

SECTION 2: ROLES AND RESPONSIBILITIES OF INDIVIDUAL AGENCIES AND ORGANISATIONS

This section sets out the roles of statutory and voluntary agencies and other associated groups in relation to safeguarding activities and how their duties and functions are organised in order to contribute to inter-agency co-operation for the safeguarding and protection of children.

Although this section relates specifically to the duties of particular professionals or groups, it has to be read in the context of the Safeguarding procedures as a whole. In addition, each agency has more detailed internal procedures which should also be consulted.

2.1 COMMON FEATURES OF ALL AGENCIES

All organisations that work with children need to have in place:

- Clear priorities for safeguarding and promoting the welfare of children explicitly stated in strategic policy documents
- A clear commitment by senior management to the importance of safeguarding and promoting children's welfare
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Recruitment and human resources management procedures that take account of the need to protect children and young people including arrangements for appropriate checks on new staff and volunteers
- Procedures for dealing with allegations of abuse against members of staff and volunteers
- Arrangements to ensure all staff undertake appropriate training to equip them to carry out their responsibilities effectively, and keep this up to date by refresher training at regular intervals, and that all staff, including temporary staff and volunteers who work with children, are made aware of the establishment's arrangements for safeguarding and promoting the welfare of children and their responsibilities for that
- Policies in place for safeguarding and promoting the welfare of children including a child protection policy, and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information and
- Appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

2.2 CHILDRENS SOCIAL CARE SERVICES

Children's services have the following responsibilities:

- Assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm
- Undertake, in conjunction with the police, enquiries under section 47 of the Children Act 1989 wherever there is reason to suspect that a child in its area is at risk
- Convene and chair child protection conferences
- Maintain the record of Children subject to a Child Protection Plan
- Provide a key worker for every child with a Child Protection Plan
- Ensure that the agencies who are party to the protection plan coordinate their activities to protect the child
- Undertake a core assessment in relation to each child with a Child Protection Plan, ensuring that other agencies contribute as necessary to the assessment
- Convene regular reviews of the child's progress through both core group and child protection conference review meetings
- Instigate legal proceedings where required

2.2.1 The primary duty of all staff, whatever their nominated role, is to protect children from significant harm.

Out-of-Hours Team (OOH)

The Out of Hours service provides emergency social work cover out of office hours, at weekends and during public holidays. This cover is necessarily limited to dealing with situations that occur out of office hours and cannot wait until office hours resume.

The Out of Hours service has access to the Integrated Children's System of Social Care case information and can access the Record of Children with Child Protection Plans.

When there is concern about alleged/ suspected abuse, the Out of Hours service should be contacted to consult about the situation. Out of Hours will complete the relevant form for every check of the Record of Children with Child Protection Plans and fax this to the Safeguarding Unit the following day, and check the record to ascertain whether the subject of the concern is already known to that record.

Where there are grounds to initiate section 47 enquiries OOH will take whatever protective action is necessary.

In all cases, the OOH will follow the procedures within this handbook as they apply to their practice out of hours.

The Role of Residential Support Workers

2.2.2 All Registered Children's Homes, Local Authority, Voluntary and Independent Homes, should have in place systems which aim to ensure children are protected from abuse. All staff should understand the principles and practice involved in the protection of children and take appropriate action if they have concerns or have reported to them possible evidence of abuse.

2.2.3 All homes should have in place policies and procedures, which comply with National Minimum Standards and Children Homes Regulations after April 2002, which include,

- Methods of care and control
- Use of restraint
- Countering bullying
- Child protection
- Arrangements for regulating and vetting visitors at the home
- Responding to allegations or suspicions of abuse
- Treatment of children who have been abused
- Spending one to one time alone with children
- 'Whistle blowing' by staff
- Care practices towards children of the opposite sex
- Dealing with sexuality and personal relationships
- Risk taking.

Disclosure of Abuse

2.2.4 If a young person discloses allegations of actual abuse or has visible injuries, which appear consistent with abuse, the staff member concerned should allow the young person to talk but not actively question them. They should be supportive and sympathetic but under no circumstance should they agree to keep any information confidential. As soon as possible the staff member should record the nature of the conversation making note of the date and time and sign the record. The record should be factual and contain if possible the words the young people actually stated. Any pictures a child may draw should also be collated. The young person should not be actively questioned about any suspicion of abuse by residential staff.

2.2.5 As soon as is practicable and without undue delay the staff member should consult with the manager or senior on duty and the Child's Social Worker who will decide on appropriate action in line with Section 47 procedures. This should be followed up in writing using e-mail with a full report attached as a secure and confidential document. Out of hours referrals should be made to Out of Hours Team on 0161 718 2118 and followed up in writing as above.

- 2.2.6 If the young person discloses allegations of abuse against a member of staff or professional they should refer to The Safeguarding Unit 0161 474 5657 and follow Section 10.4 'Professional Abuse' in Stockport Safeguarding Children's Board Child Protection Procedures. Failure to report is an offence and may lead to prosecution.
- 2.2.7 Members of staff should consult with the manager or senior member of staff on duty (unless they are implicated in the allegation of abuse (see 4.1.5)) before making the decision to make a referral unless this would be detrimental to the well being of the young person. Guidance can be sought from the Service Manager.
- 2.2.8 If a young person requires medical attention as a result of their injuries this should be accessed as soon as possible. If a young person has injuries, requires treatment and the staff are unsure as to the cause, medical attention should be sought and the matter discussed with the medical staff on duty. Safeguarding Children procedures will be followed at the General Practitioners or Hospital, if required.
- 2.2.9 The child/young person's family must be contacted as soon as possible as part of any section 47 investigation by the child's Social Worker, unless this is considered detrimental to the child.
- 2.2.10 The Team Manager should report any incident which leads to the serious harm or likely serious harm suffered by a child accommodated at the home to Ofsted.

Training

- 2.2.11 All staff should be trained in accordance with National Minimum Standards, which should include:
- Normal and abnormal child development
 - Exercising appropriate positive means of control over children in the interests of their own welfare and the protection of others
 - Use of restraint
 - Child protection
 - Dealing with sexuality
 - Health education relevant to growing children including diet and nutrition.
- 2.2.12 All managers should undertake specific training provided by Local Safeguarding Children's Board on the safeguarding children procedures within six months of appointment and this should be updated every three years.

2.3 ADULT SOCIAL CARE SERVICES

Those who work with adults 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. In particular, child protection issues may arise amongst parents or pregnant women who are in receipt of the following:

- ◆ Community mental health support
- ◆ Substance misuse services
- ◆ Learning disability services

In cases where both adults' and children's services are providing services to a family staff must communicate with each other and agree their interventions. Adult services staff who receive referrals about adults who are also parents must always formally consider and record whether there is a need to alert children's services to a child who is 'in need' and may be 'at risk of significant harm'.

If a child is in urgent need of protection the Child Protection procedures in this handbook must be followed including a referral to Children's Social Care. If the concerns are of a child "in need", the procedures in the Common Processes procedure should be followed in consultation with Social Care and/or the Common Processes team if appropriate.

2.4 EDUCATION SERVICES

Staff including: teachers, nursery nurses, teaching/non-teaching assistants, school support staff, staff in further education establishments, home tutors, education psychologists, education welfare officers, and youth workers.

Through their day-to-day contact with pupils, and direct work with families, education staff members have a crucial role to play in noticing indicators of possible abuse or neglect, and in referring concerns to the appropriate agency, normally Children's Social Care. When a child has special educational needs, or is disabled, schools will have important information about the child's level of understanding and the most effective means of communicating with the child. They will also be well placed to give a view on the impact of treatment or intervention on the child's care or behaviour.

Any member of staff who receives information or suspects that a child may be suffering, or may be at risk of suffering, significant harm should immediately consult the school Designated Teacher (Child Protection) or Head of Establishment, or in their absence, the most senior member of staff available.

In all cases, where child abuse is suspected and the child is in school, it is the responsibility of the Head or Designated (or senior) member of staff NOT that

of the health visitor or school nurse or education welfare officer, to proceed as follows:

- If a decision is reached to refer the matter to Children’s Social Care, professionals should seek to discuss any concerns with the family and, where possible, seek their agreement to make the referral prior to the referral being made.
NB: This should only be done where such discussion and agreement seeking will not place a child at increasing risk of significant harm.
- In cases of alleged sexual abuse, a referral should be made to Children’s Social Care without notifying or discussing the allegations with the parents.
- All urgent and child protection referrals, in the first instance, must be made by telephone to the Customer Enquiry and Referral Management Team on 0845 644 4313. Clear decisions should be made between the referrer and the social work duty officer, about who will be taking what action or that no further action will be taken; both parties should record these.
- Out of hours, contact the Out of Hours Team on 0161 718 2118.
- Follow up in writing on a CAF – a copy of the CAF should also be sent to the Common Processes Manager at Sanderling fax no: 0161 491 0654
- Document carefully the examination of the child and details of the interview with parent/carers about the inquiry or problem.
- A further copy of the form should be sent to Principal Education Welfare Officer.

Referrers should complete the form in as much detail as possible. Information should be factual and where possible qualified with the use of examples. It is not expected that referring agencies will undertake interviews with the child or family in order to obtain information that is not already known. However, every attempt should be made to ensure that as much information as possible is included on the form in order to prevent unnecessary delay.

Staff working in Education have no direct investigative responsibility and should not attempt any action that might negate or “contaminate” vital future evidence. Children’s Social Care, Police, and medical personnel will carry out investigations, and are trained in the investigation of abuse.

If emergency medical treatment or advice is required, school nursing and medical staff should be consulted. If there are difficulties in deciding what

steps to take, the CERMT duty officer or the Education Welfare Service are available for advice.

On occasions, and as part of their everyday duties, members of education staff will have involvement with children and their families within their own home, in schools and other settings, and outside of normal school or working hours.

In the event that child abuse is suspected, the relevant officer should make a telephone referral to the appropriate Children's Social Care (or Out of Hours Team). Clear decisions should be made between the referrer and the social work duty officer about who will be taking what action, or that no further action will be taken, these should be recorded by both parties. A completed CAF must be forwarded to Children's Social Care as soon as possible after a telephone referral. A further copy of the form should be sent to Principal Education Welfare Officer.

A member of staff making a referral should inform their line manager of the action as soon as possible. If there are difficulties in deciding what steps to take, the relevant Children's Social Care duty officer, Principal, Education Welfare Officer or the Out of Hours Team are available for advice.

Principal Education Welfare Officer

The Principal Education Welfare Officer is responsible for promoting the safeguarding of children within schools in order for schools and governing bodies to fulfil their responsibilities under section 175 and 157 of the Education Act 2002. The Principal Education Welfare Officer also has strategic and operational responsibilities as Lead Officer (Education) for Allegations of Professional abuse. The Principal Education Welfare Officer co-ordinates single agency safeguarding training for schools and consultation in relation to safeguarding in schools. The Principal Education Welfare Officer contributes a strategic and operational overview of these issues to the LSCB. Member of the LSCB sub groups - Implementation group, Policy and Practice and Performance Management group .The Principal Education Welfare Officer provides skilled professional involvement in line with the LSCB procedures and in Serious Case Reviews

Missing Children (Education)

If a child fails to appear at the school where they are a registered pupil or if there are any aspects of a pupils transfer which gives rise to concerns about a child's welfare, schools should report concerns to the Safeguarding Children's Unit or to the Education Welfare Service (see Statutory Guidance for Local Authorities in England to Identify Children not Receiving an Education and Pupil Registration Regulations 2006)

Independent Schools

The role of independent schools and independent residential schools in relation to safeguarding children is the same as that of all other schools. Children's Social Care offer support and advice and Education Welfare provide training and advice to independent schools in matters of safeguarding and children missing from education.

2.5 THE GREATER MANCHESTER POLICE SERVICE

The police have a general responsibility for the protection of life. The prevention and detection of crime and involvement in cases of child protection stems from this responsibility. The police focus is to determine whether a criminal offence has been committed, to identify the offender/s and to secure the best possible evidence so as to inform consideration of the institution of criminal proceedings.

The Headquarters Family Support Unit (VA 3/7) co-ordinates the protection of children and victims of domestic violence from abuse for Greater Manchester. All invitations to case conferences must be made to the Chief Inspector at Headquarters Family Support Unit (VA3/7) who will arrange representation at the Conference.

All police must, if they conclude a child may be at risk of significant harm liaise with the Family Support Unit (FSU) (see below). When considered necessary, emergency protective action must be taken.

The Divisional Family Support Unit should be informed as soon as possible where a criminal offence has been committed, or is suspected of having been committed against a child, in order that all relevant information can be taken into account, in determining what action should be taken in conjunction with the child's wishes, Children's Social Care and any other relevant agency. Consideration should always be given as to whether a prosecution would be in the best interests of the child.

Wherever possible, the investigation of abuse of children by those who have care, custody or control of them, or where there is child on child sexual abuse i.e. within the family setting, where the alleged perpetrator has care custody or control, should be conducted by officers who have received specialist training, and who are preferably from the Divisional Family Support Unit working in accordance with their terms of reference.

Investigations into allegations of stranger sexual abuse will be monitored by the Divisional Family Support Unit.

Children's Social Care must be informed of incidents of stranger sexual abuse where an assessment is required to determine the risk to any children in the offender's family.

Domestic Violence: Officers attending domestic violence incidents should always be aware of the emotional effect that domestic violence can have on children in the family. The Divisional Domestic Violence Officer should always be informed of domestic violence incidents, especially where there are children residing in the household. Reports of domestic violence incidents should also be sent to the Contact Centre for Children's Social Care.

Child Prostitution and sexual exploitation: Children and young people who become involved in prostitution or sexual exploitation must be treated as a

child likely to suffer significant harm and as such will be viewed as victims. Similarly, those individuals who exploit such children should be regarded as child abusers.

Child Pornography on the Internet: All incidents of child pornography on the Internet should be referred to the Abusive Images Unit at Grey Mare Lane Police Station.

FAMILY SUPPORT UNIT (FSU)

The FSU provide a service to:

- ◆ Protect life and prevent crime
- ◆ Investigate (often serious) crimes against children
- ◆ Instigate criminal proceedings (in conjunction with the CPS) provided that there is sufficient evidence, it is in the public interest to do so and that it is in the best interests of the child
- ◆ Share information within, and where necessary outside of the police service to protect children
- ◆ Support civil proceedings
- ◆ Set professional standards

The FSU's terms of reference are to investigate possible offences which occur:

- ◆ Within the family or extended family*
- ◆ In respect of looked after children where the alleged abuser is the carer or an employee of the organisation
- ◆ Where the victim is an adult but the abuse occurred whilst s/he was a child and under either of the above circumstances

*The term 'within the family or extended family' includes:

- ◆ All persons living within the same household as the child
- ◆ Any person, both voluntary and professional, entrusted with the care at the time of the alleged offence e.g. school teachers, youth workers, child minders etc and
- ◆ Regular visitors to the household e.g. neighbours, family friends, etc

Investigations falling within the above terms of reference will be conducted by the FSU responsible for the area in which the child was harmed.

Investigations, outside the FSUs terms of reference, will be dealt with (to the same standard) by CID officers from the police station which covers the area in which the offence occurred.

Criminal Proceedings

The police must be notified immediately when a criminal offence has been, or is suspected of having been committed against a child. The decision

concerning the instigation of criminal proceedings is made by police, whenever possible after consultation with other agencies and the decision is primarily based upon:

- Sufficiency of evidence.
- Interests of the child, and
- Public interest.

2.6 THE HEALTH SERVICES

All health professionals, in the NHS, private sector, and other agencies, play an essential part in ensuring that children and families receive the care, support and services they need in order to promote children's health and development. Because of the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children.

Health professionals have a major role in inter-agency care of children. This includes:

- Making initial referrals and assessments
- Contributing to child protection case conferences
- Playing a part, through the child protection plan, in protecting children from significant harm
- Providing ongoing care and support.

Safeguarding children is a theme throughout the National Service Framework (NSF) and one of its 11 standards deals with safeguarding and promoting the welfare of children.

The Health and Children's Services (Community Health and Standards) Act 2003 includes a duty on 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).

'*National Standards, Local Action*' DH 2004 incorporates Standards for Better Health, which describes the level of quality that health care organisations, including PCTs, 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 standards, such as national service frameworks, which the Healthcare Commission will use to assess continuous improvement.

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'. The NSF for Children, Young People and Maternity Services Foreword states the Government expects health, social and educational services to have met the standards set in that document by 2014.

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.

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.

The involvement of health professionals is important at all stages of work with children and families:

- Recognising children in need of support and/or safeguarding, and parents who may need extra help in bringing up their children
- Contributing to enquiries about a child and family
- Assessing the needs of children and the capacity of parents to meet their children's needs
- Planning and providing support to vulnerable children and their families
- Participating in Child Protection Conferences
- Planning support for children at risk of significant harm
- Providing therapeutic help to abused children and parents under stress (e.g. mental illness)
- Playing a part, through the Child Protection Plan, in safeguarding children from significant harm
- Contributing to Case Reviews

There will always be a need for close co-operation with other agencies, including any other health professionals involved.

Health services contribute to child protection through the:

- Recognition of children in need of support and/or protection during routine services e.g. child health promotion (immunisations, etc), GP and hospital out-patient visits, school health services etc
- Planning and provision of support to children in need
- Contribution to enquiries about the needs of an individual child, including attendance at strategy meetings
- Assessment of a child's needs and the parents' capacity to meet them
- Assessment of risks posed by adult patients, including those receiving treatment for substance misuse, those with mental health difficulties and/or learning difficulties

- Assessment of suitability for treatment of perpetrators of abuse
- Participation in child protection conferences
- Planning and participation in protection plans to support a child at risk of significant harm
- Provision of therapeutic help to a child and/or parents
- Contribution to case reviews

All health services staff have a duty to protect children and these procedures apply to staff in all NHS and other health services, all trusts, acute hospital Trusts, PCTs and Mental Health Trusts (MHTs). Health services staff includes:

- Community-based nurses, health visitors and midwives
- Hospital medical, nursing and midwifery staff
- General Practitioners (GPs)
- Dentists
- All mental health medical and nursing practitioners
- All learning disability medical and nursing practitioners
- NHS Direct medical and nursing staff
- Professions allied to medicine e.g. therapists, counsellors, administrative staff such as receptionists in GP practices

All health services staff must be:

- Alert to the possibility of child abuse and neglect
- Able to recognise, and know how to act upon, indicators that a child's welfare or safety may be at risk
- Familiar with these and any additional local procedures
- Able to access immediately contact details of the named or designated professionals from whom advice can be sought (see appendix 1 for local contact details)

Strategic Health Authority

The Strategic Health Authority (SHA) is responsible for performance managing and supporting development of Primary Care Trusts' arrangements to safeguard and promote the welfare of children and young people. SHAs will need to manage performance against the core and developmental standards and PCT's 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.

Responsibility of the PCT

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.

PCT Chief Executives have responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs commissioning arrangements. PCTs should work with local authorities that are children's services authorities to commission and provide services which are coordinated across agencies and integrated wherever possible.

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.

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.

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 annual business plan. This is particularly important where Trusts' boundaries straddle those of LSCBs. This includes ambulance trusts and NHS Direct services.

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.

The PCT is accountable for its own child protection structures and processes as well as for those in agencies from whom it commissions services. These responsibilities include:

- Providing the strategic health lead in inter-agency planning within the PCT area
- Ensuring that health services and health care workers contribute to inter-agency working
- Ensuring that all trusts are linked into the LSCB and that there is appropriate representation
- Co-ordinating the health component of serious case reviews

- Including clear standards in commissioning arrangements
- Appointing designated professionals
- Identifying a named public health professional for children in need and those in need of protection
- PCTs are expected to ensure that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements

PCTs should ensure that all their staff are

- Alert to the need to safeguard and promote the welfare of children
- Have knowledge of local procedures and
- Know how to contact the named and designated professionals

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.

PCTs will 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 will provide forensic, medical and counselling services involving specialist health input.

PCT commissioners are responsible with the 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.

Services specifications drawn up by PCT commissioners should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures.

Designated & Named Professionals

The PCT is responsible for designating a senior paediatrician and a senior nurse to take a professional lead on all aspects of the health service contribution to safeguarding children.

All health service trusts are also required to appoint 'named' professionals, a doctor and nurse and midwife (where appropriate) to take the professional lead on child protection matters within their respective trusts and service areas.

The responsibilities of designated professionals can be summarised as follows:

- Providing the strategic health lead on all aspects of the health service contribution to safeguarding children within the PCT area
- Supporting the named professionals in meeting child protection specifications
- Providing professional advice on child protection matters to the multi-agency 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 the LSCBs in each area and the named professionals in each trust in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews

The responsibilities of named professionals can be summarised as follows:

- Being a source of advice and expertise on child protection matters to all staff at the point 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 that child protection is an integral part of the trust's risk management strategy and that key staff are aware of the thresholds for triggering child protection enquiries and an assessment of risk
- Conducting the trust's internal case reviews
- 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

NHS And Foundation Trusts

NHS trusts, including mental health trusts 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.

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.

All NHS and foundation trusts should identify a named doctor and a named nurse/midwife for child protection.

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. In particular, staff working in Emergency Departments (ED), 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.

They should be alert to carers who seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries. Specialist paediatric advice should be available at all times to EDs and all units where children receive care.

If a child – or children from the same household – present repeatedly, even with slight injuries, in a way which doctors, nurses and other staff find worrying, they should act upon their concerns.

Children and families should be actively and appropriately involved in these processes unless this would result in harm to the child.

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.

Where the child is not registered, the appropriate contact in the PCT should be notified to arrange registration.

Consent should be sought from a competent child/young person for the health visitor and school nurse to be notified, where such professionals have a role in relation to the child.

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

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. Each of these bodies should have a

named professional for child protection. All staff should be aware of these procedures.

GPs and Primary Health Care Team

The GPs 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.

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 can alert the team if something is amiss.

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.

When other members of the PHCT become concerned about the welfare of a child, action should be taken in accordance with local procedures. In addition, the GP should be informed straight away. All PHCT members should know how to contact colleagues who have experience in child protection matters, such as named professionals within their PCT or local authority, in cases where there is any uncertainty.

The GP and the PHCT are also well placed to recognise when a parent or other adult has problems which may affect their capacity as a parent or carer, or which may mean that they pose risk of harm to a child. While GPs have responsibilities to all their patients, the child is particularly vulnerable and the welfare of the child is paramount.

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 section 4 of this manual and *What to Do If You're Worried a Child is Being Abused*.

Because of their knowledge of children and families, 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, as appropriate.

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. 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.

As employers, practice owners are responsible for their staff and therefore 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 undergo such training within the practice team, including on a whole PHCT joint basis.

It is good practice to 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 the partners of the practice and any other doctor, practice nurse or health visitor who may be involved in the care of those children. There should be good communication between GPs, health visitors, practice nurses and midwives in respect of all children about whom there are concerns.

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 a third 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.

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.

Each GP and member of the PHCT should have access to a copy of these procedures.

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.

Action to be taken

- Serious concerns should be referred immediately to the Children's Services Customer Enquiry and Referral Management Team (CERMT) on 0845 644 4313. Out of hours, contact the Out of Hours Team on 0161 718 2118.
- Follow up in writing on a CAF – a copy of the CAF should also be sent to the Common Processes Manager at Sanderling fax no: 0161 491 0654
- Document carefully the examination of the child and details of the interview with parent/carers about the inquiry or problem.

- Liaise, where appropriate, with the health visitor who may be able to provide additional information which will be of assistance to the GP or social worker in making an initial diagnosis and plan of action.
- Alternatively, and particularly when there is doubt, it may be appropriate to refer the child to the duty paediatrician at the Tree House, Stepping Hill Hospital.
- Advice can also be sought from the Designated Nurse Safeguarding Children (0161 419 2020).
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers. However, with an allegation of sexual abuse, this should be notified directly to the Children's Social Care CERMT.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.
- Planned emergency action will normally take place following an urgent strategy meeting between Children's Social Care, the Police and other relevant agencies. Where a single agency needs to take urgent protective action, a strategy meeting should take place as soon as possible.

Practice Nurses

In the course of their work those involved in this service may identify or suspect child abuse or become concerned about a child's welfare. Concerns must be shared:

- You should share your concerns with the GP and Designated/Named Nurse Safeguarding Children (do not let their absence delay your contact with Children's Social Care).
- If concerns are serious or urgent, refer by telephone to Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- Follow up in writing on a CAF – a copy of the CAF should also be sent to the Common Processes Manager at Sanderling – fax no 0161 491 0654
- You should also share your concerns with the health visitor.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.

- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.
- Planned emergency action will normally take place following an urgent strategy meeting between Children's Social Care, the Police and other relevant agencies. Where a single agency needs to take urgent protective action, a strategy meeting should take place as soon as possible.

Health Visitors and School Nurses

The primary function of health visitors' work with families is health promotion. Like few other professional groups, health visitors provide a universal service which, coupled with their knowledge of children and families and their 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. 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.

School nurses have regular contact with school-age 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 with children in promoting, assessing and monitoring health and development, they have an important role in all stages of the child protection process.

Health visitors and school nurses are routinely in contact with children and their families. Concerns about children can range from relatively minor worries about aspects of care to serious signs of abuse.

- If you have concerns or worries you should contact the Designated/Named Nurse Safeguarding Children who will offer advice and support.
- If concerns are serious or urgent, referrals must be made by telephone to the Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling – fax no 0161 491 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.

- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Midwives

Midwives are involved with parents from the confirmation of the pregnancy through until some time after the baby's birth. As well as working with their clients to ensure a healthy pregnancy and offering education on childcare and parenting, the close relationship they foster with their clients provides an opportunity to observe attitudes towards the developing baby and identifying potential problems during pregnancy, birth and the child's early care.

Concerns about babies and children can range from relatively minor worries about aspects of care to clear signs of abuse. If you have concerns or worries:

- You should consult the Named Midwife or Designated/Named Nurse Safeguarding Children or on-call Supervisor of Midwives.
- If your concerns are urgent or serious referrals must be made by telephone or the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Staff in the Emergency Department

All staff need to be alert to the indicators of child abuse they see in the course of their duties. These include:

- Repeated representation of the same child or children with minor injuries
- Injuries that cannot be explained
- Injuries to babies that are not mobile

- Frequent presentation for little apparent reason or where medical care from a number of sources has been sought in order to conceal the repeated nature of a child's injuries or other symptoms
- Parents exhibiting disturbed behaviour or unusual reactions to the child's injuries/symptoms
- The child showing signs of neglect or failure to thrive.

Action to be taken:

Should any member of the Emergency Department consider that a child has suffered actual or possible significant harm, the following action should be taken:

- Request a paediatric opinion.
- Record carefully the history and all clinical findings, including the presence or absence of external bruising. The use of a body diagram is very useful.
- If the parent/guardian/carer refuses to agree to the child's admission or referral to the Paediatrician or seeks to remove him/her from hospital, advice should be sought immediately from the consultant or his deputy. It may be necessary to make an urgent call to the Children's Social Care Duty Team to discuss whether an Emergency Protection Order is necessary.
- In an emergency when speed is imperative the Police should be contacted. They can obtain an immediate Emergency Protection Order empowering the hospital to detain the child for up to 72 hours.
- In cases of neglect or other concerns where the above procedure is not judged to be appropriate a 'Cause for Concern' form should be completed.
- Staff of the Emergency Department should also be aware of the impact of adult behaviour on children.

Children can be adversely affected by:

- The mental ill health of a parent or carer
 - Prolonged and/or regular exposure to domestic violence
 - Chaotic parental drug misuse
 - Parental alcohol misuse.
- Non-consultant medical and nursing staff concerned about the welfare of a child should initially discuss their concerns with the consultant managing the case.
 - If, having discussed concerns with the consultant responsible for the case, the concerns persist, the designated doctor or designated nurse should be informed.
 - All visits by children to the Emergency Department should be notified promptly to the relevant GP or Health Visitor.

- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Paediatric Medical Staff

If child abuse or neglect is suspected, a complete history must be obtained from the parents or carers. The child should receive a full medical examination with a careful and detailed written description of any injuries. The medical history should include any explanation of how any injuries occurred, documented verbatim. A body map should be completed to assist with documentation of injuries.

If there is a direct allegation of child sexual abuse Children's Social Care Duty Social Worker or the Police should be contacted immediately. The child's genitalia should NOT be examined unless there is clearly an injury that requires immediate medical attention, e.g. severe bleeding. The child should not be washed and underwear should be kept for forensic inspection. The duty team social worker and the police will contact St Mary's Children's Sexual Assault Referral Centre where a forensic medical assessment can be undertaken if considered appropriate.

If there is indirect concern re child sexual abuse the on-call paediatric consultant or designated doctor should be contacted for advice. The state of the child's physical care and behavioural presentation should be observed and recorded.

All children suspected of being abused should be admitted to hospital unless the Social Worker has investigated and agreed to the child returning home. Consideration should be given to the appropriateness of clinical photographs, selected or skeletal x-rays and bleeding/clotting tests. (See *Procedure for allowing children to leave hospital where there are concerns about their safety.*)

If child abuse/neglect is still suspected inform the consultant on call who will take responsibility for referring to the Children's Social Care Duty Team.

The parents should be informed as to the steps being taken and the reasons for them. If the parents refuse to co-operate, the duty Social Worker should be informed immediately so that appropriate legal procedures can be followed.

In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be

notified directly to Children's Social Care.

Consultant Paediatricians becoming concerned that the symptoms presented maybe fabricated or induced should discuss their concerns with Children's Social Care as per Fabricated and Induced Illness guidance to discuss the management plan. This may need to be done without parent's knowledge if this is deemed to be in the child's best interest.

In all cases of child abuse a child protection conference will be convened by the Safeguarding Children Unit. It is expected that relevant medical staff will attend and provide a written report.

Doctors are reminded of the importance of keeping a written record of the examination, statements made and action taken. They may be needed as the basis for a medical report for the courts.

In cases of neglect or other concerns, where the above procedure is judged not to be justified, he/she must discuss the matter with the GP and health visitor. The Consultant Paediatrician should be informed. This action must take place on the day suspicion is aroused, or at the latest, the next day.

The Paediatrician should make a referral to the Customer Enquiry and Referral Management Team on 0845 644 4313 or Out of Hours Team on 0161 718 2118, and complete a Professional Referral Form if concerns still exist. The GP should be informed.

Be prepared to attend or provide information for a planning meeting or case conference.

Under the provisions of the Children Act 1989 a child can refuse medical examination. If this occurs, the Medical Officer must not proceed but discuss the situation with the Consultant Paediatrician. Children's Social Care is also available for advice.

Every effort should be made to ensure that those with parental responsibility for the child are present at the time of the medical examination. In order to facilitate this, Children's Social Care should be contacted, depending upon individual circumstances.

Nurses and All Staff on Paediatric Ward

Nurses and other staff in paediatric wards have an important role in recognising child abuse.

- The Paediatric Consultant in charge of the child's care should be informed of all concerns of abuse or neglect as soon as possible.

- In many cases admission to the ward can give time to gather all necessary information to assist in managing the case.
- Following the above it may be necessary to refer to Children's Social Care. This should be done without delay to the Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact Out of Hours Team on 0161 718 2118.
- Complete the Professional Referral Form to follow up telephone referrals.
- Clinical management may include clotting studies, skeletal survey and clinical photographs. It is important where investigations are undertaken the reasons for these are explained to parents, guardian/carer and permission obtained wherever possible.
- Where permission is refused it will be necessary to discuss the course of action with Children's Social Care who may apply for an Emergency Protection Order.
- Non-consultant medical and nursing staff concerned about the welfare of a child should initially discuss their concerns with the consultant managing the case. If, having discussed concerns with the consultant responsible for the case, the concerns persist then the designated doctor or designated nurse should be informed.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse; this should be notified directly to Children's Social Care (Children's Social Care).
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Children's Disability Service

This service includes:

- Children's Short Break Service
- Child Development Unit
- Children's Community Learning Disability Team

In the course of their work those involved in this service may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or designated person. (Do not let their absence delay your contact

with Children's Social Care).

- If concerns are urgent or serious referrals must be made by telephone to the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313.
- Out of hours, contact Out of hours Team 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse, it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Other health professionals

There are a range of other health professionals work with children, young people and families to promote and support children's' health and development. These include:

- Community Alcohol Team
- Community Drugs Team
- Clinical Psychologists
- Staff in family planning clinics
- Staff working in young people's advice services
- Speech and Language Therapists
- Physiotherapists
- Occupational Therapists
- Community Paediatric Nurses
- Any health professionals visiting families at home, including District Nurses.

In the course of their work those involved in these services may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or designated person.
- If concerns are urgent or serious referrals must be made by telephone to the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact Out of Hours Team 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 491 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse, it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Child & Adolescent Mental Health Services

In the course of their work those involved in this service may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or Designated person (Do not let their absence delay your contact with Children's Social Care).
- If your concerns are urgent or serious referrals must be made by telephone or the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse; this should be notified directly to Children's Social Care.

- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Mental Health Services

‘Close collaboration and liaison between adult mental health services and children’s welfare are important in the interests of the children’. (*Working Together to Safeguard Children (2006)*)

All workers have a responsibility to safeguard children by identifying those at risk of harm whether they are working with the parent/s, carer, an abuser not related to the child or from assessment of an adult who is a potential or actual risk to children or young people. The welfare of the child is of paramount concern to all professionals. Mental health services include:

- General adult and community services
- Learning disability services
- Older people’s psychiatry service.

In the course of their work those involved in this service may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or Designated person (Do not let their absence delay your contact with Children’s Social Care).
- If your concerns are urgent or serious referrals must be made by telephone or the Children’s Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse; this should be notified directly to Children’s Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Questions to ask yourself and discuss with your supervisor:

- When does an adult's mental health pose a conflict of interest within the family?
- When does a parent's mental health pose risks for the safety and well-being of the child?
- What services are needed to meet the needs of both adults and children when risks are identified?

Private Health Care

All health professionals working in private health care have a duty to protect children. They should be aware of the Safeguarding Children procedures of the area in which they are working.

They must follow these procedures if they become concerned about the care or welfare of a child. This applies whether the adult or the child is their client/patient.

Confidentiality

- Many health professionals worry about the issues of sharing information and confidentiality.
- Research and experience have shown repeatedly that keeping children safe from harm requires professionals to share information.
- Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information. Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared.

Professional Guidance

Medical

The General Medical Council (GMC) has produced guidance entitled 'Confidentiality' (1995). It emphasises the importance in most circumstances of obtaining a patient's consent to the disclosure of personal information, but makes clear that information may be released to third parties – if necessary without consent – in certain circumstances. Those circumstances include the following:

Disclosure in the patient's medical interests

Problems may arise if you consider that the patient is incapable of giving consent to treatment because of immaturity, illness, or mental incapacity, and you have tried unsuccessfully to persuade the patient to allow an appropriate person to be involved in the consultation.

If you are convinced that it is essential on the patient's medical interests, you may disclose relevant information to an appropriate person or authority. You must tell the patient before disclosing any information. You should remember that the judgement of whether patients are capable of giving or withholding consent to treatment or disclosure must be based on an assessment of their ability to appreciate what the treatment or advice being sought may involve, and not solely on their age.

If you believe a patient to be a victim of neglect or physical or sexual abuse, and unable to give or withhold consent to disclosure, you should usually give this information to an appropriate responsible persons or statutory agency, in order to prevent further harm to the patient.

In these and similar circumstances, you may release information without the patient's consent, but only if you consider that the patient is unable to give consent, and that the disclosure is in the patient's best medical interests.

Disclosure in the interest of others

"Disclosures may be necessary in the public interest where a failure to disclose information may expose the patient, or others, to risk of death or serious harm. In such circumstances you should disclose the information promptly to an appropriate persons or authority."

The GMC has confirmed that its guidance on the disclosure of information which may assist in the prevention or detection of abuse, applies both to information about third parties (e.g. adults who may pose a risk of harm to a child), and about children who may be the subject of abuse.

Nursing

The Nursing and Midwifery Council (NMC 2004) in their "Code of professional conduct; performance and ethics" are clear that the disclosures of confidential information can be made only when:

- They can be justified in the public interest (usually where disclosure is essential to protect the patient or client or someone else from the risk of significant harm)
- They are required by law or order of court

The public interest means the interests of an individual or groups of individuals or of society as a whole and would, for example, cover matters

such as serious crime, child abuse, drug trafficking or other activities that place others at serious risk.

2.7 HOUSING SERVICES

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

Housing managers, whether 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 their day to day contact with families and tenants, may become aware of needs or welfare issues which they can either tackle directly (for instance by making repairs or adaptations to homes) or by assisting the family in accessing help through other organizations
- 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.
- Housing authorities have a front line emergency role for instance 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 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 Landlords (RSLs)

In many areas, local authorities do not directly own and manage housing, having transferred these responsibilities to one or more RSLs.

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.

RSLs are independent organisations, regulated by the Housing Corporation under its Regulatory Code and are not public bodies. RSLs are not under the same duties to safeguard and promote the welfare of children as are 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.

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 16 and 17 year olds.

Housing authorities / associations can help reduce risk to children by:

- Providing alternative accommodation to a parent and children if they have experienced domestic violence
- Ensuring that dangerous offenders are not offered tenancies in locations offering high levels of access to children
- Ensuring that wherever possible homeless families are provided with temporary accommodation within their home borough
- Ensuring that all homeless families with child/ren on the child protection register are offered temporary accommodation within their home area, unless alternative arrangements are consistent with the protection plan

2.8 GREATER MANCHESTER PROBATION SERVICE (GMPS)

GMPS is recognised as an agency with a key role to play in protecting vulnerable children. However, they are an agency that deals with the adult carers of vulnerable children, and not an agency with responsibility for direct contact and direct observation of children's progress in difficult situation.

They may however through the provision of a direct service to children identify concerns in the following circumstances:

- Offering a service to child victims of serious sexual or violent offences

- Supervising 16 and 17 year olds on Community Punishment
- 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

Information about possible child abuse may arise in a number of ways e.g. by personal observation, from the family, child, neighbours, Probation Centre, Courts, Family Court Welfare, Penal Institutions, Hostels or other agencies.

The key aims of the probation service are to reduce offending and to protect the public. Probation officers work predominantly with offenders aged eighteen years and over. Probation Officers may become involved with cases relevant to child protection:

- In the course of preparing reports to the criminal courts
- As a result of their responsibility for the supervision of offenders (including those convicted of offences against children)
- Where an offender had been subjected to abuse as a child
- Where a sixteen or seventeen year old offender is or has been the subject of abuse

Probation officers must refer a child to the Children's Social Care if concerned that a child may be in need or at risk of significant harm. The probation service has statutory responsibilities to assess and manage high risk offenders, principally via MAPPPs and PPU's. The probation service must contact and consult victims of serious crimes regarding release arrangements of offenders. If the victim is a child, Children's Social Care and other professionals who have contact, or good knowledge, of the child must be consulted.

Offender managers should also ensure there is clarity and communication between Multi-Agency Public Protection Arrangements (MAPPA) and other risk management processes e.g. in the case of safeguarding children, procedures covering registered sex offenders, domestic abuse management meetings, child protection procedures and procedures for the assessment of persons identified as presenting a risk or potential risk to children.

2.9 PRISONS

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.

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.

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.

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.

Restrictions should be placed on prisoner's communications (visits, phone calls and correspondence) that are proportionate to the risk they present. 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.

When seeking the views of parent / person who has parental responsibility or carer, about contact, it is important that the child's views are sought and (subject to age and understanding) her/his views considered.

2.10 YOUTH OFFENDING TEAMS (YOTS)

The Youth Offending Team may come into contact with Child Protection issues through work with your perpetrators and victims. The Youth Offending Team works to safeguard the interests and wellbeing of all young people whilst recognising the need to contain and manage the risk posed by some young people.

A Youth Offending Team worker may receive a disclosure of abuse from a young person, may observe behaviours that cause concern or may receive information from community networks. When alerted to potential abuse, all staff will follow these procedures.

Cases coming to the notice of the Youth Offending Team worker:

The Youth Offending Team worker will consult the Operational Manager or Team Manager immediately when it is suspected or believed that a child or young person is at risk of significant harm. The Manager will ensure that a referral is made to Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, the Out of Hours Team should be contacted (Tel no. 0161 718 2118).

A completed CAF form must be forwarded as soon as possible after a telephone referral. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.

Parents/Carers should be advised of concerns and of the referral to Children's Social Care unless this would prejudice the safety of the child or the worker. In the case of suspected sexual abuse, fabricated or induced illness the worker should not advise the parent/carer.

- Case conferences and reviews will be attended by the Youth Offending Team worker involved with the young person. It is desirable for the team leader to attend when possible.

Management of Child Protection and Persons who pose a risk to children cases

Any young person under supervision by the Youth Offending Team who is on the Child Protection Register or is a person who poses a risk to children will be highlighted on the YOIS front screen.

All child protection cases will be reviewed monthly by the Line Manager and every four months by the Operation Manager.

All offenders who are persons who pose a risk to children will be notified to Children's Social Care by the Youth Offending Team on sentence and, where applicable, on release from custody.

Abuse in Residential or Custodial Settings

The Youth Offending Team worker will discuss any suspicions or allegations with the Team Leader or Operational Manager. If appropriate the institution should be advised immediately so that internal safeguarding children procedures are instigated. The allegation or suspicion and actions taken should be fully recorded on YOIS.

Training

All Youth Offending Team workers (excluding administrative staff) will receive training in Child Protection. A training register will be maintained to ensure workers receive updates every 3 years. Induction procedures for all staff will include how child protection impacts on their role.

2.11 YOUNG OFFENDER INSTITUTIONS

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

- A senior member of staff, known as the 'child protection co-ordinator' or the 'Safeguards Manager', who is 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

- 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 the 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 the preparation and subsequent reviews of their sentence plan, so that they are able to contribute to, and influence, what happens to the young person in custody and following release.

2.12 CHILDREN AND FAMILY COURTS ADVISORY AND SUPPORT SERVICE (CAFCASS)

CAFCASS has the responsibility to advise the courts on the needs and interests of children who are the subject of family court proceedings principally in relation to the Children Act 1989 and the Adoption and Children Act 2002. This involves applications for residence or contact orders, care and adoption and disputes about specific issues such as preventing a child being taken abroad.

Staff employed by CAFCASS undertakes the roles of children's guardian, reporting officer, children and family reporter and parental order reporter. The functions of the service in respect of family proceedings in which the welfare of children is or may be in question are to:

- ◆ Safeguard and promote the welfare of children
- ◆ Give advice to any court about any application made to it in such proceedings

- ◆ Make provision for the children to be represented in such proceedings
- ◆ Provide information, advice and other support for the children and their families

CAFCASS staff should be informed of any section 47 enquiries on cases in which they have an involvement, and invited to strategy meetings, child protection conferences and child care reviews in an observer capacity.

CAFCASS' officers may be employees or self-employed and have distinct roles in private and public law proceedings which are principally:

- 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
- 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 the court in relation to applications under Section 8 of the Children Act 1989 (private law proceedings including applications for residence and contact), and increasingly also work with families at the initial stage of their application to the court
- CAFCASS officers can also be appointed to provide support under a Family Assistance Order under the Children Act 1989 Section 16 (as can local authority officers).

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; that power also extends to other records relating to the child and the wider functions of the local authority or records held by an authorised person i.e. NSPCC.

Where a CAFCASS officer has been appointed by the court as a children's guardian and the matter before the court relates to specified proceedings (specified proceedings include public law proceedings and applications for contact, residence, specific issue and prohibited steps orders which have become particularly difficult can also be specified proceedings), s/he should always be invited to all formal planning meetings convened by the local authority in respect of the child.

This includes statutory reviews of children who are looked after, child protection conferences and relevant adoption panels. The chair of such forums should ensure that all those attending such meetings, including the child and any family members, understand the role of the CAFCASS Officer.

2.13 CONNEXIONS

Connexions are tasked with provision of services to a wide age range of young people (13 to 19, and for the more vulnerable, up to 25 years of age). They need to refer matters either to the Children's Social Care if the child is 17 or below or to adult services if aged 18 or above.

Connexions (including sub-contractors) are responsible for:

- Identifying, keeping in touch with, and giving the necessary support to young people in their geographical area. Each young person's need are assessed and the support and continuing contact they receive is tailored to their assessed needs. A young person may receive any combination of the following according to their need: information, advice, guidance, counselling, personal development opportunities, referral to specialist services and advocacy to enable them to access opportunities funding or other services. The needs of young people from vulnerable groups such as teenage mothers, care leavers, young people supervised by YOTs, and young people with learning difficulty and/or disability are a particular priority for Connexions partnerships.
- Identifying young people who may be at risk and in these cases, for alerting the appropriate authority 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.
- 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.

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.

2.14 OFFICE FOR STANDARDS IN EDUCATION (OFSTED)

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.

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

Day care providers must:

- Have child protection training policies and procedures in place, which are consistent with these procedures
- Be able to demonstrate that their procedures have been followed when an allegation is made
- Ensure the environment in which children are cared for is safe

OFSTED must contact the relevant Children's Social Care about any child protection issues and, in consultation with Children's Social Care, consider whether any action needs to be taken to protect children attending the provision.

OFSTED must be informed when a child protection referral is made to the 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

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. 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. Where warranted OFSTED will bring civil proceedings or criminal proceedings against registered or unregistered day care providers.

2.15 NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN (NSPCC)

The NSPCC provide a number of services across the boroughs of Greater Manchester to include:

- Quality Parenting Family Support Services/Therapeutic work– 0161 794 4252

- Specialist Assessment Service - 0161 743 4640
- Specialist Investigation Service - 0161 628 4444
- Sexually Harmful Behaviour - 0161 743 4640
- There4me Internet counselling for young people
 - www.there4me.org.uk

The Helpline (0808 800 5000) is a Freephone number for anyone to use to report abuse, or to obtain advice and information in relation to Child Protection issues. Where matters of abuse are reported they will be passed on to the Social Service Duty Teams for investigation. The NSPCC does not carry out child abuse investigations, unless these are commissioned from Special Investigation Service for organised or complex abuse cases.

Stockport presently has a Service Level Agreement with NSPCC Manchester Team, which provides Assessment and Intervention Services to young people who display sexually harmful behaviour and therefore resources are available for services to this group of young people. Stockport has signed up to the AIM protocol (Assessment, Intervention and Moving On).

Referrals to NSPCC for Sexually Harmful Behaviour services should be discussed with Gani Martins, Principal Officer, Baker Street – Tel: 0161 474 4607, and then with the NSPCC Duty Officer – 0161 743 4640. A referral form will then need to be completed and sent to the address below.

Queries about local NSPCC services may be directed to the duty officer at;

NSPCC
14 Carolina Way
Salford M50 2ZY

Tel: 0161 743 4640

2.16 ARMED FORCES

Responsibility for the welfare of Armed Forces families is vested in the employing service and specifically in the commanding officer. The frequency of moves makes it imperative that Armed Forces authorities are fully aware of any child deemed at risk. All three Services provide professional welfare support to augment that provided by the Children’s Social Care:

- **Royal Navy** - provided by the Naval Personal and Family Service and Royal Marines Welfare (NPFs/RMW)
- **Army** - provided by the Army Welfare Service (AWS)
- **Royal Air Force** - by the Soldiers’, Sailors’ and Airmen’s Families Association-Forces Help (SSAFA-FH)

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

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). 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. 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.

The Service authorities co-operate with statutory agencies and support Service families where child abuse or neglect is suspected or occurs. The information they hold on any family can help in the assessment and review of child protection cases. They may also hold information on ex-Service families, which may help with current enquiries.

WITHIN UNITED KINGDOM

Service authorities, through their internal instructions, are made aware that the primary responsibility for the protection of children is with the local authority and that assistance should be given to enable it to fulfil its statutory obligations.

Army

The Army Families Welfare Service (AWS) provides a team based, confidential social work service employing trained army welfare workers, supervised by professional social workers, through the Soldiers, Sailors, Air Force Association - Forces Help (SSAFA - FH). In the event of a child protection enquiry Children's Social Care liaison should be with the welfare support officer and the SSAFA - FH social work advisor for the area.

Royal Air Force

The station's personnel department, usually the Officer Commanding Personnel Management Squadron (OCPMS), generally manages welfare support in the RAF. The department liaises and works closely with the SSAFA -FH social work assistant, and a professionally qualified social work advisor.

In the event of a child protection enquiry Children's Social Care liaison should be with the OCPMS and the SSAFA - FH social work advisor (see appendices for contact details).

Royal Navy / Royal Marines

All child protection matters are handled by the Naval Personal and Family Service (NPFs), the Royal Navy's own social work department. In the event of a child protection enquiry Children's Social Care liaison should be with the

