

# Section 2

## Roles and Responsibilities

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# Key Points

- ❑ This section sets out the roles and responsibilities of individual agencies towards children in need (including children in need of protection). All statutory and voluntary agencies have important roles in supporting families, promoting the welfare of children and young people and safeguarding them from harm. The wider community also has a role to play in supporting families and alerting agencies to concerns.
  
- ❑ Individual professionals have a responsibility to:
  - keep up to date with current research and evidence based practice
  - be alert to concerns for the welfare of children and signs of abuse
  - provide appropriate services within their own agencies
  - refer children for appropriate services to meet needs.
  
- ❑ Agencies have a responsibility to:
  - have appropriate procedures in place
  - provide or commission appropriate training for staff
  - appoint designated/named professionals who can provide advice and guidance to colleagues and take a professional lead on promoting and safeguarding children's welfare.

# Chapter 1 Introduction

- 1.1 A key principle of the Assessment Framework and Working Together is that to fully understand a child's needs and their families circumstances requires inter-agency collaboration to ensure effective service response. This section outlines:
- key principles
  - the main roles and responsibilities of statutory agencies, professionals, the voluntary sector and the wider community for children in need as defined under the Children Act 1989
  - the specific roles and responsibilities for safeguarding children.
- 1.2 All children will become involved with a range of professionals in relation to their health, day-to-day care and educational development. These professionals are likely to identify children who may benefit from and need extra services. The knowledge they already have about a child and family is an essential component of any inter-agency assessment that may be led by social services.
- 1.3 Inter-agency, inter-disciplinary assessment practice requires staff to understand the roles and responsibilities of others who are also providing services to children in need. The use of the assessment framework for assessing children in need provides a common language for children, their families and all agencies.
- 1.4 The Children Act 1989, Section 17(5), sets out inter-agency responsibilities towards children in need. In addition the Government Objectives for Children's Social Services (DoH 1999) emphasises the need for local authorities, health and other statutory agencies to promote social inclusion and the development of children and families.
- 1.5 All agencies, organisations and the community play a role in the prevention of abuse and neglect, through their own policies and procedures for safeguarding children and their own responsibilities and duties.
- 1.6 All those working with children and families in the voluntary and statutory sectors must be able to identify when a child may be likely to suffer significant harm through abuse or neglect and to know how to act on concerns by referring a child to social services. In addition many professionals are 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 they pose a risk of harm to a child.

- 1.7 In all organisations and agencies there should be clear internal arrangements, consistent with the child protection procedures, about the circumstances in which workers should consult colleagues, line managers and other statutory authorities when they have concerns about a child or young person prior to notifying social services.
- 1.8 Any agency or organisation may have important information about families that could be helpful to social services in carrying out their duties to protect children. In accordance with their duty under Section 27 of the Children Act 1989, they should be prepared to share relevant information orally or in writing, including attending child protection conferences when requested to do so.

### **Principles guiding inter-agency, inter-disciplinary work with children**

- 1.9 It is essential to be clear about:
  - the purpose and anticipated outputs from the assessment
  - the legislative basis for the assessment
  - the protocols and procedures to be followed
  - which agency, team or professional has lead responsibility
  - how the child and family members will be involved in the assessment process
  - which professional has lead responsibility for analysing the assessment findings and constructing a plan
  - the respective roles of each professional involved in the assessment
  - the way in which information will be shared across professional boundaries and within agencies, and be recorded
  - which professional will have responsibility for taking forward the plan when it is agreed.

## **Chapter 2 Armed Services**

- 2.1 In England, social services have statutory responsibility for safeguarding and promoting the welfare of children of Service families. When Service families (or civilians working with the Armed Forces) are based overseas, the responsibility for their welfare is rested with the Ministry of Defence. Local internal child protection arrangements, which mirror those of the ACPC will apply.
- 2.2 When social services are undertaking assessments of children of service families, contact should be made with the welfare service appropriate to the particular service.  
(See Appendix 2 of 'Working Together to Safeguard Children' 1999 for contact points).

### **Movement of Children to the United Kingdom from Overseas**

- 2.3 When a Service family with a child who requires protection from significant harm is about to return to the UK, the Soldiers', Sailors', Air Forces' Association - Forces Help (SSAFA-FH) or the Naval Personnel and Family association (NPFS) is responsible for informing the appropriate social services department. They should also make sure that full documentation is provided to help in protecting the child from harm.

### **Movement of children from the United Kingdom to Overseas**

- 2.4 Local authorities should ensure that SSAFA-FH (or the NPFS) is made aware of any Service child whose name is on the child protection register whose family is about to move overseas.

### **Enquiries about Children of Ex-Service families**

- 2.5 Where it is believed that a child who is the subject of current child protection processes is from an ex-Service family, SSAFA-FH can be contacted to establish whether there is existing information that might help with enquiries.

## **Chapter 3 Children and Family Court Advisory and Support Service**

3.1 From 1 April 2001 Children and Family Court Advisory and Support Service (CAFCASS) will combine the family court welfare service, the children's branch of the official solicitors department and the GALRO service. The service is a non-departmental public body responsible to the Lord Chancellor.

### **Guardians ad Litem**

3.2 The role of the Guardian Ad Litem and Reporting Officer (GALRO) is to safeguard and promote the interests of individual children who are the subject of proceedings, by providing independent social work advice to the Court.

3.3 In the course of this work they may identify children who are in need of further support or safeguarding and should refer their concerns to social services if considered appropriate.

3.4 Where the Court appoints them, they have a right to access and copy all local authority reports and records. In addition they should be invited to meetings that may be convened in respect of the child. There should be liaison between the social worker and guardian ad Litem ensuring that matters in the Court are not delayed unnecessarily.

### **Children and Family Reporters**

3.5 Children and Family Reporters (previously court welfare officers) work in Family Courts and may be alerted to childcare concerns, or suspected child abuse through their investigations. They should be aware of how to respond within the framework of this guidance and may need to share information and liaise with social services and other agencies.

CAFCASS is likely to be involved with some 60,000 families nationally each year and has a statutory duty to safeguard and promote the welfare of children. As one of the agencies charged with seeing the safety and welfare of children it is important that they should be included as a core member of each Area Child Protection Committee.

## Chapter 4 Drug and Alcohol Services

- 4.1 Where children's lives are impacted on for whatever reason by alcohol and substance misuse, they may be children in need and require additional services. This includes children:
- who are users/abusers
  - living in a family where one or more parents is using/abusing
  - caring for a parent who is using/abusing.
- 4.2 A range of services are provided by a range of statutory, non-statutory and voluntary organisations, to respond to the needs of both adults and children who misuse drugs and alcohol. These services are linked to the relevant agencies at a local level through the Drug Action Teams.
- 4.3 All professionals working in drug and alcohol services in the statutory, voluntary and independent sectors should be alert to the needs of children living with drugs and alcohol. They should bear in mind the welfare of children, irrespective of whether they are primarily working with adults or with children/young people. All drug and alcohol professionals should be aware of the legislation governing children's welfare and be informed about the local child protection procedures and their responsibilities for safeguarding children.
- 4.4 Drug and alcohol services staff should identify situations where services may be needed to promote a child's welfare or to safeguarding a child if they become aware that that a child is at risk of harm. This may arise through direct work with children and young people themselves or where parental misuse may be causing such concerns
- 4.5 Where a child is identified as being in need or suffering significant harm, referrals will need to be made to social services (see section 3, chapter 4). Staff in drug and alcohol services have a duty of care to contribute to multi-agency assessments of children, where one or more of the family members are known to the services. This duty includes sharing of information and contributing to children in need reviews, and child protection conferences.

## **Chapter 5 Day Care/Child Care Services**

- 5.1 Day Care Services (private nurseries, registered childminders, playgroups, holiday and out of school schemes) are significant to a large number of children and families. Many services will offer services to support families experiencing problems and stress. This may help in supporting families early before difficulties become more serious.
- 5.2 Many day-care services have considerable experience of working with families where there are concerns about a child's health and development, and where a child needs to be safeguarded from harm.
- 5.3 All those providing childcare services should know how to recognise and respond to potential indicators of abuse or neglect, and should know what to do when they have concerns about a child's welfare. Childcare providers in the private and voluntary sectors should have agreed procedures for when and how to contact social services about an individual child.

## **Chapter 6      Education Authorities, Schools and Colleges**

- 6.1 The work of staff in schools and Education Authorities is central to promoting social inclusion by enabling children and young people to make the best use of educational opportunities.
- 6.2 Where a teacher identifies concerns for the welfare of a child the teacher should consider the nature of the concern and the effects on the child, as described in section 3, chapter 2. This should normally take place in conjunction with a senior colleague /designated teacher.
- 6.3 This could result in:
- action by the teacher or the school to meet the child's identified needs
  - referral to specialist support services within the education service, such as education welfare or educational psychologist
  - development of a pastoral support plan (see Social Inclusion: Pupil Support, Department for Education and Employment, 1999)
  - referral to other agencies, including to social services as a child potentially in need
  - referral to social services as a child potentially in need of protection.
- 6.4 Where a child is being referred to another agency the advice on consent and confidentiality in section 1, chapter 4 should be followed. This states that consent of the parents and young person (if of sufficient age and understanding) should be sought before referring. However, where there are concerns about the safety of a child then referral can be made without consent.
- 6.5 Where concerns are raised about the need for protection for a child the referral must be made to social services without delay

## Designated staff

6.6 All schools should have designated teachers who are appropriately trained:

- a designated teacher for child protection who will have knowledge and skills in recognising and acting upon child protection concerns. He or she should act as a source of expertise and advice, and is responsible for co-ordinating action within the institution and liaising with other agencies
- a designated teacher for children looked after
- a Special Educational Needs Co-ordinator, SENCO.

6.7 The Principal Education Officer (PEWO) /Service Manager - Education Welfare Service (SM-EWS) is responsible for co-ordinating action on child protection issues across the Authority

## Policies and procedures

6.8 All schools should have procedures for responding to the following situations:

- handling suspected cases of abuse, including procedures to follow if a member of staff is accused of abuse. For further guidance see:

Nottinghamshire County: School disciplinary procedures in Nottinghamshire LEA Personnel Handbook of Guidance

Nottingham City: School disciplinary procedures in Part A of Nottingham City Manual of Personnel Guidance

The DfEE is providing funding for regional co-ordinators to be appointed in 2001 to assist LEA's, schools and governors develop consistent good practice in relation to child protection allegations against staff. Close liaison will be established between co-ordinators in Nottingham/Nottinghamshire and the ACPC's.

- bullying among pupils
- children who may have 'disappeared', or any aspect of a pupil transfer which gives rise to concerns about a child's welfare, that should include reporting its concerns to the PEWO/SM-EWS who has designated responsibility for child protection
- the use of force to control or restrain pupils.

## **School governor responsibilities**

6.9 School governors are responsible for making sure that:

- school child protection policies are in place
- mechanisms are in place to respond to allegations against head teachers.

## **Handling children's behaviour**

6.10 Corporal punishment is illegal in all schools, including private schools. Schools must ensure their policies and procedures adhere to this. Teachers are allowed to use reasonable force to control or restrain pupils under certain circumstances. For further details see:

Nottinghamshire County: Nottinghamshire County Council's Education Department Code of Practice: Guidance on Physical Intervention between Staff and Pupils.

Nottingham City: Nottingham City: Teaching and Managing Challenging Pupils and Positive Handling Guidelines and Strategies.

Other people may also use reasonable force to control pupils in the same way as teachers, provided they are authorised by the head teacher to have control or charge of pupils.

## **Informing Parents**

6.11 Schools are required to advise parents of the procedures they follow in cases of suspected child abuse.

## **Roles and responsibilities in assessment and service provision**

6.12 Teachers have an important role to play in all assessments. They have important information about the child's academic progress and their social and emotional development. Teachers and other school staff are in regular contact with the pupil and are in a good position to monitor progress and encourage social inclusion through educational achievement.

6.13 School staff will be asked by social services to contribute to initial and core assessments. The nominated teacher for child protection, or another representative of the school, is expected to attend and contribute to initial and subsequent child protection conferences.

## **Children with Special Educational Needs**

6.14 Educational legislation does not distinguish between disability and special educational needs. Not all children with special educational needs have a disability, and equally some disabled children do not have special educational needs. Under the Education Act 1996, local education authorities have a duty to identify and make a statutory assessment of children who have special educational needs and who may require a statement of their special educational needs.

6.15 A child is said to have special educational needs if s/he has:

‘A learning difficulty which calls for special educational provision to be made for him’. (The Code of Practice on the Identification and Assessment of Special Educational Needs (1994) has further guidance, a revision is due soon).

A statutory assessment involves the local education authority seeking parental, educational, medical, psychological and social services advice. In these circumstances social services will offer to undertake at least an initial assessment to see if the child and family would benefit from additional services. Special Education Needs Co-ordinators (SENCOs) based in schools have a role in identifying children with special needs and ensuring necessary provision.

## **Independent Schools**

6.16 Independent schools should adopt the principles and pursue the objectives contained in this guidance, establishing avenues of communication with the local education authority, social services and ACPC in order that children requiring support receive prompt attention and any allegations of abuse can be properly investigated.

## **Colleges**

6.17 All colleges should have a designated member of staff who is appropriately trained such that they have knowledge and skills in recognising and acting upon child protection concerns. He or she should act as a source of expertise and advice, and is responsible for co-ordinating action within the organisation and liaising with other agencies.

## **Chapter 7     Fire and Rescue Service**

7.1 The Fire and Rescue service can:

- identify children where there may be concerns for their welfare
- contribute to assessments of risk presented by the environment where the child is living
- help with work to prevent fire raising.

7.2 A high percentage of people who die in fires are known to the statutory agencies. Research has identified that for some children there is a link between children who set fires and experiences of sexual abuse.

## Chapter 8 Health

- 8.1 Because of the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children. This can either be due to concerns about a child's health and development, or because a parent may be a patient, and may need assistance to carry out their parenting responsibilities.
- 8.2 The involvement of health professional is crucial at all stages of work with children and families. This may be:
- identifying children in need of support/safeguarding
  - identifying parents in need of extra support with caring for their children
  - contributing to enquiries and assessments
  - providing services as part of a plan
  - contributing to planning and reviewing of work with children and families.

Health staff have a personal professional duty to refer to social services where there is a concern about a child being at risk, or having suffered significant harm. They can seek advice from a senior designated/named professional, but they retain responsibility for their actions.

### Health Authorities

- 8.3 Nottingham Health Authority and North Nottinghamshire Health Authority have the overall strategic lead for health services. The Health Improvement Programme for both Health Authority areas is an inter-agency agreed strategy, and includes plans for the healthcare needs of children in need. The Health Authorities make sure that local services and professionals contribute fully and effectively to inter-agency working to safeguard children and promote their welfare.
- 8.4 They provide advice and support to the ACPCs in respect of a range of specialist health functions. To the extent that they commission health services, the health authorities must ensure that service specifications include clear standards for safeguarding children and promoting their welfare, consistent with these ACPC procedures.

8.5 Each health authority is responsible for identifying a senior paediatrician (Designated Doctor), and a senior nurse with a health visiting qualification (Designated Nurse) to take a professional lead on all aspects of the health service contribution to safeguarding children. These professionals should be part of the local health representation on the ACPC.

### **NHS Trusts and Primary Care Trusts (PCTs)**

8.6 NHS Trusts and PCTs are responsible for providing acute and community health services in hospital and community settings. Some have the lead responsibility for commissioning children's services, others for providing many of the specialist services across the health authority area. The health authority should, through agreement with PCTs, ensure that the local health service contribution to inter-agency working is discharged. Service specifications drawn up by PCTs should include service standards for safeguarding children and promoting their welfare.

8.7 Each NHS Trust and PCT is recommended to have a named doctor and named nurse, midwife or health visitor who will take a professional lead within the Trust on child protection matters. All health staff must know the names and contact details of named, designated professionals and should act on concerns in accordance with these procedures.

8.8 As employers, PCTs should make sure that staff they employ and practice nurses, practice managers, receptionists in Primary Health Care Teams are given the opportunities to attend local child protection courses, or undergo such training within practice teams.

### **General Practitioners (GPs) and Primary Health Care Teams (PHCT)**

8.9 The GP and other members of the PHCT are well placed in the course of their duties to identify when a child is potentially in need of extra help to promote health and development, and those children at risk of harm. They should know named colleagues to contact in their own Trust and know how to contact social services if necessary. If other members of PHCT become concerned about the welfare of child, the GP should be involved in the discussions, and informed if the concerns are about harm straight away. The GP and PHCT have an important contribution to make to initial and core assessments of children in need.

- 8.10 If the GP or any member of the PCHT has concerns that an adult may have problems which may affect their capacity as a parent, or carer, they should consider what additional support may be needed, and discuss this with the patient. This may result in a referral to social services, or other family support services.
- 8.11 GPs and PHCT members have an important role in all stages of the child protection processes, from sharing information with social services when enquiries are being made about a child, to involvement in a child protection plan to safeguard a child. GPs should make available to child protection conferences information about a child and family in writing, whether or not they, or another member of the PHCT, are able to attend.
- 8.12 GPs should take part in child protection training and have regular updates as part of their postgraduate educational programme.
- 8.13 PHCTs should have a clear means of identifying in records those children (together with their parents and siblings) who are on the child protection register. 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 these children. There should be good communication between GPs, health visitors, practice nurses and midwives in respect of all children about whom there are concerns.
- 8.14 Each GP and member of the PHCT should have access to an up to date copy of this guidance.

### **Nurses, Midwives, Health Visitors and School Nurses**

- 8.15 The primary focus of health visitors' work is health promotion. Their universal nature of their service, coupled with their knowledge of children and families and their expertise in assessing and monitoring of child health and development means they have an important role to play in all stages of family support and child protection.
- 8.16 Nurses work in a variety of settings where they are likely to meet vulnerable children and families. They will work in partnership with social workers, GP's and others, including families, to contribute to holistic assessments.

- 8.17 Midwives are involved with parents from the confirmation of the pregnancy to soon after the baby's birth. They are in a position to offer support and guidance to soon to be parents, and are often in a position to identify any early problems that may require additional support/intervention.
- 8.18 School nurses have regular contact with school age children and spend a significant amount of time in school. Their skills and knowledge of child health and development, mean they have an important role in all stages if the child is vulnerable or a child in need.
- 8.19 Nurses, midwives and school nurses must be provided with child protection training and have regular updates as part of their post registration educational programme.

### **Hospital and Community Paediatric Services**

- 8.20 Staff working in Casualty or Accident and Emergency (A&E) departments should be familiar with local procedures for making enquiries of the child protection register. They should be alert to parents or carers who seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries. All visits by children to an A&E department should be notified quickly to the child's primary health care team and should be recorded in the child's hospital notes. The health visitor and school nurse should also be notified where such professionals have a role in relation to the child.

Hospital staff of all grades should undergo induction and ongoing training in child protection

- 8.21 If in the course of an assessment of a child led by social services, an opinion is required from a paediatric service, the opinion should be requested by, or after consultation, with an appropriate Community Paediatrician. If an urgent opinion is sought because there are concerns of significant harm to a child, then this should happen in line with the child protection procedures.
- 8.22 All members of hospital multi-disciplinary teams should be guided by the Assessment Framework when preparing their contribution to a multi-disciplinary assessment. Social workers in these teams will have an important role in the use of the assessment framework.

## **Child and Adolescent Mental Health Services (CAMHS)**

- 8.23 CAMHS provide a range of psychiatric and psychological assessment and treatment services for children and families. The assessment should take account of the domains and dimensions of the assessment framework in trying to understand what is happening for the child.
- 8.24 Children and young people may require admission to hospital for psychiatric treatment, the Mental Health Act 1983 and the Children Act 1989 should be considered carefully where consent is an issue. Professionals need to use the statutory framework that reflects the predominant needs of the child. The Mental Health Act, 1983, Code of Practice contains essential guidance that should inform the assessment and treatment of children.
- 8.25 Child and adolescent mental health professionals will identify or suspect instances where a child may have been abused and/or neglected. This should be responded to in accordance with the child protection procedures. They will also be able to assess the likely vulnerability of children to further abuse, or play a leading role in the assessment and treatment of those young people who abuse others.

## **Mental Health Services**

- 8.26 All professionals working in mental health services in the statutory, voluntary and independent sectors should bear in mind the welfare of children, irrespective of whether they are primarily working with adults or with children/young people. This is reinforced by the joint protocol between adult mental health services and Nottingham and Nottinghamshire ACPCs. Research shows that children living with mental ill health have an increased risk of coming into contact with mental health services themselves as adults. There are additional risks to the child's welfare if the child is acting as a carer to the adult with mental ill health. All mental health professionals should be aware of the legislation governing children's welfare and be informed about the local child protection procedures and their responsibilities for safeguarding children.
- 8.27 Mental Health staff should identify situations where services may be needed to promote a child's welfare or to safeguarding a child if they become aware that that a child is at risk of harm. This may arise through 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. They have a duty of care to contribute to multi-agency assessments of children, where one or more of the family members are known to the psychiatric services. This duty includes sharing of information and contributing to children in need reviews, and child protection conferences.

8.28 It is essential that adults who present a risk to children are assessed in relation to that risk and provided with treatment, where appropriate. In particular cases the expertise of substance misuse and learning disability services will be required. In circumstances where it is thought that mental health service has a role in assessing individuals then requests for assessment will have to be considered on an individual basis.

8.29 Social workers and other staff working within mental health services, whether in hospital, or community child and family mental health service settings, should use the Assessment Framework to inform their contributions to any assessment of a child's needs

8.30 Close collaboration and liaison between the adult mental health services and children's services are essential. This requires the sharing of information where this is necessary to safeguard a child from significant harm.

8.31 ACPCs should be able to call upon the expertise of child and adolescent mental health services, learning disability, adult, forensic and substance misuse services.

### **Visiting of Psychiatric Patients by Children**

8.32 Social services may be asked to assess whether it is in the best interests of a child to visit a named patient in psychiatric settings. Visits should not be allowed if they would not be in the best interests of the child or could not be managed safely. The guidance documents to refer to are:

The Visits by Children to Ashworth, Broadmoor and Rampton Hospital Authorities Directions (HSC 1999/60)

Guidance to Local Authority Social Services Departments on Visits by Children to Special Hospitals (LAC (99) 23)

Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by Children (HSC 1999/222 LAC (99) 32) sets out principles to underpin child - visiting policies.

## Psychologists

8.33 Psychologists (clinical, counselling, educational, forensic) offer a range of services to support children in need and their families, and are often well placed to identify needs and contribute to core assessments.

## Other Health Professionals

8.34 Many other health professionals provide help and support to promote children's health and development, and work with vulnerable children and families who experience problems in looking after children. Some will become involved in contributing towards assessments of children in need, especially (clinical psychologists, physiotherapists, occupational therapists, speech and language therapists). Others who may have some involvement are:

- accident and emergency staff
- ambulance staff
- dental practitioners
- staff in genito-urinary medicine services
- obstetric and gynaecological staff
- pregnancy advisory services and other family planning staff
- staff working in private healthcare
- staff in social health services
- NHS Direct and primary care walk in centre.

All these professionals should receive the training and supervision needed to recognise and act upon child welfare concerns, and be aware of the local ACPC procedures.

## Chapter 9 Housing

- 9.1 Housing staff in district councils and housing associations, through their day-to-day contact with the public may become aware of concerns about the welfare of particular children and should refer to one of the statutory agencies as appropriate.
- 9.2 The provision of appropriate housing can significantly assist meeting the health and development needs of children and in safeguarding them from harm. This accommodation may be provided directly, or through their links with other housing providers or by the provision of advice. Homelessness is a factor that creates social exclusion for families, and has a significant impact on the well-being of children and their families. Domestic violence is one example where housing authorities support women and children in gaining safe accommodation.
- 9.3 Housing authorities may have important information about families that may be helpful to social services in carrying out assessments to promote the welfare of children or safeguard children from harm. They should be prepared to share this information, attending appropriate meetings, for example Child Protection Conferences, in accordance with their duties to assist social services under Section 27 of the Children Act 1989.
- 9.4 Social services and housing authorities both have statutory duties to make sure that young people are not homeless. If young people do become homeless, they will often come to the attention of housing or social services, and will need to be assessed to establish whether assistance and accommodation should be provided. It is important that these young people are supported and agreement takes place between the agencies as to how and by whom the young person will be assessed.
- 9.5 Housing also has an important role to play in the management of the risk posed by dangerous adults or offenders, including those who are assessed as presenting a risk, whether sexual or otherwise, to children. Appropriate housing can contribute greatly to the ability of the police and others to manage the risk such individuals pose.

## **Chapter 10          NSPCC**

10.1 The NSPCC (National Society for the Prevention of Cruelty to Children) is unique amongst voluntary agencies in having the authority under the Children Act 1989 to initiate care proceedings. This power is rarely used but underpins the NSPCC's role as an independent child protection agency. Any report of child protection concerns coming to the attention of the NSPCC about a child living in Nottingham or Nottinghamshire will be immediately referred to the relevant social services.

10.2 NSPCC services in Nottinghamshire include a special investigation service based in Mansfield, and nationally include a 24-hour helpline.

# Chapter 11 Police

11.1 Protecting life and preventing crime are primary tasks of the police. They have good knowledge of local communities, and may have information either generally about local environmental factors or specifically about family or household members.

11.2 The Police have a responsibility to investigate allegations or suspicions of criminal offences that may have been committed against children. The police should be notified as soon as possible where it is identified that a criminal offence has been, or may have been, committed against a child. The objectives of the police investigation are to identify the person or persons responsible for the alleged offence and to secure the best possible evidence, so that appropriate consideration can be given as to whether criminal proceedings should be instigated.

11.3 The decision as to whether or not criminal proceedings should be initiated are based on three main factors:

- whether or not there is sufficient evidence to prosecute
- whether it is in the public interest that proceedings should be instigated against a particular offender
- whether or not a criminal prosecution is in the best interests of the child.

The police, in conjunction with the Crown Prosecution Service, make this decision.

11.4 Nottinghamshire Police and social services are jointly responsible for investigating all allegations under child protection procedures (see section 5, chapter 3). Nottinghamshire Police have established a Child Abuse Investigation Unit to take forward investigations, in the following categories:

**Physical and Sexual abuse** where:

- the victim is under 18 years of age at the time of the report; or
  - the victim is over 18 years of age, but other children are reasonably believed to be in danger of suffering significant harm
- and
- the suspect is an adult member of the same household/family

or

- the suspect has an element of care/ control of the victim;

or

- inadequate parental control contributed to the abuse.

**Neglect:**

- serious neglect

**Organised Abuse:**

- All allegations/suspicions of organised abuse involving a child – see section 5, chapter 4 for details of specific joint enquires with social services.

11.5 Early discussion should take place whenever the police identify a situation warranting criminal enquiries as to whether these enquiries will be undertaken jointly with social services.

11.6 Divisional Officers will be responsible for investigating the following categories of offences against children:

- USI/indecent assault where the parties concerned are of similar age
- allegations of sexual assault by children on other children
- indecent exposure by a person outside the family or household
- assault child on child in the home/children's home/school
- domestic violence between adults where a child has received incidental injuries
- stranger abuse involving either physical or sexual assaults unless inadequate parental control was a contributory factor.

11.7 The anti-vice team is responsible for investigating situations where there is evidence or indication that a child is involved in, or is vulnerable to, sexual exploitation through involvement in prostitution and / or exploitation via the internet. This may involve a single child or groups of children.

11.8 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.

11.9 Through the Dangerous Person's Management Unit the police exercise their responsibility for dealing with high risk offenders, and all those individuals registered as sex offenders following the Sex Offenders Act 1997. The police work within the multi-agency framework in the Nottinghamshire Public Protection Protocol. Through risk strategy meetings and the multi-agency public protection panel, the police take part in formulating action plans to manage the risk posed to specific children or to children in the community in general.

## Chapter 12 Prison Service

12.1 The prison service works closely with other agencies to identify any prisoner who represents a risk to the public on release. Governors are required to notify social services and the probation service of plans to release prisoners convicted of offences against children so that appropriate action can be taken by agencies in the community to minimise any risk.

(Instructions to Governors 54/94).

12.2 When a young person is entering or leaving a Young Offender Institution or Prison, liaison between social services and the prison service should take place, about children already known to social services, or those young people who are likely to require social services assistance on release.

12.3 Whilst the prison service recognises the need for children to maintain contact with a parent in prison, prisons also have to be aware of the need to protect the well-being of a child. Governors have discretion to disallow any visit to an inmate by a person under 18 if such a visit would not be in the best interests of the visitor. Similarly a Governor has the duty to monitor mail sent and received by prisoners for inappropriate content, and to stop correspondence from a prisoner to a child if requested by a parent or social services.

12.4 The prison service may ask social services to carry out an assessment regarding a baby whose mother is in prison. It may be to assist in deciding whether it is in the baby's interest to remain with their mother in the unit. It is the responsibility of the mother to care for the baby in the mother and baby unit, and if concerns arise about that care then the prison staff or probation staff should contact social services.

12.5 The prison service has a duty to protect and promote the welfare of those children in its custody. Each prison service establishment which holds young people under 18, is required to:

- establish its own child protection committee
- appoint a child protection co-ordinator
- establish, in consultation with local ACPCs, a local child protection policy detailing arrangements for acting on allegations or concerns that a young person may have suffered or is suffering significant harm.

## Chapter 13 Probation Services

- 13.1 Probation services have a statutory duty to supervise offenders effectively in order to reduce offending and protect the public. Probation services will be in contact with, or supervising adults who have convictions for offences against children, or convictions related to domestic violence. When undertaking assessments of children in need social services staff should draw on the knowledge probation services may have about family members or other adults in contact with a child and family, who may have committed offences that would impact on a child's safety.
- 13.2 The probation service will also work with adults in prisons who may be parents of children under 18. The service should be informed by social services if an assessment of a child whose parent is in prison is being carried out and should be asked to contribute. The issues that may be significant to a child's well-being and safety are contact between parent and child; reunification and release arrangements; resettlement in the community.
- 13.3 The probation service will routinely be working with adults who have children who may be need of safeguarding from harm. The probation service also works with offenders who have convictions related to domestic violence. In the execution of their duties, probation officers will be in contact with, or supervising a number of men (and, to a lesser extent, women) who have convictions for offences against children. The probation service will be supervising offenders who pose a serious risk of harm to children, on licence after release from prison and, more generally, will also work with a range of offenders with convictions for less serious offences against children. The risk posed by such offenders may relate to children in the community in general or to specific children with whom offenders are (or are likely to be) living.
- 13.4 Risk Strategy Meetings are inter-agency meetings that agree action plans for potentially dangerous adults who fall outside the remit of the Sex Offenders Act 1997, and are managed in accordance with the Nottinghamshire Public Protection Protocol.

## Chapter 14 Social Services

14.1 The Children Act 1989 specifies a range of services which local authorities have a duty to provide, or commission, based on assessment of need. The local authority has a duty under this Act to provide a range of services to children in need, such as:

- provide day care as appropriate
- provide accommodation
- advise, assist and befriend a child whilst s/he is being looked after and when s/he ceases to be looked after
- provide services to minimise the effects of disabilities
- take steps to prevent neglect or ill treatment
- encourage children not to commit offences
- provide family centres.

14.2 Under section 17 of the Children Act 1989, social services carry lead responsibilities for establishing whether a child is in need and making sure necessary services are provided. To establish a child's need and what services are required, social services would undertake and have the lead responsibility for ensuring that initial and core assessments are carried out according to the 'Framework for the Assessment of Children in Need and their Families.' Services may be provided by social services or may be provided by another statutory or voluntary agency. For example, following an assessment it may become apparent a child should be referred to a speech therapist and extra classroom support at school, rather than any specialist service from social services.

14.3 Because of their responsibilities, duties and powers in relation to children in need, social services act as the principal point of contact for children about whom there are child welfare concerns. Parents or family members seeking help, concerned friends and neighbours, or professionals and others from statutory and voluntary agencies can contact social services with concerns about children.

14.4 With any child or family referral social services should check whether the person with parenting responsibility has needs independent of the child's needs, which may require assessment from adult community care services. With any adult referral, social services should check whether the person has parenting

responsibility for a child under 18 years. If so, Adult Services should consider whether this child is a potential child in need, and therefore would be entitled to an initial assessment of their needs. In addition Adult services should consider whether the child has caring responsibilities for their parents. Young carers should always be referred to children's services for assessment.

14.5 A child who is at risk of harm will invariably be a child in need and social services are responsible for co-ordinating an assessment in accordance with the Assessment Framework. Most children are safeguarded from harm by working with parents, family members and significant adults in the child's life to make the child safe, and to promote his or her development within the family setting.

14.6 Where a child is at continuing risk of harm, social services are responsible for co-ordinating an inter-agency plan. This plan should set out plans to safeguard the child, drawing on contributions from family members, professionals and other agencies. Social services, in consultation with other professionals and agencies involved, may judge that for a few children a child's welfare cannot be sufficiently safeguarded if they remain at home, in which case legal options may be pursued.

## **Chapter 15 Sport, Leisure and Community Services**

- 15.1 Youth and Community Workers have close contact with young people. They should be alert to any concerns about a young person's welfare and know how to refer to social services. All staff, both paid and voluntary, should be alert to the signs of abuse and neglect and have a duty to act on information that may arise concerning child protection concerns in accordance with the child protection procedures.
- 15.2 Youth and community workers are often in a very good position to develop open and trusting relationships with young people. They will often have valuable knowledge and information which can assist in any multi-agency assessment of the young person's needs. They are also in a good position to play an important role in a planned multi-agency service to a child.
- 15.3 Working practices and procedures should minimise situations where abuse of children may occur, such as unobserved contact. Youth and play workers should be aware of the boundaries around maintaining confidentiality with the young person, insofar as this is consistent with their welfare, and should strive to work in partnership with parents.

## Chapter 16 Sure Start

16.1 Sure Start is a nationally funded, area-based programme providing universal services for children under four and their families in some of the most disadvantaged communities. There are a number across Nottingham City and the County.

16.2 Sure Start programmes aim to work with parents and children to promote the physical, intellectual and social development of pre-school children – particularly those who are disadvantaged – to ensure that they are ready to flourish when they get to school, and thereby break the cycle of disadvantage for the current generation of young children. This is achieved by:

- improving emotional and social development
- improving health
- improving the ability to learn
- strengthening families and communities.

Local partnerships involving parents, statutory, voluntary and community agencies run the programmes.

16.3 Sure Start programmes deliver non-stigmatising services to families and young children. Some children will receive more targeted services within the Sure Start programme. However, some children will be children in need and would benefit from a more planned multi-agency response. Sure Start staff and volunteers will have important information which can contribute to a multi-agency assessment of needs, subject to the principles of sharing information set out in section 1, chapter 4.

16.4 All Sure Start programmes should have appropriate child protection policies in place, which link explicitly to this guidance.

## Chapter 17 Voluntary and Independent Agencies

- 17.1 Voluntary and independent agencies are key providers of a range of different types of services for children and families. They may undertake assessments themselves, or contribute to assessments. Their knowledge and use of the Assessment Framework will enable information to be organised within a common framework, using a common language and therefore increasing the level of consistency experienced by families.
- 17.2 A range of organisations in the voluntary and private sector in Nottingham and Nottinghamshire provide services to children and families. These include telephone helplines, direct service provision particularly in family support services, services to children with disabilities, specialist post abuse services and advocacy services. In addition there are a range of organisations who provide services to adults as a result of difficulties they are experiencing, such as drug and alcohol misuse or mental illness, that may also affect their ability to care for a child safely.
- 17.3 The range of roles fulfilled by these organisations means that their workers should be able to identify when a child may be in need of support or safeguarded from harm. All organisations must have clear guidance and procedures in place to ensure that referrals are made appropriately to social services in accordance with these procedures. Staff and volunteers will need to be trained to be aware of the risks to and needs of children with whom they have contact.
- 17.4 In addition, organisations should have appropriate systems in place to make sure that children are not placed at risk from workers or volunteers from their service.

## **Chapter 18 Wider Community**

18.1 Every adult shares some responsibility for promoting the welfare of children and their safeguarding from harm, as a parent or family member, a concerned friend or neighbour, an employer, staff member or volunteer. Members of the community should be willing and able to act if they have concerns about a child's welfare by contacting social services.

## Chapter 19 Youth Offending Teams

- 19.1 Under the Crime and Disorder Act 1998, multi-agency Youth Offending Teams (YOTs) and the Local Youth Crime Reduction Agency were created. The YOTs have responsibility for co-ordinating or delivering the provision of local youth justice services and helping to implement the Youth Justice Plan. They include police and probation officers, social workers, youth and community workers and education and health staff. YOTs use an assessment profile called ASSET to assess the needs of young people and the risks of their re-offending, causing harm to themselves or to others. The profile covers areas most linked to offending behaviour including living arrangements, family and personal relationships, education, employment and training, lifestyle, substance use, health (physical, emotional, mental), identity, cognitive and behavioural development. There is also a detailed risk of harm assessment to use if the profile suggests that the young offender has potential to commit serious harm to others. This assists practitioners to develop a plan to meet the needs of the young person and reduce offending behaviour and its associated risks.
- 19.2 YOTs will liaise with social services if the department has had or has involvement with the young person. Prior assessments of need will inform the ASSET profile. Similarly, assessments undertaken by YOTs will be an important contribution if the young person continues to have social services involvement, or becomes re-referred as a result of YOTs contact. The dimensions of the Assessment framework can be used alongside ASSET. The key difference is that ASSET concentrates in depth on areas of the young person's life most likely to be associated with offending behaviour. ASSET is currently under revision in an attempt to make the two more consistent.
- 19.3 A number of children and young people who are involved in, or are at risk of becoming involved in, offending will also be children in need, including some whose needs will include safeguarding. YOT workers should be able to identify these children and refer them to social services in order that a response can be co-ordinated. Where necessary, Section 47 enquiries will be undertaken by social services with assistance from the YOT if appropriate.
- 19.4 The YOTs, police and social services have developed an assessment and early intervention panel for young people who abuse other young people. The panel discusses young people who come to the attention of agencies and decide on appropriate joint action.