to safeguard children / young people are in place e.g. this might form part of the agreement for the grant or contract. The organisations might get advice on how to do so from their national bodies or the LSCB.