

LAUNCH OF THE
LOCAL SAFEGUARDING
CHILDREN BOARD

CONFERENCE REPORT

17th JUNE 2006



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INTRODUCTION

The Children Act 2004 followed the publication on 08.09.03 of the Government's formal response to the Victoria Climbié inquiry and its green paper "Every Child Matters". Every Child Matters proposed changes in policy and law to maximise opportunities and minimise risk for all children.

The overall aim of The Children Act 2004 is to create clear accountability for Children's Services, enable more effective joint working and to secure a better focus on Safeguarding Children.

The principal legislative changes introduce duties on Local Authorities to make arrangements through which key agencies co-operate to improve the well being of children.

The setting up of a statutory Local Safeguarding Children Board (under sec.13 of The Children Act 2004) to replace the non statutory Area Child Protection Committee (ACPC) is a corner stone to the implementation of the proposed changes.

This conference served as the formal launch of the Isle of Wight LSCB, and was an important opportunity for participants to consider the changes, discuss the barriers to implementation, and familiarise themselves with the core concepts of Lead Professional, Common Assessment Framework, Supervision, Policy and Common Values.

The key note speaker Jan Horwath (BA Hons) (AppSocStud), CQSW) Professor of Child Welfare, University of Sheffield Department of Sociological Studies, has a social work background and has worked as a practitioner, trainer and manager in a range of voluntary and statutory social work settings in England and New Zealand.

Since taking up an academic career in 1995, Jan has specialised in research and writing on child welfare policy and practice and professional education in social care. Findings from her studies have informed policy and practice developments in England, Republic of Ireland and Ukraine.

Jan brought a natural perspective to the Conference, whilst Kate Freeman highlighted the local context.

This report includes summaries of the actions that conference members felt were necessary to safeguard children, as well as a range of questions raised during the day. These will be used as the baseline for the LSCB to evaluate its effectiveness.



ACTIONS NECESSARY TO SAFEGUARD CHILDREN

- The 'teeth' need to be canine and incisors, not molars that just grind away.
- Effective communication at all levels is the main priority.
- Awareness raising for general public (types and levels of abuse).
- Adapt holistic approach
- Need to address incentives in employment
- Address training needs
- Feedback to referrers.
- Put Children first- above bureaucracy and not just statistics.
- Need to be proactive- not reactive
- Better awareness for route to report concerns e.g. use of credit card information.
- Correct information on CBR checks.
- Training, review, appraisal system in place.
- Dinosaur Isle staff need awareness raising training.
- Creation of one dataset is essential.
- Every intervention can be essential to successfully ensuring good health and well being outcomes for children.
- Need to review how we deliver service.
- Promote best practice.
- Develop clear guidance (age/ info sharing/ work experience).
- Show young people how to keep themselves safe.
- Increase confidence that families will receive safe and proportional support.
- LSCB is there for children above the interests of the agencies involved.
- Clear sign posting.
- Need to achieve common ownership- not 'pass the buck'.
- Enhance and formalise networking – clarify roles, what help is available and from where.
- Realistic appraisal of what Children's Services can and cannot do. Referral route and criteria.
- Staff need to be protected and supported too, to deliver services to families.
- Clarify lead professional role.
- Information to Scout Groups and people about the board.
- Child Protection Policies to be reviewed.
- Improve P.R (Child Protection – challenge the myths).
- Training, training and more joint training to build trust.
- Resource implications to be considered.
- Advice line to be set up.
- Clarity re: information sharing / court processes / data protection.
- Need to work across age barriers and funding silos so services can measure benefits that can be realised by application of ensuring resources.
- Identify who in Schools is most appropriate to do CAF- Vol. Sector to liaise with Children and Young Peoples Network – Consider link to Initial Assessments.

QUESTIONS RAISED BY CONFERENCE ATTENDEES

Training

1. Training is a key issue- how do we retain the focus of the child when the meeting is full of adults?
2. How will staff be freed up to undertake the training?
3. What specific guidance is given to professionals (such as that given to dentists)?
4. Could training for volunteers i.e. safeguards be part of an accelerated program?
5. How do we get over the 'what is that got to do with me'?
6. What materials will be available to publicise the Boards functions and keep the Voluntary sector informed, will LSCB précis key guidance?
7. How will training be done, by whom and who will finance?
8. Why does it have to be school workers that lead in Child Protection?
9. Need effective change to help shift culture of Safeguarding being everyone's business?

General

1. Is it window dressing really?
2. Why aren't many schools here- how will we involve them?
3. How can 1 or 2 people represent the whole of the Voluntary Sector?

Roles Evaluation

1. How do you work in a multi-agency way while maintaining your professional work?
2. How will it fit with the trust?
3. How will the independence of the LSCB chair conflict with the statutory responsibilities of its members?
4. How do we ensure everyone knows their role?
5. Where are the boundaries of responsibilities in leisure services business versus safeguarding. Danger of putting people off.

6. Are there too many boards/ partners to be effective?
7. How can effectiveness be demonstrated or measured?
8. How do we know that transition from child to adult will achieve full potential?
9. Should services strategically focus on specific ECM outcomes e.g. staying safe?
10. What is the interface i.e. Samaritans/ CAB's code of confidentiality and the LSCB?

Resources

1. Increased training can result in increased demand - how will we deal with this?
2. When will funding/ time/ staff come to deliver objectives?
3. How do we develop services in order to increase awareness?
4. Is respite care adequately resourced and funded?
5. How do we tell which the low priority cases are before they become high priority?
6. Is LSCB too big so that co-ordination will be difficult?
7. How do we make sure we have the ability to deliver the expectations of LSCB?
8. How will we resource the CRB checks?

Process

1. If you have suspicions about a colleague is everyone aware of the procedure?
2. How do you identify that a child is at risk - particularly those unpaid Vol. Sectors wishes?
3. How can we increase trust in each other to act correctly?
4. What difference will the reorganisation make in reality?
5. How does info sharing where there are court proceedings change?
6. How do we stimulate meetings around children?
7. Do you only get services if you are on the Child Protection Register?
8. Is it workable in terms of confidence in referrals?

9. Do we have the right language? Could the language be changed to be more proactive/ protective?

Voluntary Sector

1. Should volunteers be CRB checked- who will pay?
2. What level of CRB check is needed for volunteers? Is there any need if they are not on their own?
3. Where can Voluntary Sector get help/ information from i.e. their work with children?
4. How old should a volunteer be?
5. Will the LSCB have access to all CRB/ list 99 checks?
6. How are all the Community and Voluntary Sector going to be truly engaged and involved?

OUTCOME OF LOGO EVALUATION

This is the new logo for the Isle of Wight Local Safeguarding Children Board which has been chosen by professionals at the Conference, and by children and families at the Big Day Out.



FEEDBACK FROM WORKSHOPS

The purpose of these workshops was to achieve best outcomes for children and young people through a co-ordinated and consistent approach by giving delegates the opportunity to:

- increase their knowledge and understanding
- share experience
- inform developments

SUPERVISION – Karen Pothecary and Sally-Ann Garrett

The focus for this workshop was on the supervision and support for those who work with children and young people and gave the opportunity to share how this happens in practice, how it could happen and lines of accountability.

Notes from Workshop

The group make-up was varied with representation from:

- Elected Members of the Council
- a School Governor
- Youth Workers
- Head of Service in Speech & Language Therapy
- Representative from Surestart
- A Middle School SENCO

Extracts from two papers were handed out:

- 1999 Working Together document – definitions of supervision
- 2006 Working Together document – Climbié recommendations

The framework for discussion was:

- What is Supervision?
- What makes good supervision?

Other areas covered were:

- What are the different concepts of “supervision”
- Is supervision happening in all agencies?
- What is the evidence of supervision?
- Is supervision adequate?
- Is supervision effective?

- What are the skills of the supervisors?

Discussion reflected that the staff in the various agencies have different concepts of what supervision is, and how it is carried out, e.g. from managerial responsibility for performance management, to clinical supervision governed by protocols from a Professional College (RCSLT); one agency uses a brief/debrief session each day, whereas a clinical area uses a structured and changing approach over time, with a minimum of a monthly supervision meeting to discuss individual cases. Others keep records only when there is a problem.

We noted the different standards for frequency, and what actually takes place in supervision. We talked about the different ways in which supervision is carried out, the frequency and timing of meetings, and what records are kept. We noted that supervision may be an opportunity for asking questions, for receiving feedback, to provide support and pastoral care to staff, and that the style of the supervision should adapt to the needs of the supervisee over time, and circumstances. We looked briefly at what might prevent supervision happening – time constraints and pressure or demands of other things and avoidance of difficult issues.

This lead on to discussion about the referral process in cases of child protection or child in need, and the concept of threshold for referrals, and pathways to be followed (hierarchy of decision making, and channels of communication). Discussion was directed back to the topic, but it was noted how useful it was to help in understanding how other organisations operate.

We talked about the need for periodic audit of files; in some agencies, no files are kept with respect to the children and young people, only for the staff (supervision and PDR). Other agencies may keep files, but do not audit.

We identified the importance of:

- Understanding the roles of people involved in supervision: the Supervisor and the Supervisee
- The importance of a dedicated and protected time for supervision
- The need to keep adequate records (dated and timed, with identified record of the professional judgements and record of defensible position).

COMMON VALUES – Simon Dear, Helen Lewis and Claire Steen

This workshop gave the opportunity to explore the values and principles that those who work with children and young people have and to agree clear guidelines that will promote consistency, working together and the best outcomes for children and young people.

Notes from the Workshop

1. Safeguarding is everyone's responsibility
2. Raising awareness
3. Listen to the views of parents, carers, children and young people
4. Measure of choice and control given to parents, carers, children and young people in the development of services
5. Protecting from harm
6. Promoting welfare
7. Improving well being
8. Co-operating
9. Quality
10. Respect
11. Protecting children from maltreatment
12. Preventing impairment of children's health or development
13. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
14. Undertake that role so as to enable children to have optimum life chances and enter adulthood successfully
15. Preventing harm once protection from harm is in place and is robust
16. Clear thresholds and processes and a common understanding of them by everyone
17. Multi-agency assessment
18. Agreeing interagency protocols on key issues of concern such as children abused through prostitution; children living with domestic violence, substance abuse, or parental mental illness; female genital mutilation; forced marriage; children missing from school; children who may have been trafficked, and safeguarding looked after children who are away from home.
19. Resolving professional differences of view
20. Advocacy
21. Criteria for excluding parents in exceptional circumstances
22. Handling complaints
23. The need to monitor and evaluate
24. The drive to improve
25. Raising of concerns
26. Challenge
27. Clear governance and accountability
28. Learning from Serious Case Reviews
29. Objectivity
30. Independent Voice
31. Ensure action taken by one body does not duplicate that taken by another

32. Ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice
33. Effective engagement of all LSCB member organisations
34. Shared responsibility for determining how the necessary resources are to be provided to support the LSCB. Funding provided by member organisation is committed in advance, usually through a pooled budget.
35. Peer Review
36. Assessment

LEAD PROFESSIONAL – Prue Grimshaw and Rosie Rae

This workshop was aimed at exploring how a lead professional may be identified. The lead professional will be known to a child and will co-ordinate the services that are identified to meet that child's needs.

Notes from the Workshop

What interests me about lead professional?

- Where does this fit with parent for members?
- Have piloted LP on the Island.
- Where does YW fit in? What implications?
- Support to the lead member regarding CYP work.
- Where does P.A. fit with others?
- Where do AFL services and teachers fit? Training standardised.
- Clear definition regarding L.P. and protocols to ensure fit.
- As Lm for children to discharge duties and be supportive.
- Who determines the boundaries of the role?

Leadership

Leading by creating a vision, example, consulting with others to facilitate change.

Accountability

To take ownership of decisions made by the service and the individuals in it that affect service users, colleagues, employees 'DON'T PASS THE BUCK!'

Honesty

Tell it like it is (no agendas, no politics).

Respect for others

Taking the time to meaningfully work with people, listening to and valuing all contributions.

Objectivity

To allow time to reflect on practice, considering all the options, whilst maintaining the focus.

Integrity

Being true to our own values (and how they shape and support our organisation).

- Shape our lives.

Openness

Developing shared understanding, to facilitate freedom of communication and building of trust.

Selflessness

Considering the needs and interests of others over and above our own, to create and sustain a supportive environment.

POLICY INTO ACTION – John Evans and Alex Minns

It is no use having a policy that just sits on a shelf or in a drawer. This workshop was to explore how to ensure that your organisation's policy is put into day-to-day practice and the importance of learning from experience both within your organisation, locally and nationally.

Notes from the Workshop

Policy should be based on research, common fundamentals, and then made user friendly to specific organisations.

Need to engage whole staff group.

Present policies in different formats e.g. flowcharts and bullet points, summary- user friendly.

What to do/ who to contact is key information. Difficulties in cascading information and policies to very part- time staff and volunteers. Needs to be specific, rather than broad-brush training. E.g. role of swimming teachers, specific training for them.

Issue of cost for voluntary sector of doing CRB checks and training.

Charitable organisations have to follow the guidance but maybe it's acceptable to see a photocopy of one done last year.

Guidance is needed about whole CBR issues for voluntary, charity and commercial sector.

Understanding of child Protection policies can be checked in supervision and appraisal process.

Volunteers can become upset by CP training and need support afterwards.

Need to monitor working of child Protection procedures e.g. making sure all Schools have policies and all staff attend refresher training.

Very few people from voluntary groups have attended today especially the sports and activities.

Difficulty in engaging groups, do they wait to take responsibility, do they see the relevance to them and what they do? e.g. recreation groups.

Training is an issue for everyone, raising awareness, simplified versions of policies also for general public. Small diagram and card.

Importance of debriefing volunteers or occasional workers at the end of sessions to hear concerns.

Induction is to re-enforce c.p as part of your role. Conveying that staff have a responsibility to report concerns and work in a way which protects staff.

Commercial organisations would benefit from receiving training. Staff need to know what they should do in difficult circumstances, staff being left vulnerable.

We all need to know what happens to referrals e.g. why no action is taken. Need to build trust up. Referral and Assessment team now go back to tell referrers what has happened.

Work in partnerships, helpful to get feedback.

COMMON ASSESSMENT FRAMEWORK – Jenny Johnston and Sally Stewart

This workshop was to help delegates explore what is already in place that will support the Common Assessment Framework and how everyone can contribute to the process.

The Common Assessment Framework (CAF) is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England.

The CAF will promote more effective, earlier identification of additional needs, particularly in universal services. It is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development. Practitioners will then be better placed to agree, with the child and family, about what support is appropriate. The CAF will also help to improve integrated working by promoting co-ordinated service provision.

12 local areas formally trialed the CAF and the role of the lead professional during 2005-06; trials were evaluated by the University of East Anglia (UEA). Over two-thirds of local authorities chose to use the CAF during the trial year and materials were issued in April 2005 to support implementation. An evaluation report will be made available on the [DfES research website](#) in the near future.

Alongside the UEA evaluation, the DfES worked with the trialing groups to identify any early lessons, enabling them to share good practice and inform further development of the CAF materials. Following wide consultation, revised CAF materials have been issued, including practitioners' and managers' guides, CAF form, pre-assessment checklist and supporting tools.

All local authority areas are expected to implement the CAF between April 2006 and the end of 2008

Local Safeguarding Children Board

Launch Conference – Evaluations

47 Evaluation forms were completed at the conference.

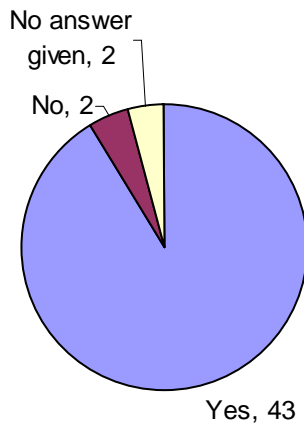
1. **As a result of the conference, do you feel that you have a greater understanding of what the LSCB is and what the key functions are?**



Comments:

- Need further clarification on relationship with Children's Trust
- Need to be kept abreast of how the Island model will be developed
- Gave context and greater understanding of local developments
- Excellent presentations
- Good keynote speaker
- Still more questions!
- Who is actually on it? How will we know what it is doing?
- C&YP code is very useful in developing individual working practices
- All the partnerships should be made aware of their role within it.
- I would like more information on the definition of the five outcomes.
- Very well organised and presented. Thank you all!

2. **Are you clear about your own / your organisations responsibility in terms of safeguarding children and young people?**



Comments:

- Need to build trust, understanding other agencies views
- Childrens code – very interesting! I think I am clear, but how clear are the agencies we work with?
- Everyone needs to develop an awareness of safeguarding from the lowest level.
- Lead by example with policies in place
- Yes – but for voluntary groups it was probably too high brow and policy (IWC) led.
- Well, clearer than before!
- I have asked for a briefing in the workplace, to inform staff about our responsibilities and the impact of new policies
- Would like more intra-agency discussion
- Clearer about the importance of voluntary sector role
- We have good working practices in place and value further information
- I would like more support with risk assessment content

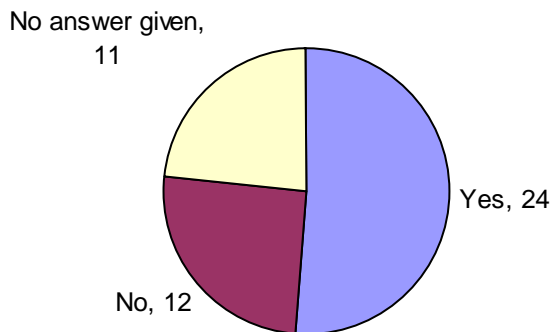
3. Which workshop did you attend?

Workshop	No. Attended	Did it fulfil your needs in terms of the development of your knowledge?	
		Yes	No
Policy in to Action (PiA)	12	11	1
Common Assessment Framework (CAF)	7	6	1 (not sure)
Common Values (CV)	10	10	0
Lead Professional (LP)	8	7	1
Supervision (Sup.)	5	4	1 (partially)
Facilitated	2	2	0
Did not say	3	2	1 (did not attend)

Comments:

- Still do not feel that I have all the information I need (CAF)
- Good signposting to more detailed information (CAF)
- Knowledge in terms of the Common Assessment Framework (CAF)
- It was a start (CAF)
- Thought provoking and enjoyable (CV)
- I was involved in the facilitation but I still learnt a lot from the participants (CV)
- Interesting session (CV)
- Will promote better / more communication with other departments (CV)
- Good to get a perspective from many services (CV)
- I enjoyed it. Very valuable discussions (CV)
- Very interesting and I now feel better informed. Will follow up with visits etc. (LP)
- It made significant progress towards this and helped us to consider the key issues and frame some important questions (LP)
- Broadened my knowledge of Children's Services (LP)
- Needs more debate (LP)
- Very interesting insight, into others views and practice (Sup.)
- Group discussion was very interesting (Sup.)
- Gave me a better understanding of "supervision" in other agencies (Sup.)
- Good to have confirmation of further support and inter-agency working (PiA)
- It has highlighted the weaknesses and strengths we have, and has resulted in some good feedback. We still need to see how it will affect us in detail (PiA)
- Workshop details should have been made available (content) before having to choose randomly by title! (PiA)
- Some helpful discussion but it would be interesting to see what action is taken to address issues and concerns (PiA)
- Getting Governors of schools to take responsibility and holds staff to a/c (PiA)

4. Do you think that there is a better way of communicating the role of the LSCB and the responsibilities of organisations and individuals for safeguarding children and young people?



Comments:

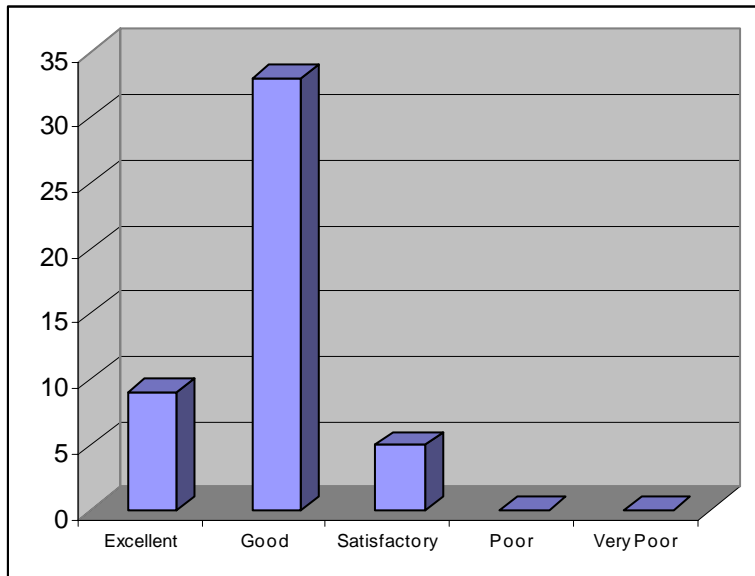
- Maybe, but I was happy with the presentation
- Perhaps a more individual response, i.e. roadshow
- Overall awareness raising, e.g. divisional magazines
- Publicity campaign for wider community
- Eduwight – forum agendas
- Need network to meet the need
- Conference and face-to-face chat is great – though does need to be followed up / supplemented by other means of communication too!
- Email / website – in an ideal world it would be very useful to have a consultant visit the sites / staff and suggest how to implement policy
- Named people in all organisations to attend information seminars
- The LSCB should be given a chance to prove itself as a very positive step in safeguarding children
- This conference information needs to be filtered through to all people working with children and young people
- This must be the beginning of a process rather than an end point
- Newsletter to all participating parties
- Need to get out in the community and make people aware of resources available
- Target the voluntary sector more through the media, RCC and organisation listings on iwight.com
- On-going training workshops
- Credit card sized leaflet with information and responsibilities
- For voluntary groups needs to be much more watered down
- Need a variety of events to attract different audiences

5. What do you think of the venue?

Comments:

- Good – particularly liked tables and bottles of water
- Appropriate
- Very Good, impressed with facilities and refreshments
- Good and roomy
- Good lunch
- Reasonable – however, very hard seating all day does not assist concentration
- Excellent
- Could do with a lick of paint, other than that Ok
- Ok – lots of space, but poor acoustics and problems with microphone
- Toilets not good
- Good – much better than I thought it would be!
- Ok- met all the requirements and good to use the school

6. How about the organisation of the conference?



WORKING TOGETHER TO SAFEGUARD CHILDREN 2006

CHAPTER 2 – Roles and Responsibilities

Introduction

2.1 An awareness and appreciation of the role of others is essential for effective collaboration between organisations and their practitioners. This chapter outlines the main roles and responsibilities of statutory organisations, professionals, and the voluntary sector in safeguarding and promoting the welfare of children.

2.2 At the same time it is important to emphasise that we all share responsibility for Safeguarding and promoting the welfare of children and young people. All members of the community can help to safeguard and promote the welfare of children and young people if they are mindful of their needs, and willing and able to act if they have concerns about a child's welfare.

Statutory Duties

2.3 All organisations that work with children share a commitment to safeguard and promote their welfare, and for many organisations that is underpinned by a statutory duty or duties. Local authorities that are children's services authorities have a number of specific duties to organise and plan services and to safeguard and promote the welfare of children.

2.4 County level local authorities, unitary authorities, district councils, NHS bodies (Strategic Health authorities, designated Special Health Authorities, Primary Care Trusts, NHS Trusts, and NHS Foundation Trusts), the Police (including the British Transport Police), probation and prison services (under the National Offender Management structure), youth offending teams, secure training centres and Connexions have a duty under s11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. Guidance for these organisations about their duty under s11 is contained in "Making Arrangements to Safeguard and Promote the Welfare of Children" published by DfES in August 2005 (Found at: <http://www.everychildmatters.gov.uk/resources-and-practice/IG00042/>)

2.5 Local Authorities also have a duty to carry out their functions under the Education Acts with a view to safeguarding and promoting the welfare of children under s175 of the Education Act 2002. In addition, maintained (state) schools and Further Education (FE) institutions, including 6th Form Colleges, also have a duty under s175 to exercise their functions with a view to safeguarding and promoting the welfare of their pupils (students under 18 years of age in the case of FE institutions). And the same duty is put on Independent schools, including Academies and technology colleges, by regulations made under s157 of the 2002 Act. Guidance to local authorities, schools, and FE institutions about these duties is in "Safeguarding Children in Education" published by DfES in September 2004. In addition under s87 of the Children Act 1989 independent schools that

provide accommodation for children also have a duty to safeguard and promote the welfare of those pupils. Boarding schools, residential special schools, and Further Education institutions that provide accommodation for children under 18, must have regard to the respective National Minimum Standards for their establishment. These can be found at:

http://www.csci.org.uk/information_for_service_providers/national_minimum_standards/default.htm

2.6 The Children and Family Court Advisory and Support Service (CAFCASS) also has a duty under s12(1) of the Criminal Justice and Court Services Act 2000 to safeguard and promote the welfare of children involved in family proceedings in which their welfare is, or may be, in question.

2.7 An overview of the duties mentioned above and the structure of children's services under the Children Act 2004 are set out in the Preface to this guidance and Appendix 1.

Common features

2.8 To fulfill their commitment to safeguard and promote the welfare of children all organisations that provide services for children, or 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 safeguard and promote the welfare of 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 (see paragraphs 6.20 to 6.30);
- Arrangements to ensure that 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;

- have policies in place for safeguarding and promoting the welfare of children (for example, pupils/students), including a child protection policy, and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures;
- have arrangements in place to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information;
- a culture of listening to and engaging in dialogue with children - seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the establishment or development of services; and,
- Appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

Local Authorities that are children's services authorities⁷

2.9 The safety and welfare of children is the responsibility of the local authority, working in partnership with other public organisations, the voluntary sector, and service users and carers. All local authority services have an impact on the lives of children and families, and local authorities have a particular responsibility towards those children and families most at risk of social exclusion.

2.10 These local authorities also have responsibility for safeguarding and promoting the welfare of children who are excluded from school, or who have not obtained a school place, for example children in Pupil Referral Units or being educated by the authority's home tutor service. They will also ensure that maintained schools give effect to their responsibilities for safeguarding: make available appropriate training, model policies and procedures: provide advice and support; and facilitate links and cooperation with other organisations. Authorities will normally extend these functions to any non-maintained special schools in their area.

2.11 A key objective for these authorities is to ensure that children are protected from harm. They provide a wide range of care and support for adults, children and families, including: children at risk of harm; disabled children; unaccompanied asylum seeking or refugee children; older people; people with physical or learning disabilities; people with mental health or substance misuse problems; ex-offenders and young offenders; families, especially where children have special needs, and/or where children are growing up in special circumstances as set out in the National Service Framework for Children Young People and Maternity Services, and for children who need to be accommodated or looked after by the local authority, through fostering or residential care; and children who are

⁷ County level or unitary authorities are defined as children's services authorities in the Children Act 2004, section 63 of the Act sets out the full definition.

placed for adoption. Local Authorities also have a duty under Section 17 of the Crime and Disorder Act 1998 to do all they reasonably can to prevent crime and disorder in the exercise of their functions.

⁷ County level or unitary authorities are defined as children's services authorities in the Children Act 2004, section 63 of the Act sets out the full definition.

2.12 These authorities have specific duties in respect of children under the Children Acts 1989 and 2004. They have a general duty to safeguard and promote the welfare of children in need in their area, and, provided that this is consistent with the child's safety and welfare, to promote the upbringing of such children by their families, by providing services appropriate to the child's needs. They should do this in partnership with parents and in a way which is sensitive to the child's race, religion, culture and language, and where practicable, take account of the child's wishes and feelings. Services might include day care for young children, after school care for school children, counselling, respite care, family centres or practical help in the home.

2.13 Within those authorities, children's social care staff act as the principal point of contact for children about whom there are welfare concerns. They may be contacted directly by children, parents, or family members seeking help, concerned friends and neighbours, or by professionals and others from statutory and voluntary organisations. The need for support needs to be considered at the first sign of difficulties as early support can prevent more serious problems developing. Contact details need to be clearly signposted, including on LA websites and in telephone directories.

2.14 Children's social care staff and LSCBs should offer the same level of support and advice to independent schools and Further Education colleges in relation to safeguarding and promoting the welfare of pupils and child protection as they do to maintained (state) schools. It is particularly important that children's social care staff and LSCBs establish channels of communication with local independent schools (including independent special schools), so that children requiring support receive prompt attention and any allegations of abuse can be properly investigated.

2.15 Under Part X of the Children Act 1989, as amended by the Care Standards Act 2000, local authorities are required to ensure that information and advice about day care and childminding is made available, and that training is provided for day care providers and childminders. Local authorities' training programmes for early years staff, in the private and voluntary sectors as well as in the maintained sector, should include training in child protection procedures.

2.16 Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard or promote the child's welfare (see Chapter 5).

2.17 Where a child is at risk of significant harm, children's social care staff are responsible for co-coordinating an assessment of the child's needs, the parents' capacity to keep the child safe and promote his or her welfare, and of the wider family circumstances.

Secure Children's Homes

2.18 Local authority secure children's homes provide care and accommodation for young people placed under a secure welfare order for the protection of themselves or others, and for those placed under criminal justice legislation by the Youth Justice Board. Secure children's homes, like all children's homes, are registered and inspected and must comply with the Children's Homes Regulations 2001 and meet the Children's Homes National Minimum Standards, both of which cover a range of issues including child protection. (See also para 2.112 - The Secure Estate for Children and Young People).

Other Local Authority Roles

Housing authorities and registered social landlords

2.19 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, 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. For instance:

- 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 organisations;
- 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 local authority children's social care carry out assessments under S17 or S47 of the Children Act 1989. Conversely children's 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; and

- 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.

2.20 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.

2.21 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 fulfill their duties to the vulnerable and those covered by the Government's Supporting People policy.

2.22 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.

Sport, Culture and Leisure Services

2.23 Sport and cultural services designed for children and families such as libraries, play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres are directly provided, purchased or grant aided by Local Authorities, the commercial sector, and by community and voluntary organisations. Many such activities take place in premises managed by authorities or their agents.

2.24 Staff, volunteers and contractors who provide these services will have various degrees of contact with children who use them, and appropriate arrangements will need to be in place. These should include:

- procedures for staff and others to report concerns that they may have about the children they meet that are in line with "What To Do If You Are Worried A Child Is Being Abused" and LSCB procedures, as well as arrangements such as those described above; and,

- appropriate codes of practice for staff, particularly sports coaches, such as those issued by national governing bodies of sport, the Health and Safety Executive, or the Local Authority. Sports organisations can also seek advice on child protection issues from the Child Protection in Sport Unit (CPSU) which has been established as a partnership between the NSPCC and Sport England.

Youth Services

2.25 Youth and Community Workers (YCWs) have close contact with children and young people and should be alert to signs of abuse and neglect and how to act upon concerns about a child's welfare. Local Authority youth services (LAYS) should give written instructions, consistent with "What To Do If You're Worried A Child Is Being Abused" and LSCB procedures, on when YCWs should consult colleagues, line managers, and other statutory authorities about concerns they may have about a child or young person. The LAYS instructions should emphasise the importance of safeguarding the welfare of children and young people and should assist the YCW in balancing the desire to maintain confidentiality between the young person and the YCW, and the duty so safeguard and promote the welfare of the young person and others. Volunteers within the Youth Service are subject to the same requirement.

2.26 Where the local authority funds local voluntary youth organisations or other providers through grant or contract arrangements, the authority should ensure that proper arrangements to safeguard children and young people are in place (for example, this might form part of the agreement for the grant or contract). The organisations might get advice on how to do so from their national bodies or the LSCB.

Health Services

The impact that abuse and neglect have on children's development

2.27 The National Service Framework for Children, Young People and Maternity Services (NSF) highlights the serious impact child physical, emotional or sexual abuse or neglect and domestic violence (and parental mental ill health, substance misuse problems) can have on all aspects of a child's health, development and well being. This impact can last throughout adulthood. The high cost of this to both individuals and to society underpins the statutory responsibility of all health organisations to make arrangements to safeguard and promote the welfare of children⁸. This is defined⁹ as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

⁸ Guidance on section 11 of the Children Act 2004

⁹ Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act, HM Government. 2004

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

2.28 The NSF sets out a ten-year programme for improving the quality of services for children, young people and pregnant women. Safeguarding children is a theme running through the NSF and standard 5 deals specifically with safeguarding and promoting the welfare of children. The NSF is an integral part of the Every Child Matters: Change for Children Programme.

2.29 Health professionals and organisations have a key role to play in actively promoting the health and well-being of children. Section 11 of the Children Act 2004¹⁰ places a duty on Strategic Health Authorities, designated Special Hospitals, Primary Care Trusts, NHS Trusts and NHS Foundation Trusts to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

2.30 The Public Health White Paper and Delivery Plan sets out the issues of safeguarding and promoting the welfare of children in a public health policy and prevention context.

General principles

2.31 The aim is to ensure that all affected children receive appropriate and timely therapeutic and preventative interventions. These principles apply to all health services and health service providers in both the NHS and independent healthcare settings.

2.32 The safety and the health of a child are intertwined aspects of their well being. Many “health” interventions also equip a child to “stay safe”¹¹.

2.33 All health professionals working directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care they offer. Other health professionals who come into contact with children, parents and carers in the course of their work also need to be aware of their responsibility to safeguard and promote the welfare of children and young people. This is important even when the health professionals do not work directly with a child, but may be seeing their parent, carer or other significant adult.

2.34 All health professionals who work with children and families should be able to:

- Understand the risk factors and recognise children in need of support and/or safeguarding;
- Recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help;

¹⁰ Section 11 of the Children Act 2004 came into force on 1 October 2004.

¹¹ Staying Safe – is a key outcome of Every Child Matters

- Recognise the risks of abuse to an unborn child;
- Contribute to enquiries from other professionals about a child and their family or carers;
- Liaise closely with other agencies including other health professionals;
- Assess the needs of children and the capacity of parents/carers to meet their children's needs including the needs of children who display sexually harmful behaviours;
- Plan and respond to the needs of children and their families, particularly those who are vulnerable;
- Contribute to child protection conferences, family group conferences and strategy discussions;
- Contribute to planning support for children at risk of significant harm e.g. children living in households with domestic violence, parental substance misuse;
- Help ensure that children who have been abused and parents under stress (e.g. who have mental health problems) have access to services to support them;
- Play an active part, through the child protection plan, in safeguarding children from significant harm;
- As part of generally safeguarding children and young people, provide ongoing promotional and preventative support through proactive work with children, families and expectant parents; and
- Contribute to serious case reviews and their implementation.

2.35 The above should all be undertaken with reference to the core processes set out in this document (summarised in What to do if you're worried a child is being abused, DH 2003), Responding to domestic abuse: A handbook for health professionals, DH 2005, and Local Safeguarding Children's Board (LSCB) procedures. It is essential that all health professionals and their teams have access to advice and support from named and designated child safeguarding professionals and undertake regular safeguarding training and updating.

Standards and Healthcare

2.36 National Standards, Local Action, DH 2004¹² incorporates Standards for Better Health, DH 2004, which describes the level of quality that health care organisations, including NHS Foundation Trusts, and private and voluntary providers of NHS care are expected to meet. It sets out core standards, which are not optional, 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””

2.37 The NSF, especially in Standard 5 “Safeguarding and Promoting the Welfare of Children and Young People”, gives additional detail and markers of good practice in achieving this. In discharging their roles and responsibilities, NHS organisations will therefore need to meet core standard C2 and take account of the NSF.

2.38 The Healthcare Commission is responsible for assessing and reporting on the performance of the NHS and independent health organisations, to ensure that they are providing a high standard of care. The Healthcare Commission is required to pay particular attention to “the rights and welfare” of the child and to safeguard the public by acting swiftly and appropriately on concerns about healthcare. In addition, the Healthcare Commission is also responsible for regulating the independent healthcare sector.

2.39 All health organisations whether in the NHS or independent health sector should ensure safeguarding children is an integral part of their governance systems.

Recruitment

2.40 All healthcare organisations must ensure they have in place safe recruitment policies and practices, including enhanced Criminal Record Bureau (CRB) checks, for all staff, including agency staff, students and volunteers, working with children.

Training

2.41 All staff involved in working with children should attend training in safeguarding and promoting the welfare of children and have regular updates as part of any post registration educational programme.

¹² The NHS is increasingly assessed through core and developmental standards. The Health and Social Care (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’ (s45) and gives the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty (s46).

2.42 Employers have a responsibility to ensure that all staff, including administrative staff are given opportunities to attend local courses in safeguarding and promoting the welfare of children or ensure that safeguarding training is provided within the team. See chapter 4 for details of inter-agency training.

HEALTH ORGANISATIONS

Strategic Health Authorities

2.43 The Strategic Health Authority's (SHA's) role is to performance manage and support the development of NHS and Primary Care Trusts' arrangements to safeguard and promote the welfare of children and young people¹³. SHAs will need to manage performance against the core and developmental standards and Trusts' implementation of child protection serious case review action plans. They will be able to draw on the findings of a number of inspection processes- the Joint Area Review and Youth Offending Teams Inspections undertaken by a number of inspectorates working in partnership, including the Health Care Commission; and the annual health checks, improvement reviews and investigations undertaken by the Healthcare Commission. Their membership of the LSCBs will enable them to oversee the health contribution to safeguarding children at local level. The Department of Health holds SHAs to account for this role.

Primary Care Trusts

2.44 Primary Care Trusts (PCTs) are under a duty to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. PCTs should work with local authorities to commission and provide co-coordinated and, wherever possible, integrated services. PCTs should identify a senior lead for children and young people¹⁴ to ensure that their needs are at the forefront of local planning and service delivery. There should be a named public health professional who addresses issues around children in need as well as those in need of protection.

2.45 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. The PCTs' role is not only about specific clinical services, but also about exercising a public health responsibility for a whole population and a key task is ensuring the health and well-being of children in need in their area. Where practice-based commissioners undertake commissioning of services, this should be done in partnership with PCTs who will need to ensure their safeguarding duties are fulfilled.

¹³ Foundation Trusts are accountable to an independent corporate body called Monitor. It is responsible for authorising, monitoring and regulating NHS Foundation Trusts.

¹⁴ NSF Core Standards 3 – Markers of good practice

2.46 PCTs must co-operate with the Local Authority in the establishment and operation of the LSCB and as partners share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children. Representation on the Board should be at an appropriate level of seniority. PCTs are also responsible for providing and / or ensuring the availability of appropriate expertise and advice and support to the LSCB 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 coordinating the health component of serious case reviews (see Chapter 8). They should notify the SHA of all serious case reviews. The PCT must also ensure that all health organisations including the independent healthcare sector with whom they have commissioning arrangements have links with a specific LSCB and that health agencies work in partnership in accordance with their agreed LSCB plan. This is particularly important where Trusts' boundaries/catchment areas are different to those of LSCBs. This includes ambulance trusts and NHS Direct services.

2.47 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.

2.48 Each PCT is responsible for identifying a senior paediatrician and senior nurse to undertake the role of designated professionals for safeguarding children across the health economy and for identifying a named doctor and a named nurse (or midwife) who will take a professional lead within the PCT on safeguarding children matters. (For more detail see paragraphs 2.60 to 2.65). Designated professionals should be performance managed in relation to their designated functions, at the level of Board Level Director who has executive responsibility for safeguarding children as part of their portfolio of responsibilities. If this person is not the Board level lead for clinical governance and clinical professional leadership, the designated professional will also need to work closely with this lead person. 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.

2.49 PCTs are expected to ensure that safeguarding and promoting the welfare of children are integral to clinical governance and audit arrangements. Service specifications drawn up by PCT commissioners should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures. By monitoring the service standards of NHS Foundation Trusts and contracted service providers PCTs will assure themselves that service providers are meeting the required safeguarding standards.

2.50 PCTs should ensure that all primary care teams have easy access to paediatricians 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. These arrangements should avoid repeated examinations.

2.51 PCTs jointly commission services of Sexual Assault Referral Centres (SARCs) with the police and voluntary sector organisations for victims of rape and sexual assault, including services for children and young people. SARCs provide forensic, medical and counselling services involving specialist sexual health input. This is a target in the Public Health White Paper Delivery Plan, and joint Department of Health, National Institute for Mental Health in England and Home Office national service guidelines have been published on Developing Sexual Assault Referral Centres (2005).

NHS Trusts and NHS Foundation Trusts

2.52 NHS Trusts, Mental Health Trusts and NHS Foundation Trusts are responsible for providing health services in hospital and community settings. They must co-operate with the Local Authority in the establishment and operation of the LSCB and as statutory partners share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children. Representation on the board should be at an appropriate level of seniority. A wide range of their staff will come into contact with children and parents in the course of their normal duties. All these staff should be trained in how to safeguard and promote the welfare of children, be alert to potential indicators of abuse or neglect in children, and know how to act upon their concerns in line with LSCB procedures.

2.53 All NHS Trusts and NHS Foundation Trusts should identify a named doctor and a named nurse/midwife for child protection (see paragraphs 2.60 to 2.65 for more detail).

2.54 Staff working in Accident and Emergency (A&E) departments, ambulatory care units, walk in centres and minor injury units should be able to recognise abuse and be familiar with local procedures for making enquiries to find out whether a child is subject to a child protection plan. Staff in A&E departments should also be alert to the need to safeguard the welfare of children when treating parents or carers of children. They should also be alert to parents and 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 A&E Departments, and all units where children receive care. If a child – or children from the same household – presents repeatedly, even with slight injuries, in a way which doctors, nurses or other staff find worrying, they should act upon their concerns in accordance with Chapter 5 of this guidance (the key processes are summarised in What To Do If You're Worried A Child Is Being Abused). Children and families should be actively and appropriately involved in these processes unless this would result in harm to the child.

2.55 The relevant child's GP should be notified of visits by children to an A&E department, ambulatory care unit, walk in centre or minor injury. Where the child is not registered, the appropriate contact in the Primary Care Trust is to be notified for arranging registration. Consent should be sought from a competent child or young person for the PCT, health visitor and school nurse or other health professional to be notified where such professionals have a role in relation to the child. This will require careful

discussion and explanation, but overriding a refusal to provide consent should only take place when there is a public interest of sufficient force. Where there is a clear risk of significant harm to a child, or serious harm to an adult, the public interest test will almost certainly be satisfied.¹⁵ In such circumstances the reasons for taking such action should be carefully documented and an explanation given to the child or young person.

Ambulance trusts and NHS Direct sites

2.56 The staff working in these health services will have access (by phone or in person) to family homes and be involved with individuals in a time of crisis and may therefore be in a position to identify initial concerns regarding a child's welfare. Each of these organisations should have a named professional for child safeguarding. (See paragraph 2.60 to 2.65 for more detail) All staff should be aware of local procedures in line with LSCB policies.

Independent sector

2.57 PCTs should ensure that through their contracting arrangements, independent sector providers deliver services that are in line with PCTs' obligations with respect to safeguarding and promoting the welfare of children and their duty to notify the local authority of children who are, or are likely to be accommodated for at least three months.¹⁶ Should the Healthcare Commission be obliged at any time to consider deregistration of the independent healthcare provider there is a need to ensure measures are in place to make arrangements to re-provide relevant services for children as quickly and safely as possible. PCTs should ensure that they apply the same standards and requirements as for NHS providers (as set out at in paragraphs 2.36-2.39) when contracting with the independent sector. PCTs will need to ensure that appropriate links are established between independent providers and LSCBs and that the provider is aware of LSCB policies and procedures. Employers should have access to regular safeguarding training and supervision. Where PCTs have commissioning arrangements with independent providers then the provider should have a named professional on site, and access to designated professionals for complex issues or where concerns may have to be escalated and involve social services. Clinical networks¹⁷ can provide a further opportunity for sharing highly specialised resources across teams and geographical areas.

¹⁵ Information Sharing: Practitioner's Guide provides advice on these issues -see www.everychildmatters.gov.uk

¹⁶ Section 85, Children Act 1989

¹⁷ A guide to promote a shared understanding of the benefits of managed local networks, DH

HEALTH PROFESSIONALS

Designated and Named Professional

2.58 The terms ‘designated’ and ‘named professionals’ denote professionals with specific roles and responsibilities for safeguarding children. All PCTs should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the PCT area, which includes all providers. PCTs should ensure establishment levels of designated and named professionals are proportionate to the local resident populations following any mergers, and to complexity of provider arrangements. For large PCTs, NHS Trusts and Foundation Trusts which may have a number of sites, a team approach can enhance the ability to provide 24 hour advice and provide mutual support for those carrying out the designated and named professional role. If this approach is taken it is important to ensure that the leadership and accountability arrangements are clear.

2.59 Designated and named professional roles should always be explicitly defined in job descriptions and sufficient time and funding should be allowed to fulfill their child safeguarding responsibilities effectively. Intercollegiate Safeguarding competencies and job description work will be published.

Designated Professional

2.60 Appointment as a designated professional does not, in itself, signify responsibility personally for providing a full clinical service for child protection. This will usually be done by a team of professionals. Designated professionals provide advice and support to the named professionals in each provider trust. Designated professionals are a vital source of professional advice on safeguarding children matters to other professionals, the PCT, Local Authority children’s services departments and the LSCB.

2.61 Designated professionals play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis to ensure the training needs of health staff are addressed. They also provide skilled professional involvement in child safeguarding processes in line with LSCB procedures, and in serious case reviews. As part of serious case reviews they should review and evaluate the practice and learning from all involved health professionals and providers who are involved within the PCT area. For more detail see paragraph 8.18.

Named Professional

2.62 All NHS Trusts, NHS Foundation Trusts, and PCTs providing services for children should identify a named doctor and a named nurse/midwife for safeguarding. In the case of NHS Direct and ambulance trusts, and independent providers this should be a named professional. The focus for the named professional role is safeguarding children within their own organisation.

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

2.64 Named professionals should support the Trust in its clinical governance role by ensuring audits on safeguarding are undertaken and that safeguarding issues are part of the Trust's clinical governance system.

2.65 The named professional will usually be responsible for conducting the Trust's internal case reviews except when they have had personal involvement in the case, when it will be more appropriate for the designated professional to conduct the review. The named professional will also be able to ensure the resulting action plan is followed up. They also have a key role in ensuring a safeguarding training strategy is in place and delivered within their organisation.

Paediatricians

2.66 Paediatricians, wherever they work, will come into contact with child abuse in the course of their work. All paediatricians need to maintain their skills in the recognition of abuse, and be familiar with the procedures to be followed if abuse and neglect is suspected. Consultant paediatricians in particular may be involved in difficult diagnostic situations, differentiating those where abnormalities may have been caused by abuse from those which have a medical cause. In their contacts with children and families they should be sensitive to clues suggesting the need for additional support or inquiries.

2.67 Where paediatricians undertake forensic medical examination, they must ensure they are competent to do so, or work together with a colleague such as a forensic medical examiner who has the necessary complementary skills¹⁸.

2.68 Paediatricians will sometimes be required to provide reports for child protection investigations, civil and criminal proceedings and to appear as witnesses to give oral evidence. They must always act in accordance with guidance from the General Medical Council and professional bodies, ensuring their evidence is accurate.

2.69 Some paediatricians will act as independent expert witnesses in legal proceedings. The Academy of Royal Colleges issued guidance for those undertaking expert witness work in 2005¹⁹.

¹⁸ The core and case dependent skills required are outlined in detail in 'Guidance on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse (2004), produced by the Royal College of Paediatrics and Child Health and the Association of Forensic Physicians.

¹⁹ Medical Expert Witness: Guidance from the Academy of Medical Royal Colleges. (2005) www.aomrc.org.uk

Dental Practitioners and Dental Care Professionals (DCPs)

2.70 Dental practitioners and the dental care professionals (dental therapists, dental hygienists, dental nurses etc) work in a variety of settings as salaried staff of PCTs, as providers of PCT commissioned services and as independent practitioners. They may see vulnerable children both within health care settings and when undertaking domiciliary visits. They are likely to identify injuries to the head, neck, face, mouth and teeth, as well as potentially identifying other child welfare concerns.

2.71 The dental team, irrespective of the healthcare setting in which they work, should therefore be included within the child protection systems and training within the local trust. Child protection and the Dental Team – an introduction to safeguarding children in dental practice will shortly be published as guidance for all dental practice staff. Dentists should have access to a copy of the LSCB's procedures.

2.72 The dental team should have knowledge and skills to identify concerns regarding a child's welfare, know how to refer to children's social care, and who to contact for further advice, including the named professionals in the local health trust.

Other Health Professionals

2.73 All other health professionals and staff who provide help and support to promote children's health and development should have knowledge of the local LSCB procedures and how to contact named professionals for advice and support. They should receive the training and supervision needed to recognise and act upon child welfare concerns, and to respond to the needs of children. This includes those covered in the preceding sections and those such as:

- clinical psychologists;
- staff in genito-urinary medicine services;
- obstetric and gynaecological staff;
- occupational therapists, physiotherapists;
- staff in sexual health services;
- speech and language therapists;
- optometrists;
- pharmacists; and
- other professions allied to medicine;

This list is not exhaustive.

HEALTH SERVICES

Universal services - General Practitioner, the Primary Health Care Team, practice employed staff and school nurses

2.74 General practitioners (GPs), other members of the primary health care team (PHCT) and practice employed staff have key roles to play both in the identification of children who may have been abused and those who are at risk of abuse; and in subsequent intervention and protection. Surgery consultations, home visits, treatment room sessions, child health clinic attendance, drop-in centres and information from staff such as health visitors, midwives, school nurses and practice nurses may all help to build up a picture of the child's situation and can alert the team if there is some concern.

2.75 All PHCT members and practice employed staff 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. In addition, where the GP is not making the referral, they should be informed at the earliest opportunity.

2.76 The GP, practice employed staff 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 a risk of harm to a child. While GPs have responsibilities to all their patients, children may be particularly vulnerable and their welfare 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, they should follow the procedures set out in Chapter 5 of this guidance (summarised in *What to Do If You're Worried a Child is Being Abused*).

2.77 Because of their knowledge of children and families, GPs, together with other practice staff and PHCT members, have an important role in all stages of child protection processes, from appropriate information sharing (subject to normal confidentiality requirements) 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, practice staff 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.

2.78 All GPs have a duty to maintain their skills in the recognition of abuse, and to be familiar with the procedures to be followed if abuse is suspected. GPs should take part in training about safeguarding and promoting the welfare of children and have regular updates as part of their postgraduate educational programme and as employers should ensure that practice nurses, practice managers, receptionists and any other staff whom they employ, are given the opportunities to attend local courses in safeguarding and

promoting the welfare of children or ensure that safeguarding training is provided within the team.

2.79 PHCTs should have a clear means of identifying in records those children (together with their parents and siblings) who are the subject of a child protection plan. This will enable them to be recognised by 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, school nurses, practice nurses and midwives in respect of all children about whom there are concerns.

2.80 Standard 1 of the NSF outlines the new universal child health promotion programme. This provides a framework to ensure the promotion of the health and well-being of individual children and young people. The child health promotion programme is being delivered by multi-agency support services involved with children and young people including GPs, midwives, health visitors, dentists, early years workers, school nurses and teachers working together. The programme addresses the needs of children from preconception to adulthood and integrates pre-school and school aged health promotion and assessment. All professionals need to be alert to concerns and the requirements to safeguard children. More support should be targeted to children and families who are vulnerable or those with complex needs.

2.81 The NSF recognises that many children will have contact with a variety of professionals beyond those described in the child health promotion programme. If concerns arise during an assessment that may require support from another agency it will be important for the professionals involved to work in partnership and share relevant information as required in accordance with confidentiality obligations.

2.82 PCTs are responsible for planning integrated GP out-of-hours services in their local area and staff working within these services should know how to access advice from designated and named professionals within the PCT, and local LSCBs. Each GP and member of the PHCT should have access to a copy of the local LSCB's procedures.

2.83 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 safeguarding children and child safeguarding processes.

Maternity services

2.84 Midwives are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy. However, other health professionals including maternity support workers, health visitors and, where applicable, specialist key workers may also be directly engaged in providing support. The close relationship they foster with their clients provides an opportunity to observe attitudes

towards the developing baby and identify potential problems during pregnancy, birth and the child's early care.

2.85 It is estimated that a third of domestic violence starts or escalates during pregnancy (see paragraphs 11.45 to 11.50). All health professionals working with pregnant women should understand that vulnerable women are more likely to delay seeking care, to fail to attend antenatal clinics regularly and will tend to deny and minimise abuse. Recognising the prevalence of abuse across all socio economic groups, it is important to provide a supportive and enabling environment, where the issue of abuse is raised with every pregnant woman, with the provision of information about specialist agencies, thus enabling disclosure should a woman choose. (Maternity Section Children's NSF 2004). The Department of Health issued revised guidance *Responding to Domestic Violence: A Handbook for Health Professionals* in January 2006.

2.86 Women and their families are increasingly choosing to access midwifery led maternity services. These are provided primarily outside hospitals in community based settings, including in Children's Centres. Where midwives and other maternity support staff are employed directly by NHS Primary Care or Hospital Trusts they are integrated in that Trust's safeguarding arrangements. In the future new commissioning arrangements may provide more flexible employment options. Contracting processes must explicitly specify and monitor that health professionals working in this way are fully integrated into the local safeguarding arrangements applicable to all other relevant health care providers.

2.87 Nurses and other health professionals working with children and families in a variety of environments need to be alert to the strong links between adult domestic abuse and child abuse and are well placed to recognise when a child is in need of help, services or at potential risk of significant harm.

Child and Adolescent Mental Health Services

2.88 Standard 9 of the NSF is devoted to the Mental Health and Psychological Wellbeing of Children and Young People. The importance of effective partnership working is emphasised and this is especially applicable to children and young people who have mental health problems as a result of abuse and/or neglect.

2.89 In the course of their work, child and adolescent mental health professionals will therefore want to identify as part of assessment and care planning whether child abuse or neglect, or domestic violence are factors in a child's mental health problems and to ensure this is addressed appropriately in their treatment and care. If they think a child is currently affected they should follow the child protection procedures laid down for their services within their area. Consultation, supervision and training resources should be available and accessible in each service.

2.90 Child and adolescent mental health professionals have a role in the initial assessment process in circumstances where their specific skills and knowledge are helpful. Examples

include: children and young people with severe behavioural and emotional disturbance, eating disorders or self-harming behaviour; families where there is a perceived high risk of danger; very young children, or where the abused child or abuser has severe communication problems; where the parent or carer fabricate or induce illness; and where multiple victims are involved. In addition, assessment and treatment services may need to be provided to young people with mental health problems who offend. The assessment of children with significant learning difficulties, a disability, or sensory and communication difficulties, may require the expertise of a specialist learning disability or child and adolescent mental health service.

2.91 Child and adolescent mental health services also have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families. Services that may be provided, in liaison with social services, include the provision of reports for Court, and direct work with children, parents and families. Services may be provided either within general or specialist multidisciplinary teams, depending upon the severity and complexity of the problem. In addition, consultation and training may be offered to services in the community including, for example social services, schools, primary health care teams, and nurseries.

Adult Mental Health Services

2.92 Adult mental health services, including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services, have a responsibility in safeguarding children when they become aware of or identify a child at risk of harm. This may be as a result of service's direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child or young person. These staff need to be especially aware of the risk of neglect, emotional abuse and domestic abuse. They should follow the child protection procedures laid down for their services within their area. Consultation, supervision and training resources should be available and accessible in each service.

2.93 In order to safeguard children of patients, mental health practitioners should routinely record details of patients' responsibilities in relation to children and consider the support needs of patients who are parents and their children in all aspects of their work using the Care Programme Approach.

Mental health practitioners should refer to Royal College of Psychiatrists policy documents including *Patients as Parents and Child Abuse and Neglect: the role of Mental Health Services*.

2.94 Close collaboration and liaison between the adult mental health services and children's social services are essential in the interests of children. This may require the sharing of information to safeguard and promote the welfare of children or protect a child from significant harm. The expertise of substance misuse and learning disability services may also be required. The assessment of parents with significant learning difficulties, a

disability, or sensory and communication difficulties, may require the expertise of a specialist psychiatrist or clinical psychologist from a learning disability or adult mental health service.

Visiting of Psychiatric Patients by Children

2.95 All inpatient mental health services must have policies and procedures relating to children visiting inpatients as set out in the *Guidance on the Visiting of Psychiatric Patients by Children* (HSC 1999/222: LAC (99)32), to NHS Trusts. Additional guidance has been provided for high security hospitals. Mental health practitioners must consider the needs of children whose parent or relative is an inpatient, whether formal or informal, in a mental health unit and make appropriate arrangements for them to visit if this is in the child's best interests.

Alcohol and Drug Services

2.96 A range of services are provided, in particular by health and voluntary organisations, to respond to the needs of both adults (with parental responsibilities) and children who misuse drugs. These services are linked to the relevant agencies at local level through Drug Action Teams, which comprise, as a minimum, health, social services, education and police representatives. It is important that arrangements are in place, which enables child protection, substance misuse (include alcohol) services referrals to be made in relevant cases. Where children may be suffering significant harm because of their own substance misuse, or where parental substance misuse may be causing such harm, referrals will need to be made by drug action teams or alcohol services in accordance with LSCB procedures. Where children are not suffering significant harm, referral arrangements also need to be in place to enable children's broader needs to be assessed and responded to.

Criminal Justice Organisations

The Police

2.97 The main roles of the police are to uphold the law, prevent crime and disorder and protect the citizen. Children, like all citizens, have the right to the full protection offered by the criminal law. The police have a duty and responsibility to investigate all criminal offences and as Lord Laming pointed out in his report into the circumstances leading to the death of Victoria Climbié (2003) "*the investigation of crimes against children is as important as the investigation of any other serious crime and any suggestions that child protection policing is of lower status than any other form of policing should be eradicated.*" Offences committed against children can be particularly sensitive and will often require the police to work with other organisations, such as children's social care, in the conduct of any investigation.

2.98 The police recognise the fundamental importance of inter-agency working in combating child abuse, as illustrated by well-established arrangements for joint training

involving police and social care colleagues. The police have invested a great deal in both training and resources, to enhance their ability to offer the best possible service to child victims of crime.

2.99 All Forces have child abuse investigation units (CAIUs), and despite variations in their structures and staffing levels, they will normally take primary responsibility for investigating child abuse cases. From December 2005 all CAIUs have IT capability under the national IMPACT Nominal Index (INI) to quickly check which forces (broadly, UK-wide) hold information on a particular individual. This has greatly enhanced the police's ability to contribute swiftly to inter-agency requests in addressing perceived risks. The INI capability draws on a number of police databases including child protection, domestic violence, crime, custody and intelligence as an investigation tool enables access to information that they may not be on the Police National Computer. An important guidance document called *Investigating Child Abuse and Safeguarding Children* was published by the Association of Chief Police Officers (ACPO) in 2005, and this sets out the suggested investigative doctrine, and terms of reference, for forces' Child Abuse Investigation Units.

2.100 Safeguarding children is not solely the role of CAIU officers, it is a fundamental part of the duties of all police officers. Patrol officers attending domestic violence incidents, for example, should be aware of the effect of such violence on any children normally resident within the household. The Children Act 2004 places a wider duty on the police to "safeguard and promote the welfare of children". They also maintain relevant UK-wide databases, such as VISOR – the Violent and Sexual Offenders Register. This has been developed jointly between the police and probation service to assist management of offenders in the community. Through the Safeguarding Vulnerable Groups Bill, introduced in early 2006, the Government plans to establish a new integrated Vetting and Barring Scheme, regulating all those who work with children (and vulnerable adults), and which will rely on regularly updated police information. It is not the intention that the police will deploy resources into areas which are not in their normal range of duties, and separate guidance is available to help the police to carry out this responsibility, but officers engaged in, for example, crime and disorder reduction partnerships, drug action teams etc. must keep in mind the needs of children in their area.

2.101 The police hold important information about children who may be at risk of harm as well as those who cause such harm. They are committed to sharing information and intelligence with other organisations where this is necessary to protect children. This includes a responsibility to ensure that those officers representing the Force at a child protection conference are fully informed about the case as well as being experienced in risk assessment and the decision-making process. Similarly, they can expect other organisations to share with them information and intelligence they hold to enable the police to carry out their duties.

2.102 The police are responsible for the gathering of evidence in criminal investigations. This task can be carried out in conjunction with other agencies but the police are ultimately accountable for the product of criminal enquiries. Any evidence gathered may

be of use to local authority solicitors who are preparing for civil proceedings to protect the victim. The Crown Prosecution Service (CPS) should be consulted, but evidence will normally be shared if it is in the best interests of the child.

2.103 The police should be notified as soon as possible by local authority children's social care wherever a case referred to them involves a criminal offence committed, or is suspected of having been committed, against a child. Other agencies should consider sharing such information. (See paragraphs 5.17 onwards for detailed guidance on this point). This does not mean that in all such cases a full investigation will be required, or that there will necessarily be any further police involvement. It is important, however, that the police retain the opportunity to be informed and consulted, to ensure all relevant information can be taken into account before a final decision is made.

2.104 LSCBs should have in place a protocol agreed between the local authority and the police, to guide both organisations in deciding how child protection enquiries should be conducted and, in particular, the circumstances in which joint enquiries are appropriate.

2.105 In addition to their duty to investigate criminal offences the police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering from, or at risk of, significant harm. Such powers should be used only when necessary, the principle being that wherever possible the decision to remove a child from a parent or carer should be made by a court. Home Office Circular 44/2003 (Found at: <http://www.crimereduction.gov.uk/victims29.htm>) gives detailed guidance on this.

National Offender Management Service

Probation Services

2.106 The Probation Service supervises offenders, with the aim of reducing re-offending and protecting the public. As part of their main responsibility to supervise offenders in the community, offender managers will be in contact with, or supervising, a number of offenders who have been identified as presenting a risk, or potential risk, to children. They will also supervise offenders who are parents/carers of children. By working with these people to improve their lifestyles and enabling them to change their behaviour, offender managers will safeguard and promote the welfare of the children for whom the offenders have a responsibility. In addition, Probation Areas will provide a direct service to children by:-

- 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 Youth Offending Teams

- Supporting women victims, and indirectly children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes

2.107 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. These arrangements and procedures are described in chapter 12.

Prisons

2.108 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.

2.109 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.

2.110 Governors/Directors of all prison establishments must have in place arrangements that protect the public from prisoners in their care. This includes having effective processes in place to ensure prisoners are not able to cause harm to the public and particularly children. Restrictions will be placed on prisoner communications (visits, telephone and correspondence) that are proportionate to the risk they present. As a response to incidents where prisoners have attempted to 'condition and groom' future victims, all prisoners who have been identified as presenting a risk to children will not be allowed contact with children unless a favourable risk assessment has been undertaken. This assessment will take into consideration information held by the police, probation, prison and social services.

2.111 The views of the child or young person will be an important element of the assessment. When seeking the views of the parent or carer (person with parental responsibility) regarding contact, it is important that the child's views are sought. In the letter to the child's parent or carer it should be emphasised that the child's views should be taken into account. If a child is able to make an informed choice, these views must be considered. Social Care will ascertain the views of the child during the home visit.

The Secure Estate for Children and Young people

2.112 The Youth Justice Board for England and Wales (YJB) has statutory responsibility for the commissioning and purchasing of all secure accommodation for children and for setting standards for the delivery of those services. The estate comprises Prison Service accommodation for juveniles – Juvenile Young Offender Institutions (see paragraph 2.113), Secure Training Centres (see paragraph 2.114), and Secure Children’s Homes provided by local authorities (see paragraph 2.18).

Juvenile Young Offender Institutions

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

- A senior member of staff, known as the “child protection co-coordinator” 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 staff member;
- 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 their 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 them in custody and following release.

The same measures should apply to children in other custodial settings, such as children in adult prison settings or immigration detention centres.

Secure Training Centres

2.114 Secure Training Centres (STCs) are purpose built secure accommodation units for vulnerable, sentenced and remanded juveniles, both male and female, who are between 12 and 17 years old. The regime is focused on child-care and considerable time and effort is spent on individual needs so that on release young people are able to make better life choices. Each STC has a duty to protect and promote the welfare of those children in its custody. Directors must ensure that effective safeguarding policies and procedures are in place that explain staff responsibilities in relation to safeguarding and welfare promotion. These arrangements must be established in consultation with the LSCB.

Youth Offending Teams

2.115 The principal aim of the youth justice system is to prevent offending by children and young people. Youth Offending Teams (Yots) are the main vehicle by which this aim is delivered. They are multi-agency teams which must include a probation officer, a police officer, a representative of the PCT, someone with experience in education, and someone with experience of social work relating to children. Yots are responsible for the supervision of children and young people subject to pre court interventions and statutory court disposals.

2.116 Given their inter-agency membership, Yots are well placed to identify those children and young people known to relevant organisations as being most at risk of offending and to undertake work to prevent them offending. A number of the children who are supervised by the Yots will also be children in need, some of whose needs will require safeguarding. It is necessary therefore for there to be clear links between youth justice and local authority children's social care both at strategic level and at a child-specific operational level.

2.117 Yots have a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

Services provided under section 114 of the Learning and Skills Act 2000 (The Connexions Service)

2.118 There are currently 47 Connexions partnerships covering England. Each Connexions partnership has a substantial workforce working directly with young people. The workforce comprises not only professionally qualified personal advisers but includes other delivery staff working under their supervision. Connexions is a young person centred service and as such safeguarding and promoting the welfare of the young person is a primary concern.

2.119 The Connexions partnership (including its subcontractors) is responsible for:

- identifying, keeping in touch with, and giving the necessary support to young people in their geographical area. Each young person's needs 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 from child protection issues and in these cases, for alerting the appropriate authority. Connexions staff should be aware of the agencies and contacts to use to refer young people at risk and should be aware of the way in which these concerns will be followed up.
- minimising risk to the safety of young people on premises that they or their subcontractors are responsible for. The Connexions partnership should maintain the necessary capacity to carry out relevant risk assessments.
- minimising the risk that organisations that they signpost young people to, such as 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 both to the partnership and their subcontractors) complies with current vetting regulations.
- ensuring that staff (including sub contractors), are aware of risks to the welfare of young people and can exercise their legal, ethical, operational and professional obligations to safeguard them from these risks. Information sharing protocols with other agencies should give the highest priority to safeguarding and promoting the welfare of young people and staff should comply fully with these agreements.

2.120 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, allocate resources and otherwise take action that addresses both causes and effects.

Schools and Further Education institutions

2.121 Schools (including independent schools and non-maintained special schools) and Further Education (FE) institutions should give effect to their duty to safeguard and promote the welfare of their pupils (students under 18 years of age in the case of FE institutions) under the Education Act 2002 and where appropriate under the Children Act 1989 (see paragraph 2.5) by:

- creating and maintaining a safe learning environment for children and young people; and,
- identifying where there are child welfare concerns and taking action to address them, in partnership with other organisations where appropriate.

Schools also contribute through the curriculum by developing children's understanding, awareness, and resilience.

2.122 Creating a safe learning environment means having effective arrangements in place to address a range of issues. Some are subject to statutory requirements, including child protection arrangements, pupil health and safety, and bullying. Others include arrangements for meeting the health needs of children with medical conditions, providing first aid, school security, tackling drugs and substance misuse, and having arrangements in place to safeguard and promote the welfare of children on extended vocational placements.

2.123 Education staff have a crucial role to play in helping identify welfare concerns, and indicators of possible abuse or neglect, at an early stage: referring those concerns to the appropriate organisation, normally LA children's social care, contributing to the assessment of a child's needs and where appropriate to ongoing action to meet those needs. When a child has special educational needs, or is disabled, the school will have important information about the child's level of understanding and the most effective means of communicating with the child. They will also be well placed to give a view on the impact of treatment or intervention on the child's care or behaviour.

2.124 In addition to the features common to organisations working with children listed in paragraph 2.8 schools and FE institutions should have a senior member of staff who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the authority, and working with other organisations as necessary. A school or FE institution should remedy any deficiencies or weaknesses in its arrangements for safeguarding and promoting welfare that are brought to its attention without delay.

2.125 Staff in schools and FE institutions should not themselves investigate possible abuse or neglect. They have a key role to play by referring concerns about those issues to children's social care, providing information for police investigations and/or enquiries under s.47 of the Children Act 1989, and by contributing to assessments.

2.126 Where a child of school age is the subject of an inter-agency child protection plan, the school should be involved in the preparation of the plan. The school's role and responsibilities in contributing to actions to safeguard the child, and promote his or her welfare, should be clearly identified.

2.127 Special schools, including non maintained special schools and Independent schools, which provide medical and/or nursing care should ensure that their medical and nursing staff have appropriate training and access to advice on child protection and safeguarding and promoting the welfare of children.

2.128 Schools play an important role in making children and young people aware of behaviour towards them that is not acceptable and how they can help keep themselves safe. The non-statutory framework for Personal, Social and Health Education (PSHE) provides opportunities for children and young people to learn about keeping safe. For example pupils should be taught to recognise and manage risks in different situations and then decide how to behave responsibly; to judge what kind of physical contact is acceptable and unacceptable; to recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure

2.129 PSHE curriculum materials provide resources that enable schools to tackle issues regarding healthy relationships including domestic violence, bullying and abuse. Discussions about personal safety and keeping safe can reinforce the message that any kind of violence is unacceptable; let children and young people know that it is okay to talk about their own problems; and signpost sources of help.

2.130 Corporal punishment is outlawed for all pupils in all schools, including independent schools, and FE institutions. The law forbids a teacher or other member of staff using any degree of physical contact which is deliberately intended to punish a pupil, or which is primarily intended to cause pain or injury or humiliation.

2.131 Teachers at a school are allowed to use reasonable force to control or restrain pupils under certain circumstances. Other staff may also do so, in the same way as teachers, provided they have been authorised by the head teacher to have control or charge of pupils. All schools should have a policy about the use of force to control or restrain pupils. Further guidance about this is at:

http://www.dfes.gov.uk/publications/guidanceonthelaw/10_98/summary.htm

Childcare Services

2.132 Childcare services – family and children’s centres, day nurseries, childminders, pre-schools, playgroups, and holiday and out of school schemes – play an important part in the lives of large numbers of children. Many childcare providers have considerable experience of working with families where a child needs to be safeguarded from harm, and many local authorities provide, commission or sponsor specific services, including childminders, to work with children in need and their families.

2.133 Childminders and everyone working in day care services should know how to recognise and respond to the possible abuse or neglect of a child. Private, voluntary and local authority day care providers caring for children under the age of 8 must be registered by Ofsted under the Children Act 1989, and should have a written statement, based on the procedures laid out in the booklet ‘What To Do If You’re Worried A Child Is Being Abused – Summary’. This statement should clearly set out staff responsibilities for reporting suspected child abuse or neglect in accordance with LSCB procedures and should include contact and telephone numbers for the local police and children’s social care. It should also include procedures to be followed in the event of an allegation being made against a member of staff or volunteer. All organisations providing group day care must have a designated person who is responsible for liaison with local child protection agencies and Ofsted on child protection issues, and other staff should be able to implement child protection procedures in the absence of that person.

Children and Family Court Advisory and Support Service (CAFCASS)

2.134 CAFCASS’s functions are:

- to safeguard and promote the welfare of children who are the subject of family proceedings;
- to give advice to any court about any application made to it in such proceedings;
- to make provision for children to be represented in such proceedings; and
- to provide information, advice and other support for children and their families.

2.135 It is CAFCASS that appoints the individual Officer who might be a CAFCASS employee or a self employed contractor. The CAFCASS officer is appointed by the court to undertake one or more of their functions and can be referred to by this general title. These CAFCASS Officers have different roles in private and public law proceedings which are denoted by different titles. The specific titles are:

- Children’s Guardians, who are 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, who are 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 stage of their initial application to the court.
- CAFCASS Officers can also be appointed to implement a Family Assistance Order under the Children Act 1989. (Local Authority Officers can also be appointed for this purpose).

2.136 The CAFCASS Officer has a statutory right in public law cases to access and to take copies of local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records which relate to the child and the wider functions of the local authority or records held by an authorised person (i.e. the NSPCC) which relate to that child.

2.137 Where a CAFCASS Officer has been appointed by the Court as Children’s Guardian and the matter before the court relates to specified proceedings (Specified proceedings include public law proceedings. Applications for contact, residence, specific issue and prohibited steps orders, which have become particularly difficult can also be specified proceedings) they 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 accommodated or looked after, child protection conferences, and relevant Adoption Panel meetings. The conference chair should ensure that all those attending such meetings, including the child and any family members, understand the role of the CAFCASS Officer.

The Armed Services

2.138 Young people under 18 may be in the Armed Forces as recruits or trainees, or may be dependants of a service family. The life of a Service family differs in many respects from that of a family in civilian life, particularly for those stationed overseas or on bases and garrisons in the UK. The Services support the movement of the family in response to Service commitments. The frequency and location of such moves makes it essential that the Service authorities are aware of any concerns regarding safeguarding and promoting the welfare of a child from a military family. The Armed Forces are fully committed to co-operating with statutory and other agencies in supporting families in this situation, and have in place procedures to help in safeguarding and promoting the welfare of children. In areas of concentration of Service families, the Armed Forces seek particularly to work alongside local authority children’s social care, including through representation on LSCBs, and at child protection conferences and reviews.

2.139 Looking after under 18s in the Armed Forces comes under the MoD's comprehensive welfare arrangements which apply to all members of the Armed Forces. Commanding Officers are well aware of the particular welfare needs of younger recruits and trainees and as stated above, are fully committed to co-operating with statutory and other agencies in safeguarding and promoting the welfare of under 18s. There is already a responsibility placed upon LA children's social care to monitor the wellbeing of care leavers and those joining the Armed Forces have unrestricted access to local authority social care workers.

2.140 Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the children of Service families in the UK. All three Services provide professional welfare support including 'special to type' social work services to augment those provided by local authorities. In the Royal Navy (RN) this is provided by the Naval Personal and Family Service (NPFS) and the Royal Marines Welfare Service; within the Army this is provided by the Army Welfare Service (AWS); and in the Royal Air Force by the Soldiers' Sailors' and Airmen's Families Association-Forces Help (SSAFA-FH). Further details of these services and contact numbers are given at Appendix 4.

2.141 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, who fund the British Forces Social Work Service (Overseas). This service is contracted to SSAFA-FH who provide a fully qualified Social Work and Community Health service in major overseas locations (for example in Germany and Cyprus). Instructions for the protection of children overseas, which reflect the principles of the Children Act 2004 and the philosophy of inter-agency co-operation, are issued by the MoD as a 'Defence Council Instruction (Joint Service)' (DCI(JS)). 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 those set up under this guidance in upholding standards and making sure that best practice is reflected in procedures and observed in practice.

Movement of Children between the United Kingdom and Overseas

2.142 Local authorities should ensure that SSAFA-FH, the British Forces Social Work Service (Overseas), or the NPFS for RN families, is made aware of any Service child who is the subject of a child protection plan whose family is about to move overseas. In the interests of the child, SSAFA-FH, the British Forces Social Work Service (Overseas) or NPFS can confirm appropriate resources exist in the proposed location to meet identified needs. Full documentation should be provided which will be forwarded to the relevant overseas Command. All referrals should be made to the Director of Social Work, HQ SSAFA-FH or Area Officer, NPFS (East) as appropriate at the addresses given at Appendix 4. Comprehensive reciprocal arrangements exist for the referral of child protection cases to appropriate UK authorities on the temporary or permanent relocation of such children to the UK from overseas.

United States Forces Stationed in the United Kingdom

2.143 Each local authority with a United States (US) base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that local authorities can fulfill their statutory duties.

Enquiries about Children of Ex-Service Families

2.144 Where a local authority believes that a child who is the subject of current child protection processes is from an ex-Service family, NPFS, AWS or SSAFA-FH can be contacted to establish whether there is existing information which might help with enquiries. Such enquiries should be addressed to NPFS, AWS or the Director of Social Work, SSAFA-FH at the address given at Appendix 4.

The Voluntary and Private Sectors

2.145 Voluntary organisations and private sector providers play an important role in delivering services for children and young people including in early years and day care provision, family support services, youth work and children's social care and health care. Many voluntary organisations are skilled in preventative work and may be well-placed to reach the most vulnerable children, young people and families.

2.146 Voluntary organisations also deliver advocacy for looked-after children and young people and for parents and children who are the subject of section 47 enquiries and child protection conferences. They offer for example: therapeutic work with children, young people and families, particularly in relation to child sexual abuse; specialist support and services for children and young people with disabilities or health problems; and services for children abused through prostitution and for children who abuse other children.

2.147 Some voluntary organisations operate free 24 hour national help lines. ChildLine is a national service for all children and young people who need advice about abuse, bullying, and other concerns. The NSPCC is a specialist child protection agency which operates help lines and other services throughout England, Wales, and Northern Ireland. Its national Child Protection Help line provides advice to adults and children about child protection concerns. Parent line Plus offers support to anyone parenting a child. These services, along with many other smaller help lines, provide important routes into statutory and voluntary services.

2.148 Voluntary organisations also play a key role in providing information and resources to the wider public about the needs of children and young people, and resources to help families. Many campaign on behalf of groups on specific issues.

2.149 The NSPCC is the only voluntary organisation authorised to initiate proceedings to protect children under the terms of the Children Act 1989, but other voluntary organisations often play a key role in implementing child protection plans.

2.150 The voluntary sector is active in working to safeguard the children and young people with whom it works. A range of umbrella and specialist organisations, including the national governing bodies for sports, offer standards, guidance, training and advice for voluntary organisations on keeping children and young people safe from harm. For example the Child Protection in Sport Unit (CPSU) established in partnership with the NSPCC and Sport England provides advice and assistance on developing codes of practice and child protection procedures to sporting organisations.

2.151 Organisations in the voluntary and private sectors that work with children need to have the arrangements described in paragraph 2.8 in place in the same way as organisations in the public sector, and need to work effectively with LSCBs. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children and how they should respond to child protection concerns in line with this guidance (summarised in *What To Do If You're Worried A Child Is Being Abused.*)

Faith communities

2.152 Churches, other places of worship and faith-based organisations provide a wide range of activities for children and young people. They are some of the largest providers of children and youth work, and have an important role in safeguarding children and supporting families. Religious leaders, staff and volunteers who provide services in places of worship and in faith-based organisations will have various degrees of contact with children.

2.153 Like other organisations that work with children churches, other places of worship and faith based organisations need to have appropriate arrangements in place for safeguarding and promoting the welfare of children of the kind described in paragraph 2.9. In particular these should include:

- procedures for staff and others to report concerns that they may have about the children they meet that are in line with "What To Do If You Are Worried A Child Is Being Abused" and LSCB procedures, as well as arrangements such as those described above; and,
- appropriate codes of practice for staff, particularly those working directly with children, such as those issued by the Churches' Child Protection Advisory Service (CCPAS) or their denomination, or faith group
- recruitment procedures in accordance with *Safe from Harm* (Home Office, 1993) principles and LSCB procedures, alongside training and supervision of staff (paid or voluntary).

2.154 Churches and faith organisations can seek advice on child protection issues from the Churches' Child Protection Advisory Service (CCPAS). CCPAS can help with

policies and procedures; its *Guidance to Churches* manual can assist churches and its *Safeguarding Children and Young People* can assist other places of worship and faith-based groups

2.155 CCPAS provides a national (24 hour) telephone help line for churches, other places of worship and faith-based groups and individuals, providing advice and support on safeguarding issues.

LSCB CONFERENCE ATTENDEES

Edwina Abrook	Conference Support Staff, Thompson House
Gill Andrews	Teacher-in-Charge, Clatterford Tuition Centre
Wendy Arnold	Councillor, IW Council
Melanie Ash	Health Visitor, Lake Clinic
Estelle Baker	Heritage Education Officer, Museums
Terri Baker	Children & YP's Participation Adviser, Connexions
Jane Bridle	Dance Development Co-ordinator, Arts Unit
Elizabeth Brownhill	Workforce Development Officer, Childcare & Early Years
George Cameron	Councillor, IW Council
Stuart Capewell	Senior Youth Worker, Youth & Community Service
Linda Cappello	Young Peoples Advocate, IW Youth Trust
Ruth Carter	Childminding Support Co-Ordinator, Childcare & Early Years
Scott Carter	Outreach Worker, Safer Communities
Julia Cooil	Teacher, Mayfield Middle School
Tricia Cotton	Senior Education Officer, Thompson House
Dawn Cousins	Councillor, IW Council
Patricia Crawford	Music Teacher
Penny Crossley	Parenting Family Support Co-ordinator, Children's Services
Jane Davidson	Children's Rights & Participation Officer, Children's Services
Simon Dear	Children's Trust Development Adviser, Children's Services
Steve D'Giacoma	Community Dev. Manager, Pan Neighbourhood Partnership
John Evans	Child Protection Co-ordinator, Children's Services
Kate Freeman	Service Manager, Quality & Performance
Kevin Gard	Detective Constable, Child Abuse Investigation Unit
Sally-Ann Garrett	Head of Speech & Language Therapy, St Mary's Hospital
Elsbeth Giddens	Hampton Trust
Sue Gleaves	Social Worker, Childrens Service Centre
Robin Goodfellow	Headteacher, Medina House School
Jan Graney	Health Visitor, St Helen's Medical Centre
Prue Grimshaw	Head of Children & Family Services, Children's Services
Karen Gulliver	Social Worker, Referral & Assessment Team
Rudi Hendon-John	Social Worker, Fostering Team

Helen Hiscock	Librarian, The Education Centre
Richard Hole	Conference Support Staff, Thompson House
Chris Holton	Children and Family Court Advisory and Support Service
Jan Horwath	Professor of Child Welfare, Sheffield University (KNS)
Tessa James	Community Learning Disability Nurse, Beaulieu Respite Unit
Jan Jasicki	Family Resources Manager, Children's Services
Jenny Johnston	Clinical Lead for Health Visiting
Patrick Joyce	Deputy Leader, IW Council
Heidi Kurowska	Project Co-ordinator, Young Carers Project
Helen Lewis	Healthy Schools Lead Officer, Thompson House
Sue Lightfoot	Interim Director, Safer Communities
Roger Mazillius	Councillor, IW Council
Joyce Milford	Customer Support Officer, IW Council
Alex Minns	Operations Manager, Leisure Services
Kelly Morey	Conference Support Staff, Thompson House
Sam Nathan	Reviewing Manager, Children's Services
Lorna Neale	Conference Support Staff, Thompson House
Janet Partridge	Governor, St Georges School
Michael Peddar	Senior Practitioner, Oak House
Darren Poplett	Senior Youth Worker, Youth & Community Service
Karen Potheary	Senior Education Welfare Officer, Children's Services
Andrew Preskey	Manager, Connexions
Trevor Price	Community Learning Officer, Dinosaur Isle
Marian Prowse	Independent Consultant – Services to the Voluntary & Public Sector (☎07749419487)
David Pugh	Councillor, IW Council
Rosie Rai	Early Interventions Co-Ordinator
Ruth Realey	Programme Manager, IW Economic Partnership
Claire Reid	EAL Service Manager, Thompson House
Kathleen Richmond	Asst. Headteacher, Sandown High School
Tracey Robinson	Family Link Worker, Surestart
Ian Sandbook	Interim Director, Children's Services
Don Smith	Community Learning Disability Nurse, Beaulieu Respite Unit
Claire Steen	Senior Admin Officer, Pupil Services

Sally Stewart	Clinical Lead, Children's Services
Sandra Tansley	Headteacher, Kitbridge Middle School
Phil Taverner	Area Manager, NSPCC
Christine Troy	Social Worker, Family Link / Fostering Team
Alison Ward	YP's Substance Misuse Leader, Safer Communities
Jill Wareham	Clerk to Governors, Cowes Primary School
George Weech	Principal Officer, Youth & Community Service
David Whittaker	Councillor, IW Council
Claire Whittington	Events Officer, IW Council
Jane Wilshaw	Director of Nursing, St Mary's Hospital
Joanne Winson	Pupil Support Assistant, Clatterford Tuition Centre
Douglas Wright	Senior Education Officer, Access & Inclusion